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 issues identified on this inspection the Care Quality Commission took immediate enforcement action to suspend the provider's registration. This meant that the service was not allowed to provide care and treatment to clients until significant improvements had been made. A final version of this report, which we will publish in due course, will include full information about our regulatory response to the concerns we have described.

We issued a Notice of Decision to suspend registration because 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. Two clients required admission to emergency acute care following alcohol withdrawal related seizures. Staff were not trained in essential skills to recognise and respond to people's health deteriorating due to alcohol withdrawal or and had not received other mandatory training.

We were not assured that staff were appropriately qualified. The service did not provide registered nurse staffing 24 hours a day, seven days a week, in line with their Care Quality Commission registration. Agency nurses, when used, did not have the required skills and experience to provide care. There was no clinical leadership in the management team when we inspected on 29 November 2022. We found that in seven of nine staff employment files we reviewed there were no readily available DBS checks or outcomes recorded. We could not find the required two employment references for registered nurses.

We were not assured that there was effective medicines management to ensure clients received safe care and treatment. We found systems were not robust to ensure safe management of medicines and clients were exposed 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 formal assessment tools to assess the nature and severity of alcohol misuse. Assessment tools to determine the severity of withdrawal symptoms were not always effectively completed for clients who were detoxifying from alcohol. This potentially increases the risk of adverse physical effects from alcohol detoxification, such as seizures. Staff had failed to obtain clinical guidance from a suitable person with the necessary skills and competence when a client was not available for all of their first day detoxification doses. We found that clients did not always receive their full detoxification regime. There were no emergency medicines available for staff to use in an emergency such as a seizure, emergency medicine could stop the seizures or no appropriate risk assessment to assess which emergency medicines staff may or may not need in this service.

We rated it as inadequate because:

- The service did not provide safe care. The clinical premises where clients were seen were not safe and clean. Managers had not identified all environmental, ligature and fire risks or taken action to mitigate them. Staff did not clean the environment in line with infection prevention and control procedures and follow universal masking procedures during a covid outbreak.
- Premises were not suitable for the client group and managers had not implemented processes that reduced risk. The service provided mixed sex accommodation and did not have enough bathrooms that clients could safely access. Clients were allocated to bedrooms without consideration of sexual safety or detoxification side effect risks.
- Maintenance issues were not acted on and resolved quickly. The premises refurbishment had not been fully completed before clients were admitted. There was no oversight of maintenance jobs that needed completed.

Summary of findings

- Clinic rooms were not fully equipped, and staff did not check and maintain the equipment they had. There were no emergency equipment or emergency medicines available for staff to use in an emergency such as a seizure; emergency medicine could stop the seizures. There was no appropriate risk assessment to assess which emergency medicines staff may or may not need in this service.
- Managers had not ensured that staff had Basic or Immediate Life Support training, or an emergency first aid trained member of staff always on shift.
- The service did not have enough nursing and medical staff working in the service to keep clients safe 24 hours a day, seven days a week. There was no clinical leadership and staff could not access any medical input when we inspected on the first day. The service had only one part time nurse employed that physically worked on the premises on a part time basis. The registered manager had also contracted an independent nurse prescriber to remotely assess new admissions in evening prior to admissions.
- Managers did not ensure that all staff, including agency staff, had a full induction and understood the service before starting their shift. Agency nurses we spoke with had no prior experience in detoxification or substance misuse services.
- Staff did not receive basic training to keep people safe from avoidable harm. Although some staff had completed statutory training, none of the staff had completed nine of the eleven training courses required to deliver client care. The other two courses had poor training compliance rates and the service. The mandatory training programme was not comprehensive and did not meet the needs of clients and staff. Managers did not provide staff training in the Mental Capacity Act, Clinical Risk Assessment, Medicines Management training or the appropriate level of Safeguarding training.
- Staff did not complete effective risk assessments for each client prior to admission and on arrival. The service did not use a recognised tool in line with best practice, risks were not categorised appropriately, and risk management plans were not created. None of the 11 risk assessments we viewed were signed by a doctor, nurse or manager. Staff did not use tools to assess and screen alcohol harm and dependence or when assessing risk or access to a full GP summary before commencing detox regimes. The service admitted clients even when it was not safe to do so.
- Staff did not follow good practice with respect to safeguarding. Staff did not have training on how to recognise and report abuse and the provider did not act in accordance with its own policy. Staff did not inform the local authority of all safeguarding incidents. Managers did not complete all appropriate employment checks for every staff member working in the service.
- The service did not fully use systems and processes to safely prescribe, administer, record and store medicines. Staff did not regularly review the effects of medicines on each client's mental and physical health. Staff who administered medicines were not all suitably qualified and competent to administer medicines safely. Staff did not always record alcohol assessment scales regularly and clients did not always receive all medicines over the course of their prescribed detoxification.
- The service did not manage client safety incidents well. Most staff did not recognise incidents and report them appropriately. Managers did not investigate incidents or share lessons learned with the whole team. When things went wrong, managers did not apologise and give clients honest information and suitable support.
- Leaders did not have the skills, knowledge and experience to perform their roles. None of the management team had experience in delivering a medically managed detoxification service. None of the managers had clinical experience and managers had not made suitable arrangements to ensure there was clinical leadership and input into the service before admitting clients.
- Organisational data including staff and client records were not stored securely. Care records and staffing data were stored on google shared drive which is not compliant with all data protection regulations.
- Managers had not created a safe and open culture where staff felt supported and valued. Managers did not provide inductions, supervision or regular team meetings. The provider did not have any vision and values that were shared with their staff or applied to the work of their team.
- Leaders had not implemented safe systems and processes to provide safe and good quality care to clients using for the service. Managers did not have access to information to support them with their management role. Managers

Summary of findings

struggled to locate basic information that was associated with the day to day running of the service. Information was not timely or accurate; it did not identify areas for improvement. We reviewed training and recruitment systems and processes, policies and provider documentation including incident reporting systems that were not accurate, complete or updated. None of the policies we reviewed reflected the care being provided or how the service was run.

However:

- Clients described most staff as nice, lovely or good.
- Clients said that the food provided was of excellent quality and that the service met specialist dietary requirements.
- Clients could contact staff on walkie talkies if they needed assistance during the first few days of detoxification.
- Clients and staff said that most managers were present in the service.
- Support staff updated client progress notes each shift.

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

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Summary of this inspection

Background to WE CAN RECOVER CIC

We Can Recover is a Community Interest Company located in West Liverpool. It has been registered with the Care Quality Commission since 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. The service is not funded through the NHS; all clients pay private fees for treatment.

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.

This is the first inspection of the service.

We Can Recover 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. Clients must adhere to the house rules which include compulsory in-house groups and 12 step meetings. Since opening, the service had admitted 51 clients; there were 11 clients admitted to the service during this inspection.

What people who use the service say

We spoke with ten clients using the service.

Clients shared concerns about the environment not being wholly suitable for their needs. Clients described showers being out of order and unsuitable bedroom and bathroom arrangements that increased the risk of falls. Most clients described the environment as cold One client said that the service turned off the hot water and heating at night which was difficult during the early stages of detox. Most clients were unclear whose responsibility it was to clean bedding and bedrooms. Some clients said their bedding had not been changed. Clients described how maintenance issues were not being responded to in a timely manner such as light fittings not working or broken televisions. They had also seen rodents in the kitchen and garden areas.

Clients said that they did not receive one to ones with their therapist and that groups ran behind schedule. Clients also said that they would like more activities as the main activities offered were going for a walk in a group or watching television. Clients said there was not enough lighting to read comfortably in their bedrooms.

Clients described most staff as nice, amazing or good.

They also said that the food provided was of excellent quality and that the service met specialist dietary requirements.

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.

Summary of this inspection

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients
- spoke with ten clients who were using the service
- spoke with the registered manager, operational manager and assistant manager
- spoke with 11 other staff members; including support workers, therapy workers, counsellors, nurse prescriber, agency nurses, maintenance and housekeeping staff
- received feedback about the service from one local authority
- reviewed nine care and treatment records of clients including risk assessments
- reviewed client prescription cards;
- looked at a range of policies, procedures and other documents relating to the running of the service.

This inspection was an unannounced responsive inspection that focused on the Safe and Well Led key questions. We responded to concerns raised by people using the service.

The inspection team was two CQC inspectors, one medicines inspector and one specialist advisor.

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 trust 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 provider must ensure that clients' risks are assessed, managed and mitigated by staff with the appropriate skills and qualifications in order to provide safe care and treatment. Risk management systems must be clearly defined include all tools and information required to determine risk accurately. Individual risk management plans must be created where risks are identified and regularly reviewed by a multidisciplinary team. Regulations 12 (1)(2); 18 (1)(2)
- The provider must ensure that all incidents are reported, reviewed, monitored and investigated by competent staff. Learning from incidents must be shared with staff and staff must notify all relevant bodies with a complete description of the events. Regulations 12 (2); 17 (1)(2)
- The provider must ensure that medicines are administered accurately, in accordance with any prescriber instructions and at suitable times to make sure that people who use the service are not placed at risk. The provider must ensure that clinic rooms have enough emergency medicines and equipment which is always available and kept in full working order. Regulation 12 (2)
- The provider must ensure the proper and safe management of medicines. Staff must be fully trained and competent with competencies regularly reviewed. Staff must work in line with the organisation's medicines policies and protocols and regularly review the effects of medicines on each client's mental and physical health. Staff must ensure they record alcohol assessment scales regularly and ensure that clients receive all medicines over the course of their prescribed detoxification. Regulations 12 (2); 17 (1)(2)
- The provider must ensure that staff assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated. Regulation 12 (2)

Summary of this inspection

- The provider must ensure that they have robust processes, procedures and oversight to protect clients from abuse and improper treatment. Staff must have appropriate training and induction to safeguard all clients in the service. Staff must understand how to escalate concerns to the appropriate authorities to safeguard clients. Regulation 17 (1)(2)
- The provider must ensure that premises and equipment used by the provider are clean, suitable for use, properly maintained and maintain standards of hygiene appropriate for the purposes for which they are being used. Clients must be able to safely access all facilities, including bathrooms, and the provider must have oversight and control of all maintenance issues. Regulations 17 (1)(2)
- The provider must ensure that they identify all environmental risks, including fire safety, health and safety, sexual safety/mixed sex accommodation and ligatures and have suitable systems and processes to safely manage the environment. The provider must ensure that staff are aware of risks and mitigation plans. Regulation 17 (1)(2)
- The prover must ensure that systems or processes are established and operated effectively to ensure compliance with the Health and Social Care Act. These include the assessment, monitoring and improvement of the quality and safety of the services provided; assessment, monitoring and mitigation of the risks relating to the health, safety and welfare of clients and others who may be at risk. Regulation 17 (1)(2)
- The provider must ensure that all record keeping relating to the care and treatment of each person using the service and staff working in the service must be kept and be fit for purpose. Records must include an accurate record of all decisions taken in relation to care and treatment and refer to discussions with people who use the service. Records must be stored and kept in line with current legislation. Regulation 17 (2)
- The provider must ensure that they implement effective audit and governance systems that are monitored, reviewed and improved. Regulation 17 (2)
- The provider must ensure that they have enough numbers of suitably qualified, competent, skilled and experienced staff on each shift to make sure that they can meet people's care and treatment needs. The provider must have a systematic approach to determine the number of staff and range of skills required to meet the needs of people using the service and keep them safe. The provider must monitor and review staffing levels and skill mix to respond to the changing needs of clients. Regulations 17 (1)(2); 18 (1)(2)
- The provider must ensure that they have strong, experienced, medical leadership who will provide care to clients and guidance to staff. Regulation 18 (1)(2)
- The provider must ensure that they provide the appropriate support,, training, induction, access to policies and procedures professional development, supervision and appraisal as is necessary and based on organisational values to enable staff to carry out the duties they are employed to perform. Regulations 17 (1)(2); 18 (2)
- The provider must ensure that recruitment procedures must be established and operated effectively to ensure that persons employed meet the condition requirements of Schedule 3 of the Health and Social Care Act. Regulation 17

Action the service SHOULD take to improve:

- The provider should ensure that all equipment used is checked regularly and kept in full working order.
- The provider should ensure that that they meet the statutory duties under Duty of Candour by being open and honest with clients, families and carers about incidents to promote a culture of safety and transparency.

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

Are Residential substance misuse services safe?

Inadequate

Safe and clean care environments

Clinical premises where clients received care were not safe, clean, well equipped, well maintained or fit for purpose.

Safety of the facility layout

Staff had not completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. The service had an in-date fire risk assessment. However, it identified the service as a rehabilitation service not a detoxification service. Clients undergoing alcohol detoxification can temporarily struggle with mobility, which could impact on emergency egress. It also described the environment as having single bedrooms when there were multiple shared bedrooms. Although all bedrooms had fire doors, they had keypad entry locks which could delay staff accessing the room in an emergency. This had not been identified by the provider as a risk. The fire risk assessment had also not identified that clients may be under the influence of substances on arrival, or unwell during their initial admission. We also observed that the provider had stored rubbish in one client's bedroom throughout their admission.

The fire safety procedures in the service were not clear. There were two fire alarm drill documentation logs that had different test dates recorded. Neither log stated that tests were completed between 4 October to 20 October when there were clients receiving treatment in the service. Additionally, the assistant manager, who was identified as the deputised responsible person for the management of fire safety after the register manager, had never seen the second logbook prior to the inspection. The additional log had been completed by the professional development manager of the service. The fire risk assessment stipulated that monthly checks of the emergency lighting should be completed but there was no record of this being done. Additionally, the fire escape route weekly inspection record and fire door checks were not completed correctly, and the recommended record of telephone numbers was blank. We reviewed fire safety training data and saw that 14 of 18 staff had completed this e learning package. However, the training records kept did not have all staff recorded. There were another 10 staff visible on the rotas or that worked in the service that had no training record in the master file, including the professional development manager who completed the second fire log. The online training system recorded the manager's fire safety training as pending. During the inspection we saw that there was a fault in the fire control panel. We were told that the manager had contacted the electrician to get this fixed and that the fire service were due to complete safety building checks but that this had been delayed.

The service layout increased the risk to clients. The premises were formerly two separate domestic buildings that had been renovated and extended across the ground floor to form one larger premises. There were separate stairways leading to upper floors as per the original layout. Bedrooms were arranged across the ground floor, first floor landing, first floor and second floor. On the ground floor there was one toilet that was also shared with staff and visitors, and on each of the second floors there were two bathrooms or shower rooms. One half of the building accommodated 14

clients across three floors. These clients shared the two bathrooms on the first floor. The service was not at full capacity when we inspected but clients told us that the bathroom facilities were not suitable. They described the bathrooms as having over bath showers that they had to climb into. Instead they crossed to the other half of the building to use the walk-in showers. Additionally, one of the bathrooms had been out of order for over one week so this further limited access. Many clients described feeling unsteady during the initial stages of treatment and we saw this recorded in client documentation. Clients said they had to move bedrooms to improve bathroom access and get support from other clients or staff to safely move around. The other side of the premises accommodated nine clients across the three floors with two bathrooms in the middle floor.

The service had not minimised physical risks in the premises. There were no bannisters to help clients safely navigate the stairs in the ground floor environment and there was an unexpected incline in the corridor to the dining area that could further affect clients' stability.

Staff could not observe clients in all areas of the service and did not manage risk and client safety where there was mixed sex accommodation. The service accepted both male and female clients. Staff confirmed that the service had made no attempt to allocate the bedroom accommodation based on gender. Male and females shared the same bathrooms and living spaces. Clients of substance misuse services may be vulnerable to sexual exploitation. Also, because of the stigma attached to addiction, providers must protect clients' privacy and dignity. We queried the mixed sex accommodation arrangements with the registered manager. They said that clients were not admitted with a sexual risk history and that clients were banned from exclusive same sex, or mixed sex relationships when in the service. We saw one client record where there was recent history of domestic abuse. The provider had not considered a women-only day space or how shared bathroom and toilet facilities were managed to ensure safety, privacy and dignity.

Staff did not know about any potential ligature anchor points and mitigate the risks to keep clients safe. Some clients in the service had a history of suicidal thoughts or attempts, however the service did not have a ligature audit to identify potential environmental risks. A ligature point is anything that can be used to tie a cord, rope or other material for the purpose of hanging. The provider's ligature policy stated that the service had an environmental ligature assessment in place. We reviewed client risk assessments and saw that one client had unintentionally overdosed on medication, but the risk management plan had no recorded review of potential risk. Another's specified 'not really' for suicide intentions; they were categorised as having no risk. A third client said they had suicidal thoughts but would not act on them; again, this was recorded as no risk. Two other clients also recorded suicidal thoughts. The service had a ligature cutter, but staff told us they had not been trained how to use it. However, we did see that notice board pins and mirrors were removed from bedrooms where clients had an identified risk of self-harm.

Staff and clients had access to call systems. Staff had walkie talkies and they gave these to new clients on admission for the first few days of detoxification. However, one client described waiting in their bedroom for two hours until another client came to check on them as they had returned their walkie talkie.

Maintenance, cleanliness and infection control

Not all areas of the service were clean, well maintained, well-furnished and fit for purpose. Although the service was superficially in good condition, we saw several issues in the service. In the dining room the floor tiling to the kitchen was not finished, there was a gap between the kitchen and dining room floors and clients told us the floor was slippery. The garden area's refurbishment had not been completed and we observed paving slabs in a pile in the corner. One client described the garden as a builder's yard. Three clients described that the access to the laundry as dark and said there was no light. Clients also said there were not enough washing machines and tumble dryers available.

We saw several maintenance jobs that needed completing including lighting not working, bed slats being broken and a shower panel that needed fixing. One room and hallway also had visible water damage. We asked the registered manager for a copy of the maintenance log. They confirmed they did not keep one and instead emailed the maintenance team who would allocate someone to the job. This meant it was difficult to track jobs and their progress. Clients and staff said that there had been an electrical fault in the main light in the living room since the service had opened.

Staff did not make sure cleaning records were up-to-date and the premises were clean. The housekeeper worked eight hours a day, Monday to Friday. However, they kept no cleaning records and did not follow a formal cleaning schedule. One of the bedroom's we saw had a thick layer of dust in the wardrobe, which was also half filled with plastic and cardboard packaging belonging to the provider. Clients told us that they had not had their sheets and bedding changed since they had been admitted and they were unclear whose role it was to do this. Staff told us that the housekeeper cleaned the bathrooms three times a day, cleaned the communal areas and sometimes hoovered client bedrooms. We reviewed training data provided by the service and there was no training record for the housekeeper. This meant that we were not assured that they had completed the mandatory training including infection control training, Control of Substances Hazardous to Health, or Covid 19 training. We also did not observe the housekeeper to be following standard guidance or the provider's own infection control policy, including the colour coding of equipment principles, wearing protective clothing such as aprons or gloves or following a set cleaning schedule and completing audits.

Staff did not follow infection control policy, including handwashing. During the inspection one client had tested positive for Covid 19 and another had been isolating while awaiting a test. Handover notes showed that another four clients also tested positive for covid in the previous ten days. The manager told us that they had also recently had four staff off with Covid 19 and another two unwell with another illness. Staff did not follow universal masking principles guidance and the service provided no risk assessment to justify not following the guidance when we asked. We reviewed the provider's policies for Covid 19 and Infection Prevention and Control. Staff did not act in accordance with these policies. None of the staff knew of any provider policies as they had never been shared. Policies were stored locally on managers computers only.

Clinic room and equipment

Clinic rooms were not fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff did not check and maintain equipment.

The service did not have a couch in the clinic room, weighing scales or a height measure stadiometer. There were no emergency equipment or emergency medicines available for staff to use in an emergency such as a seizure and there was no appropriate risk assessment to assess which emergency medicines staff may or may not need in this service. The service kept no records other than the prescriptions charts and Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar) paperwork.

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. Therefore, the accuracy of readings could not be guaranteed. All clients had their blood pressure taken regularly and some records indicated that clients needed to seek additional clinical advice due to the high readings taken. This could not be provided in the service as there was no access to medical input.

Safe staffing

Inadequate

Residential substance misuse services

The service did not have enough nursing and medical staff, who knew the clients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service did not have enough nursing and support staff to keep clients safe. The service was registered with the Care Quality Commission to staff the service 24/7 with registered nurses. The provider had employed one registered nurse who worked part time hours. They also had an independent nurse prescriber who worked out of hours remotely completing detoxification assessments and prescribing medicines on an ad hoc basis. We asked to see all rotas since the service had opened five weeks previously but were told that these were overwritten each month. We reviewed planned rotas between 7 November 2022 and 4 December 2022 and saw that the part time nurse worked 12 to 18 hours a week across two- or three-day shifts. There were no registered nurses working any night shifts. The manager said that another nurse prescriber had recently resigned and that they had been unable to fill the vacant nursing posts.

The service had increased rates of agency nurses but did not use appropriately skilled agency staff to cover the staffing shortfalls in registered nurses. Since opening, the service had used registered agency nurses for four shifts in November. On the days of the inspection the service was admitting two clients for alcohol detoxification with no registered nurse on shift. Managers and staff had not identified this as a risk to client safety. We asked the service to ensure that an agency nurse was present prior to accepting any further admissions.

Managers had not made sure all staff including agency staff had a full induction and understood the service before starting their shift. We spoke with two agency nurses. They confirmed they had no induction or prior experience in detoxification or substance misuse services. One of the agency nurses did not know how to use the breathalyser and we observed the support workers completing the admissions procedure with the nurse present. Agency nurses had not been informed of the admissions process and what was expected of them.

The service had increasing staff turnover rates. Staff told us that some colleagues had left because they felt that the service was not safe. We asked for a list of all staff that had worked in the service including their start and end dates, but this was not provided by the registered manager.

Managers had not accurately calculated and reviewed the number and grade of nurses and support workers for each shift. They did not adjust staffing levels according to the needs of the clients. When the provider registered with the Care Quality Commission, they said that a nurse would be on all shifts and that a doctor would be on site each day and complete client's assessments on arrival. The service had failed to recruit enough staff to deliver safe care to clients. Instead the assessment and prescribing regime were completed by the nurse prescriber the night prior to admission by phone or video-link. Support workers completed the physical health checks when clients arrived on site. The service admitted clients for medically managed detoxification without a registered nurse or doctor on shift.

Clients did not have a named nurse and they told us they did not have regular one to one sessions with their therapist either. Clients told us that they attended group sessions instead, although these did not always run to time.

Clients rarely had their leave or activities cancelled, even when the service was short staffed. The service offered limited activities. They had a small on-site gym, took clients out on group walks once a week and held group therapy sessions. Clients were not allowed out of the service without a staff escort.

Medical staff

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. When staff needed support, they told us they contacted the non-clinical managers for advice. Staff told us that they did not feel confident in giving medicines to clients as they had no formal medicines training. Medicines training involved staff shadowing the previous nurse prescriber. One staff member described being given conflicting information in an emergency when they spoke to the registered manager and called 111; 111 advised not to give the client the additional medication and the manager had said to give the dose.

Managers could not call locums when they needed additional medical cover.

We queried the medical provision with the registered manager who said that they were in the process of agreeing support from a local GP's practice. They provided a contract for medical input on the evening of 29 November 2022, dated 29 November, the first day of the inspection and eight weeks after admitting their first client. During this period one client had been admitted to the local accident and emergency service with seizures and another had an ambulance called due to seizure risks.

Mandatory training

Managers did not monitor mandatory training well and alert staff when they needed to update their training. Staff told us they had not received training since working at We Can Recover. We reviewed staff records including training. The online training platform showed that some staff did not have an online profile and that many staff had not completed their mandatory training. The registered manager also provided a separate staff training matrix, but it did not record all the staff working in the service. It also included staff that had left so the information was not accurate. There were another 10 staff identified on rotas in management, maintenance, housekeeping and support worker roles whose details were not recorded. The service focused on completing health and safety courses such as manual handling, fire safety and basic food safety.

In addition to the health and safety training courses, the service also logged another 11 training courses that related to client care. Nine of the courses that taught the basic skills that staff would need to safely deliver therapeutic care to clients in the service had not been completed by any staff. These included Signs of Withdrawal; How to deal with a Seizure; Understanding Recovery; Mental Health Awareness; Managing Challenging Behaviour; Professional Boundaries; and the Impact of Trauma Awareness. Of the other two courses listed, three staff had completed Supporting Clients through their treatment and seven had completed Emergency First Aid training. An Emergency First Aid training course is designed for first aiders working in small or low-risk environments such as offices or shops. Only one of the night staff had completed emergency first aid training. We reviewed rotas between 7 November and 11 December (35-night shifts) and saw that 25 of the 35 days had no staff on shift that had completed emergency first aid training. None of the staff had basic life support training or immediate life support training. Basic life support training is the basic first aid procedures that can be used to keep someone alive until the emergency medical services can get to the scene. Immediate life support training provides a variety of skills, including managing a deteriorating client, identifying causes and treating cardiac arrest,

In addition to the lack of training completed, the mandatory training programme was not comprehensive and did not meet the needs of clients and staff. Managers did not provide staff training in the Mental Capacity Act, Clinical Risk Assessment, Medicines training or the appropriate level of safeguarding training.

Assessing and managing risk to clients and staff

Inadequate

Residential substance misuse services

Staff screened clients before admission but admitted them even when it was not safe to do so. They did not assess and manage risks to clients and themselves well. They did not always respond promptly to sudden deterioration in clients' physical and mental health.

Assessment of client risk

Staff did not complete effective risk assessments for each client prior to admission and on arrival. The service did not use a recognised tool, risks were not categorised appropriately, and risk management plans were not created. However, staff recorded and completed daily reviews of risks associated with detoxification in progress notes.

The service had an offsite admissions team who contacted prospective clients by telephone to assess their needs including substance abuse, length of treatment, prescribed medication and medical issues. However, the admissions team was not integrated with the service and they were not included in any staffing data, so it was not possible to confirm if they had suitable training for the role. The manager said that two the team had no relevant prior experience of working in substance misuse or healthcare; one had previously worked as a support worker. Once identified as suitable, clients were asked to pay a deposit and the same team completed the pre-admission risk assessment form which was sent to the managers for review. Once the admission was agreed, the assessment form was sent to the independent nurse prescriber who remotely assessed the client's physical, mental, and emotional wellbeing and decided on the prescription required and the dose and administration.

Staff did not assess risk well. We reviewed 11 client's risk assessments, risk management plans and admission assessments. None of the risk assessments were signed by a doctor, nurse or manager. The risk assessment tool and management plan did not provide any guidance on risk levels so low, medium and high-risk ratings were subjective. One of the areas that the assessments reviewed was liver damage, yet there were no bloods taken by the service and results were not always provided. Instead staff asked clients and based their decision on that. One client did not know if they had significant liver damage as their pre-admission assessment said it had been years since they'd had a liver function test. They were categorised as low and had no risk management plan.

Staff described occasions when they felt uncomfortable accepting an admission due to client risks but said that the registered manager had the final decision. We saw that the service admitted clients with complicated severe alcohol dependency.

Staff did not use a recognised risk assessment tool. The risk assessment form had been created by one of the managers, and while it covered all the expected areas, staff did not justify their rational, explore areas of concern or create plans based on the assessments.

The nurse prescriber also completed an alcohol assessment for clients requiring alcohol detoxification. We reviewed seven alcohol assessments. The only assessment that recorded the alcohol use disorders identification test (AUDIT) scores and the Severity of Alcohol Dependence Questionnaire (SADQ) results were completed on the day of the inspection; the other six had none. These tools are used to assess and screen alcohol harm and dependence and should form part of the prescribing assessment. The service also did not ensure that clients had current blood test results to assess liver function. Liver function test results are used to determine if serious harm has occurred to your liver through alcohol misuse. Three of the seven clients either had no blood results, or results that were older than five months. One of these clients was assessed as having a severe alcohol dependency, but the nurse did not record if it was complicated or uncomplicated.

The assessment reviewed the client's drinking pattern, if they had had withdrawals seizures and symptoms, brief medical history, recent concerns or hospital admissions for both physical and mental health, mental capacity, medications and illicit substance use, and social circumstance including forensic background.

During the assessment, one client struggled to recall recent events, but no recommendation was made to seek further support for this. Clients also had health conditions that could increase risks and may need further review and discussion, such as thrombocytosis, hypertension and recent treatment for cancer.

Management of client risk

Staff did not know about all risks to each client or act to prevent or reduce risks. Staff were aware of risks that may occur when clients were detoxifying but did not always follow the medicines regimes to reduce these. For example, some observations were meant to be completed hourly, but these were not always being done.

We reviewed 11 client's risk assessments, risk management plans and admission assessments. Only one client had a risk management plan in place even though they had no risks identified in their risk assessment. The actions to minimise harm in the management plan indicated that the client was on medication for depression, had a history of medicines overdoses an was at risk of withdrawals and seizures. These risks were not reflected in the pre-assessment or risk assessment. This was also the only signed risk management plan; the staff member who completed its was not on the staff list or any training data provided.

All other clients had multiple identified current and historic risks that included suicidal intentions, domestic abuse, self-neglect, self-harm, substance misuse psychosis, depression and manic depression, bipolar disorder, hallucinations and anxiety. Physical health issues included recent cancer surgery, bowel disorders, back pain, hip pain, asthma, seizures and blackouts.

All of these clients were deemed to have a low risk and there were no details as to how staff had come to this decision. There were no risk management plans to manage the clients' physical health, mental health or potential risk to vulnerable clients in the service for 10 of the 11 clients.

Staff did not follow the service's policies and procedures when they needed to search clients or their bedrooms to keep them safe from harm because staff had not seen any of the organisation's policies.

Staff held handovers at the start of each shift. We requested staff handover notes for the previous week; five of 14 shifts did not have a handover recorded and only three therapist's handover notes were provided in this period. Housekeeping and maintenance staff were not included in handovers so were not informed of client risks. Handover notes indicated that many clients had high blood pressure and that this was to be monitored, but readings were not always recorded. Handovers also recorded that clients should contact a doctor to review blood pressure, however there was no doctor provision in the service, so this had to be done after discharge.

Support staff updated the client's progress notes each day which included risks associated with detoxification. We saw one occasion where a client was very unwell, and the manager contacted the nurse prescriber to increase their medicines dose. Staff also called 999 in an emergency. However, if the initial risks had been identified and managed appropriately, then these escalations may not have been necessary.

Staff followed procedures to minimise risks where they could not easily observe clients. Clients were given a walkie talkie during the initial stages of detox so they could contact staff for help.

Use of restrictive interventions

The service had a banned items list that identified what items were confiscated on admission. The list included standard items such as sharps, mouthwash containing alcohol, aerosols, caffeinated drinks etc. Clients also had to hand in mobile phones, tablets and laptops but were granted access to them in the evenings after the first seven days.

Staff were not trained in managing violence and aggression or the Mental Capacity Act definition of restraint, but the service had low levels of violence and aggression. Most clients told us that they felt safe. However, one client said a manager did not intervene when another client was shouting and acting aggressively in the dining area.

Safeguarding

Staff did not have training on how to recognise and report abuse and the provider did not act in accordance with its own policy, but staff could describe how to protect clients from abuse.

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 training data showed that seven of 18 staff had completed an online safeguarding adults and children course. This data was inaccurate; it included staff that had left the service and did not include all the staff that worked in the service. Additionally, the safeguarding training level provided was not appropriate for all roles as specified in best practice guidance. Safeguarding training is specific to an individual's role, this means that a registered nurse should have a higher level than a support worker, and that the safeguarding lead should have a higher level than the registered nurse. We queried who the organisation's safeguarding lead was and what training they had completed. The registered manager said that they were the lead and that they had completed the same online training as the rest of the staff. The provider's policy said the safeguarding lead was the operations manager. This manager was not included in the provider's training list at all and their online training record showed no training.

The service did not act in line with its own safeguarding policy. The policy said that staff would remain up to date with training, follow the policy and procedures, know how and when to use the whistleblowing procedures and understand the Mental Capacity Act and how to apply it in practice. Alcohol can impair mental capacity therefore clear guidance would be expected due to the vulnerable client group. We were informed of one safeguarding incident involving a member of staff; it had not been discussed with the local safeguarding team. The provider had raised one safeguarding since opening. This was against the local acute hospital where one of the clients had been admitted to following a seizure and on the same day that emergency services were called out to support another, We Can Recover client having a seizure

None of the staff we spoke with had seen any organisational policies, did not know where they were kept and had not been provided with training in all the areas specified. The policy also said that there would be robust recruitment processes, incident reporting, risk assessment, medicines error procedures and induction training, but these were not in place.

However, staff could give clear examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. As most staff had prior experience and training in safeguarding, they knew to contact the local authorities to escalate concerns.

Families and children were not allowed to visit the service.

Staff access to essential information

The service did not ensure that they kept high-quality, secure clinical records – whether paper-based or electronic, that all staff contributed to.

The service used a combination of paper and electronic files. Each client had a printed folder and electronic word documents for risk assessments and progress notes.

Records were not stored securely. Client data was stored on google shared drive and any staff with a password could access them. Google drive is not compliant with the General Data Protection Regulation (GDPR). The regulation states that no personal data can ever leave the European Union. Google's web servers are based in the United States. We spoke with one therapist who said he had never looked at the client risk assessments as they were not relevant to their role. One of the support workers said that they did not view client care plans as this was the therapist's role. None of the clients we saw had a care plan. However, support staff regularly updated client progress notes.

The provider told us that they were implementing a new electronic records system in February 2023.

Medicines management

The service did not fully use systems and processes to safely prescribe, administer, record and store medicines. Staff did not regularly review the effects of medicines on each client's mental and physical health.

Staff did not follow systems and processes to prescribe and administer medicines safely. A registered nurse prescriber (non-medical prescriber) spoke to the client by video link or telephone before commencing a detox regime. A medical and drug history were obtained from the client. However, blood results to check whether it was safe to prescribe a detox regime were not always obtained by the service. We found staff who administered medicines were not all suitably qualified and competent to administer medicines safely. Clients who started their detox regime in the afternoon were not always given all their first day doses. Staff did not always record CIWA-Ar (Clinical Institute Withdrawal Assessment of Alcohol Scale) scores regularly and it was unclear whether clients were receiving the correct detox medications based on their withdrawal scores. Clients who were told they needed to have a 7-day, or 10-day detox course were not always detoxed for those specific number of days.

The service did not maintain medicines stocks well. They ran out of paracetamol during the inspection and clients had to wait until these had been bought by staff or buy them themselves. Clients told us that there were sometimes delays in accessing medicines.

Staff did not review each client's medicines regularly and provide advice to clients and carers about their medicines during their admission. Although the nurse prescriber explained the alcohol detoxification to clients during the admission assessment, staff told us that the nurse prescriber did not regularly visit the service to review clients. The nurse prescriber said that they last visited the service approximately three weeks before the inspection. Staff said they could not contact the prescriber directly. Instead, staff had to speak to the registered manager who contacted the prescriber for advice.

Staff did not follow national practice to check clients had the correct medicines when they were admitted, or they moved between services. The nurse prescriber did not always have access to a full GP summary before commencing detox regimes.

Inadequate

Residential substance misuse services

Staff did not always review the effects of each client's medicines on their physical health according to NICE guidance. Staff did not always use formal assessment tools to assess the nature and severity of alcohol misuse. They did not always record CIWA-Ar scores regularly and it was unclear whether clients were receiving the correct detox medications based on their withdrawal scores.

Staff did not always complete medicines records accurately or keep them up-to-date. The nurse prescriber emailed the medicines regime and support staff transcribed this information onto a paper prescription administration chart. We noted transcribing errors in the paperwork. This could lead to harm to the clients if they were given an incorrect dose of medicines.

Staff did not learn from safety alerts and incidents to improve practice. Regular audits were not completed by registered staff and the nurse prescriber did not provide training to staff.

In order to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines, the medicines prescriber told clients to decline medications if they felt over sedated.

Staff stored and managed all medicines and prescribing documents safely. Medicines were stored in a filing cabinet and Controlled Drugs (CD) in a CD cabinet in the locked medicines room. The keys for both cabinets were safely kept, which staff with responsibilities for medicines administration had access to. Prescribing documents were also stored in the locked medicines room.

Track record on safety

The service had a poor track record on safety.

The local authority and clients shared concerns about the provider after clients had been admitted to a local accident and emergency service with seizures.

Reporting incidents and learning from when things go wrong

The service did not manage client safety incidents well. Most staff did not recognise incidents and report them appropriately. Managers did not investigate incidents or share lessons learned with the whole team. When things went wrong, managers did not apologise and give clients honest information and suitable support.

Most staff did not know what incidents to report and how to report them. One member of staff described recording health and safety incidents in an accident book. We reviewed the provider's incident log. Three incidents had been recorded since the service opened and all three related to clients having seizures. However, staff described other incidents that occurred such as medicines errors and we saw an incident of peer on peer aggression that had not been logged. Staff had reported an unplanned exit following physical aggression, but this was not recorded on the incident log.

Managers did not investigate incidents. We reviewed the three incident reports and none of the manager's sections were completed.

Inadequate

Residential substance misuse services

Staff did not raise concerns and report incidents and near misses in line with provider policy. We asked the provider for a copy of their reporting incidents policy during the inspection and on another four occasions following the inspection. This was not provided. Staff told us they had never seen any organisational policies since working in the service.

Managers did not debrief and support staff after any incident. Staff described an occasion where there were two client seizures in one night and said that there was no debrief given.

Staff did not receive feedback from investigation of incidents, both internal and external to the service. Some staff said they did not have team meetings or supervision and managers said that information was shared at handover. We reviewed one week's handover notes and saw only client information was recorded. Staff who attended meetings said that they were an informal chat in the office. Managers confirmed that team meeting minutes were not recorded.

Staff did not meet to discuss feedback and look at improvements to client care and there was no evidence that changes had been made as a result of feedback. Following the incident involving two clients having seizures on one-night, staff said that the managers had told them that the service was employing nurses but that this had not happened. Staff also felt that the service admitted clients whose risks were too high to safely manage.

Managers did not share learning with their staff about never events that happened elsewhere.

Managers were not always open and transparent or give clients and families a full explanation when things went wrong. We reviewed case notes for a client who was admitted to hospital following a seizure at the service. Notes did not record an apology to the family nor a full explanation as to the provider's failings in care.

Following the inspection, the Care Quality Commission had worked with the local system including commissioners and local authority to safely discharge clients over a seven-day period after issuing the notice of decision to suspend the service's registration. However, the registered manager informed the Care Quality Commission that she could not afford to staff the service and said that all clients had to be moved from the service within 24hrs.

Are Residential substance misuse services 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 the service they managed but were mostly visible in the service and approachable to some clients and staff.

Leaders did not have the skills, knowledge and experience to perform their roles. Although leaders had lived experience of addiction, and three of them had experience of working in therapeutic rehabilitation roles, none of them had experience in delivering or working in a medically managed detoxification service. None of the managers had clinical experience and managers had not made suitable arrangements to ensure there was clinical leadership and input into the service before admitting clients.

Leaders did not have a good understanding of the service they managed. Management tasks were delegated out among the four members of the leadership team and there was no oversight of each other's roles. For example, the professional development manager was absent during the inspection and the other managers were unable to find accurate information relating to staffing or training. Information was stored on individual laptops instead of being accessible to the wider management team.

Leaders had not implemented safe systems and processes to provide safe and good quality care to clients paying for the service. Processes were unclear and burdensome for staff. For example, to spend petty cash, the assistant manager had to ask the operations manager who would ask the registered manager for approval.

Managers were visible in the service and mostly approachable for clients and staff.

Vision and strategy

The provider did not have any vision and values that were shared with their staff or applied to the work of their team.

All staff we spoke with said that the service had no vision and values. The registered manager confirmed that they had no formalised vision and values but that the service aimed to help clients with recovery. Provider vision and values help staff to understand the purpose of the organisation and the core values on which it is governed. They help a provider to set priorities, allocate resources, and ensure that everyone is working towards common goals and objectives. One staff member commented that they thought the provider values were to 'get them in as fast as you can'.

Staff told us they did not have job descriptions. We repeatedly asked for copies of job descriptions for all staff roles during and after the inspection. Only the job descriptions for the registered nursing posts. The non-medical prescribing nurse job description had a document created date of 9 December 2022, three months after the appointment of the prescribing nurse. Both job descriptions stated that referrals were accepted from community drug and alcohol services across the UK for alcohol dependence, when the service was a private fee-paying service. The registered nurse job description also stated that the service provided residential detoxification for opiate dependence which they were not registered to provide. Both job descriptions said that clients would be screened for suitability using alcohol dependency tools, but this was not visible in the paperwork or practice that we viewed. It also stated that nurses would work under the guidance of the clinical lead, however there was no clinical lead.

Most staff told us that they did not receive an induction to the service or attend supervision sessions. Supervision provides staff the opportunity to reflect on their own practice, supports professional development, improves wellbeing and work culture and offers improved client outcomes. An effective induction helps new staff to understand the organisation, the culture, the people, and what is expected of them in their role. Agency staff also said they did not receive an induction when they attended the service.

Culture

Staff did not feel respected, supported and valued. They could not raise any concerns without fear. The service did not provide opportunities for development and career progression.

Staff felt respected, supported and valued by their immediate peers, but some staff shared concerns about the senior managers in the service; particularly their lack of action around the number of registered nurses, risk to clients and continuing to accept admissions without a full staff team.

Staff were not aware of the provider's whistleblowing policy. Some staff said if they spoke up, they did not feel they would be listened to and one staff member said they would be fearful of losing their income if they did.

Staff felt dissatisfied and told us they had high levels of stress, particularly around medicines management and risk.

The service did not manage staff morale, career development and job satisfaction well. We reviewed three therapy staff's performance development plans completed in November. None of the plans had any input from the staff and all notes for every competence had the same standard statement; 'These new competencies were discussed with staff member, and it was explained how these competencies will be the basis for future performance review and welfare plans.' Each person's agreed action plan said that they had to complete all training sessions. This was not accurate in the records we viewed.

Staff had not reported any bullying and harassment cases.

Management of risk, issues and performance

Teams did not have access to the information that they needed to provide safe and effective care so could not use information to good effect. Managers did not ensure all staff had all the appropriate preemployment checks in place prior to starting in their roles.

The online training platform showed that some staff had not had the appropriate employment checks including Disclosure and Barring (DBS) checks, qualifications and references checks. We reviewed nine staff files. Seven of nine had no DBS recorded on the system (though five were provided following the inspection). The assistant manager's certificate was dated after admissions had started to the service and another staff member, who had been suspended pending investigation, did not have a DBS certificate. The provider shared an email from the disclosure barring service dated September 2022 that said that the provider should wait until receiving the certificate as it contained information that may affect suitability. No DBS was provided following the inspection. The registered manager also confirmed that two of the three maintenance staff and the housekeeper had not had DBS checks completed. We also asked the registered manager for copies of any risk assessments where the DBS returned a result, but these were not provided.

. We requested a list of all staff that had worked in the service since opening, with start and end dates. This was also not provided. There was no staff record for the maintenance staff or independent nurse prescriber. The registered manager said that this was because the nurse prescriber was not an employee. During the inspection we asked to see a copy of the nurse prescriber's contract, DBS, references and qualifications checks; only the DBS and contract were provided 14 days after the inspection. The DBS provided was for another service and was dated February 2022 which was seven months prior to joining the service. Depending on their role and activities, new entrants to the workforce in services regulated by CQC are expected to obtain a new DBS check. The contract was in photographic format and was signed 9 September 2022.

Staff had either one or no references in their records, including the registered nurse whose one reference was unsuitable for the role; four staff had no references at all. We also did not see proof of any qualifications recorded on the system. We asked the provider for evidence of professional qualifications including counsellors after the inspection, but these were not provided.

There were no quality assurance management and performance frameworks in place that were integrated across all organisational policies and procedures. We requested copies of 14 organisation policies and received 11, which we reviewed. The service subscribed to a quality compliance service that created policies. We Can Recover were then able

to download the templates and amend the content to reflect their organisation. We Can Recover did not operate in line with the policies. Some staff said they had raised concerns about unsafe care and that these were not responded to. We reviewed the whistleblowing policy. It gave examples of concerns that staff may raise such as unsafe care, unsafe working conditions, inadequate induction and training for staff and lack of, or poor response to a safety incident. All of which were observed in the service.

The safeguarding policy specified that there would be robust recruiting and staffing practices and that training would be directed at the roles and responsibilities of the person being trained. All staff completed the same online training module and we found issues with recruitment. The recruitment policy stated that all applicants were required to provide, at interview, evidence of any qualification that is required for the role which must be photocopied and retained within the new employee's personnel record. There were no records of qualifications on the online system viewed during the inspection. This information was also requested twice after the inspection but not provided.

The covid and infection control policies stated that the service would follow government guidance. However there had been an outbreak of covid among staff and clients. Staff were not following universal masking principles, operating an additional cleaning schedule for high risk areas or following any standard infection prevention and control procedures. We requested the provider's Covid19 risk assessment following the inspection, but this was not provided. There was no infection, prevention and control lead identified in the service.

The provider's risk management policy specified that the service would have a risk register to identify and assess all organisational risks. Managers said the service did not have a risk register. A risk register is used to identify potential risks in a project or service. A risk register helps a provider to stay on top of issues that might disrupt intended outcomes.

The registered manager said that visitors were not allowed to the service and this was due to the risk from covid. The policy stated that that family and loved ones visiting clients was central to developing person-centred care. It said that all clients could nominate one visitor who could visit in all circumstances, including during periods of isolation or outbreak, but this was not the case.

The provider's ligature risk and management policy and procedures specified that the service would have an annual ligature point assessment and action plan, but when we asked managers and staff about their environmental ligature audit, they said they did not have one.

In addition, all policies, including the data security and protection policy and procedure, stated that staff and client data storage would be GDPR compliant, which they were not. Policies also regularly referenced that staff would complete training and read relevant policies, but this had not occurred.

It was not clear if the service monitored sickness and absence rates.

Information management

Staff did not collect analysed data about outcomes and performance and engage actively in local and national quality improvement activities.

The service did not use effective systems to collect data. Staff accessed client records in the staff office. All information was stored on google documents on a shared drive and staff only reviewed and updated the files that related to their role. For example, support workers updated progress notes, risk management plans were not updated and completed and therapists only reviewed therapy handover notes.

Managers did not have access to information to support them with their management role. During the inspection, managers struggled to locate basic information that was associated with the day to day running of the service. Information was not timely or accurate; it did not identify areas for improvement. We reviewed training and recruitment systems and processes, policies and provider documentation including incident reporting systems that were not accurate, complete or updated.

Staff made notifications to some external bodies, but these were not always completed and did not always include full details about the events that occurred. We reviewed a notification where a client had to be taken to hospital following a seizure. The circumstances that led to the injury were not all fully recorded. Staff did not raise internal safeguarding with the local authority.

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 not safe, clean, well equipped, well maintained or fit for purpose. Staff had not completed and regularly updated thorough risk assessments of all the areas and removed or reduced any risks they identified. There were unclear fire safety procedures, errors in the fire risk assessment, risks hadn't been identified and staff qualified in fire safety were not completing fire safety checks properly. The environment did not have enough accessible bathrooms, bedrooms were allocated without consideration for environmental risks and bannisters had not been fitted in the downstairs hallway. The service did not operate a system that considered risks from mixed sex accommodation, location of the laundry facilities and ligatures and they made little effort to minimise potential risks. There were several maintenance issues that had not been addressed and there was no system to manage these. The refurbishment of the gardens and area leading to the kitchens had not been completed. Staff did not make sure cleaning records were up-to-date and the premises were clean. We were not confident in training provided; the housekeeper did not follow standard infection, prevention and control guidance or the provider's own policies and staff were not wearing masks during a covid outbreak. Clinic rooms were not fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff did not check and maintain equipment.

The service did not have enough nursing and medical staff, who knew the clients and received basic training to keep people safe from avoidable harm. Managers had not accurately calculated and reviewed the number and grade of nurses and support workers for each shift. They did not adjust staffing levels according to the needs of the clients. The service did not have enough nursing and support staff to keep clients safe. The service employed one part time registered nurse and used an independent prescriber for remote prescribing consultations. The service admitted clients for detoxification with no registered nurse on shift and did not use appropriately skilled agency staff to cover the staffing shortfalls. Managers had not made sure all agency staff had a full induction and understood the service before starting their shift. There was no medical input to the service. Managers had not made sure all staff including agency had a full induction and understood the service before starting their shift. Managers did not monitor mandatory training well and alert staff when they needed to update their training. Training records were inaccurate, staff had not been provided with the basic skills needed to safely deliver care to clients in the service and the service did not ensure that all shifts had a member of staff with emergency first aid training. the mandatory training programme was not comprehensive and did not meet the needs of clients and staff.

The service admitted clients even when it was not safe to do so. Staff completed ineffective risk assessments for each client prior to admission and on arrival. The service did not use a recognised tool, risks were not categorised

appropriately, and risk management plans were not created. None of the risk assessments were signed by a doctor, nurse or manager and there was no risk rating guidance provided. All clients were deemed to have a low risk and there were no risk management plans to manage the clients' physical health, mental health or potential risk to vulnerable clients for 10 of the 11 clients. Assessment tools were not used to assess and screen alcohol harm and dependence and the nurse prescriber did not always have access to a full GP summary before commencing detox regimes.

Staff did not have the appropriate safeguarding adults and children training on how to recognise and report abuse and staff did not act in accordance with the provider's own policy. The provider did not raise safeguarding's with the local authority when incidents occurred.

The service did not ensure that they kept high-quality, secure clinical records – whether paper-based or electronic, that all staff contributed to. Client and staff records did not meet data protection regulations.

The service did not fully use systems and processes to safely prescribe, administer, record and store medicines. Staff did not regularly review the effects of medicines on each client's mental and physical health. Staff did not always complete medicines records accurately or keep them up-to-date. Staff who administered medicines were not all suitably qualified and competent to administer medicines safely. Staff did not always record alcohol assessment scales regularly and clients did not always receive all medicines over the course of their prescribed detoxification. Staff could not directly contact the nurse prescriber.

The service did not manage client safety incidents well. Most staff did not recognise incidents and report them appropriately. Managers did not investigate incidents or share lessons learned with the whole team. When things went wrong, managers did not apologise and give clients honest information and suitable support.

The provider did not have any vision and values that were shared with their staff or applied to the work of their team and staff said they did not have job descriptions. Job descriptions submitted contained multiple inaccuracies and managers did not ensure that nursing staff worked in accordance with the job descriptions.

The service had not promoted a positive and safe culture, Staff did not feel respected, supported and valued. They could not raise concerns without fear and the service did not provide opportunities for development and career progression.

Leaders did not have the skills, knowledge and experience to perform their roles. They did not have a good understanding of the service they managed. Managers did not complete audits to review the quality of care provided. Individual management tasks were delegated out among the four members of the leadership team and there was no oversight of each other's roles. Notifications to external bodies were not always completed and did not fully reflect the incident reported.

Staff did not have access to the information that they needed to provide safe and effective care so could not use information to good effect. Policies did not reflect the service provided and staff could not access them. Managers did not ensure all staff had all the appropriate pre-employment checks in place prior to starting in their roles.

Engagement

Managers did not engage other local health and social care providers to ensure that they were part of an integrated health and care system that met clients' needs.

Inadequate

Residential substance misuse services

The provider did not actively engage with other care providers in the local area to improve their practice. Clients were fee paying and many lived out of area.

Staff, clients and carers did not have access to up-to-date information about the work of the provider for example, through an intranet, bulletins and newsletters. The provider had one set of community meeting minutes that they posted on the hallway noticeboard. These talked about positive group interactions, food requests and maintenance issues. No other community minutes were provided when asked.

We asked if there had been any formal complaints raised. Managers told us they had only one complaint about a member of staff's behaviour and that the staff member was suspended pending investigation. The Care Quality Commission had received two complaints about the service and how it operated.

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
Treatment of disease, disorder or injury Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had failed to establish systems and processes to operate effective governance to assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Governance processes did not sufficiently identify or manage the quality and safety of the service provided to protect service users from the risk of receiving unsafe care and treatment. The service failed to implement a system to monitor clinical measures and outcomes and identify risk relating to service users' detoxification. There was no effective process for client assessment. The service failed to demonstrate that effective systems and processes in place to direct safe delivery of care and manage risks which impacted on the safe delivery of care to clients, for example the risk of falls, malnutrition and self-harm. The governance arrangements had not identified when staff had not completed and/or regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. The provider's fire risk assessment did not refer to the service as a detoxification service or identify all potential risks in the environment. Fire safety procedures in the service were unclear. The service failed to provide a safe system to assess and improve the quality and safety of the environment for clients to receive safe care. The service layout increased the risk to clients. The service did not assess, monitor and mitigate the risk to the health, safety and wellbeing of female clients where there was mixed sex accommodation.

This section is primarily information for the provider

Enforcement actions

The provider did not have systems or process to mitigate potential risk to clients who were at risk of self harm or ligature. Staff could not observe clients in all areas of the service and where clients had a history of suicidal thoughts or attempts the service did not have mitigation plans in place, despite the provider's ligature policy stating the service had an environmental ligature assessment in place.

The service had not ensured that systems and processes around infection control guidance were established or operated effectively. Staff failed to follow best practice relating to cleanliness and infection prevention and control. The COVID-19 and infection control policies stated the service would follow government guidance however this was not put into practice.

Most staff did not know what incidents to report and how to report them and managers did not investigate incidents. Staff did not raise concerns and report incidents and near misses in line with provider policy.

The provider had not implemented safe systems and processes to enable the service to assess the risks to the health, safety and welfare of clients through the service recruitment and induction policy and processes. The online training platform showed that some staff had not had the appropriate employment checks including Disclosure and Barring (DBS) checks, qualifications and references checks. The safeguarding policy specified that there would be robust recruiting and staffing practices and that training would be directed at the roles and responsibilities of the person being trained which was not the case.

The service had not implemented effective audit and governance systems that monitored, reviewed and improved the quality and safety of the services provided. There was no quality assurance management and performance framework in place that was integrated across all organisational policies and procedures. The provider's risk management policy stated the service would have a risk register to identify and assess all organisational risks but this had not been completed.

Regulated activity	Regulation

This section is primarily information for the provider

Enforcement actions

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

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

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. Two clients required admission to emergency acute care following alcohol withdrawal related seizures. Staff were not trained in essential skills to recognise and respond to people's health deteriorating due to alcohol withdrawal or and had not received other mandatory training.

We were not assured that staff were appropriately qualified. The service did not provide registered nurse staffing 24 hours a day, seven days a week, in line with their Care Quality Commission registration. Agency nurses, when used, did not have the required skills and experience to provide care. There was no clinical leadership in the management team when we inspected on 29 November 2022. Staff employment checks were incomplete and disorganised.

We were not assured that there was effective medicines management to ensure clients received safe care and treatment. We found systems were not robust to ensure safe management of medicines and clients were exposed 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 formal assessment tools to assess the nature and severity of alcohol misuse. Assessment tools to determine the severity of withdrawal symptoms were not always effectively completed for clients who were detoxifying from alcohol. This potentially increases the risk of adverse physical effects from alcohol detoxification, such as seizures. Staff had failed to obtain clinical guidance from a suitable person with the necessary skills and competence when a client was not available for all of their first day detoxification doses. We found that clients did not always receive their full detoxification regime. There were no emergency medicines available for staff to

This section is primarily information for the provider

Enforcement actions

use in an emergency such as a seizure, emergency medicine could stop the seizures or no appropriate risk assessment to assess which emergency medicines staff may or may not need in this service.