

UK Addiction Treatment Limited

The Recovery Lighthouse Worthing

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

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Summary of findings

Overall summary

We inspected The Recovery Lighthouse in Worthing on 7 July 2021. Recovery Lighthouse is a 13 bed residential rehab that provides medically monitored detoxification and/or rehabilitation programs to adults with substance misuse issues including alcohol and/or opiate dependency.

This was an unannounced focused inspection following concerns being raised about the safe care and treatment at the service. Because of its limited scope, we did not rate at this inspection. You can view previous ratings and reports on our website at www.cqc.org.uk.

During the inspection we found a number of areas of concern. Following this inspection, we wrote to the provider and told them that we required them to provide us with assurance that they would make immediate and ongoing improvements, otherwise we would use our powers under Section 31 of the Health and Social Care Act 2008. Section 31 of the Act allows CQC to impose conditions on a provider's registration. The provider responded to us and provided an action plan. CQC reviewed the provider's action plan and felt that the actions the provider was taking reduced the risks sufficiently enough that urgent enforcement action was not necessary. However, CQC will continue to closely monitor the service on a weekly basis until the risk had further reduced.

What we found:

The service did not consistently provide safe care and treatment. Staff did not consistently monitor and manage risks to safeguard clients from harm. Identified risks did not always have a management plan created for staff to know how to minimise a client's risk. Clients detoxing did not consistently have physical health checks completed.

Medicines were not managed safely, and staff did not have clear guidance on how to manage medicines safely and when to appropriately administer as required (PRN) medicines.

Managers did not ensure that staff received appropriate specialist training in substance misuse, detox or mental health. Mandatory refresher training was not consistently completed by staff on time. Staff told us they did not consistently receive regular supervision of a good standard. This meant the provider did not ensure staff had the knowledge and skills to meet the needs of the clients.

Staff did not consistently manage unplanned discharge well and did not always ensure people whose needs it could not meet were appropriately supported on discharge from the service.

The service was not consistently well led, and the governance processes did not always ensure clients were safe or that staff were supported. Lessons were not always consistently learnt or shared to improve the service.

However:

The provider, following inspection feedback, responded to the concerns raised and put measures in place to ensure clients were safe while they took action to improve the service.


Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment.

Summary of findings

They provided a range of treatments suitable to the needs of the clients.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Inspected but not rated 	

Summary of findings

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Summary of this inspection

Background to The Recovery Lighthouse Worthing

The Recovery Lighthouse Worthing is one of a group of substance misuse services owned by UK Addiction Treatment Centres. Recovery Lighthouse is a residential detoxification and rehabilitation service.

Recovery Lighthouse provides detoxification and rehabilitation programs to support adults with substance misuse issues including alcohol and/or opiate dependency. The service has an external Dr to deliver prescribing for a medically monitored detox. This means that clients may be given medicine to manage their withdrawal from substances but do not require 24-hour medical supervision.

Recovery Lighthouse is registered to provide the following regulated activities;

Accommodation for clients who require treatment for substance misuse

The service did have a registered manager at the time of inspection who was no longer working at this location. A registered manager, along with the registered provider, is legally responsible and accountable for compliance with the requirements of the Health and Social Care Act 2008 and associated regulations. One of the managers from another location was managing the service at the time of the inspection and was about to start the registration process to become registered manager at this location

The service was last inspected in January 2019 and was rated as good in all areas. We did not rate this service at this inspection because we did not look at all of the key questions or all of the key aspects of the key questions.

How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the service and reviewed a range of information.

During the inspection visit, the inspection team:

- visited the service once;
- looked at the quality of the service environment;
- spoke with seven people who were using the service;
- spoke with the manager, a consultant psychiatrist, two therapists, and two support workers.
- spoke with one external professionals;
- looked at eight care and treatment records of people including medicines records; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

The team that inspected the service comprised of three CQC inspectors and a specialist advisor who was a nurse with expertise in substance misuse services.

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

Summary of this 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:

We told the service that it must take action to bring services into line with legal requirements.

- The service must ensure that medicines are safely managed, including the management of controlled drugs. The service must ensure that medicines required by clients are available when needed and all staff should be trained appropriately to administer medicines. (Regulation 12)
- The service must ensure that staff have the appropriate knowledge, skills and experience to provide safe, good quality care to all clients in their care. (Regulation 12)
- The service must ensure incidents are managed safely and learn from when things go wrong. (Regulation 12)
- The service must ensure that all clients have robust risk assessments and that risks are managed appropriately according to each clients needs. (Regulation 12)
- The service must ensure that clients undergoing detoxification have their physical health care needs met in line with national guidance. (Regulation 12)
- The provider must ensure that it operates robust governance processes in order to monitor and improves the care for clients as needed. (Regulation 12)
- The service must ensure it does not place clients who have an unplanned, early discharge at risk and must ensure appropriate support arrangements are in place before it discharges its responsibilities. (Regulation 12)
- The services must ensure that all notifiable incidents are reported to the CQC without delay and as per guidance. (Regulation 18)

Action the service SHOULD take to improve:

- The service should ensure that where possible prior to a client's admission their GP is contacted to gain any relevant information and a health summary.
- The service should ensure that staff supervision, handover and team meetings are regular, so staff feel supported and that learning is shared effectively.





Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Inspected but not rated	Inspected but not rated	N/A	Inspected but not rated	Inspected but not rated	Inspected but not rated
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Residential substance misuse services

Safe	Inspected but not rated 
Effective	Inspected but not rated 
Caring	
Responsive	Inspected but not rated 
Well-led	Inspected but not rated 

Are Residential substance misuse services safe?

This was a focused inspection. Because of its limited scope, we did not look at all parts of the key question and did not rate at this inspection.

- The service did not consistently have staff that were adequately trained and who were confident and competent in their role to ensure consistent safety of clients using the service. Detox was medically monitored by a doctor remotely but some staff we spoke with told us they did not have training in detox, substance misuse or mental health. We reviewed the training matrix and training in these areas were not mandatory but could be accessed by staff should they wish to attend it. This posed a risk to clients if staff could not effectively monitor the risks of detox or deteriorating mental health to know what to look out for to escalate concerns to the doctor to ensure safety of patients.
- Staff assessed risks to clients. Risk assessments were completed but we did not see that detailed risk management plans were consistently created for staff to follow to minimise risks to clients. For example; clients having thoughts of self harm. The risk management plans did not include actions for staff to take if a person was to present with wanting to harm themselves. Therefore, staff did not have clear instructions on how to manage client's risks.
- Staff had access to clinical information but for some clients there was little or no medical history, and not all clients GP's had been informed of their detox or medicines being prescribed by the doctor at the service. This meant there was a potential risk of the service not knowing details or risks of past medical history should a client not disclose this.
- Medicines were not managed safely. Controlled drugs were not consistently countersigned as per the providers policy. There was no staff signature list to ensure signatures for controlled drugs were authentic. There were no as required PRN protocols in place so staff understood the signs and symptoms of substance withdrawal and to recognise when it was appropriate to offer PRN medicines. This meant that if a client did not actively ask for more detox relief medicines; they did not get this. This posed a risk to clients that could be at risk of withdrawal seizures. Some staff medicines training was out of date and one staff member had been administering medicines with no training. Some staff had not been trained in naloxone. Naloxone is an emergency medicine given to clients who are overdosing on opiates to counteract the opiates. In the clinic room we found that there was old and new undated equipment and that the first aid box had some essential equipment missing. There was a second first aid box in the reception office.
- The premises were safe, clean, well furnished, well maintained and fit for purpose.

Residential substance misuse services

- Incidents were not consistently managed safely. Staff we spoke with did not consistently know what constituted an incident and what should be reported as an incident. We did not see any evidence of managers sharing learning from incidents with staff to minimise the risk of some incidents reoccurring. We found some information for example that had been previously notified to the CQC that had not been logged on the providers incident system so we could not be assured that all incidents were being logged and managed effectively.
- Clients told us that they felt safe and that their individual needs were being met by staff.
- If staff had concerns over a client's physical or mental health, they sought medical attention from emergency services or by taking clients to the accident and emergency department.

Are Residential substance misuse services effective?

Inspected but not rated 

This was a focused inspection. Because of its limited scope, we did not look at all parts of the key question and did not rate at this inspection.

- The service did not effectively or consistently monitor physical healthcare. Clients that were in the early stages of detox did not consistently have their vitals or physical health checks completed to effectively monitor them while going through withdrawal. This increased the risk of a medical emergency and did not ensure clients risks were properly mitigated and managed. People with physical health conditions that put them at higher risk were also not having physical health checks done consistently.
- Staff did not have consistent support from the service. Supervisions were not consistent. Staff training did not cover all the areas that staff in this type of service would need. There was no mandatory substance misuse specific training, detox or mental health related training. Some staff that were on shift at the time of inspection had not completed all mandatory training since starting with the service which meant they were not trained fully to meet clients needs.
- Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice.
- Staff completed assessments with clients on admission to the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.

Are Residential substance misuse services responsive?

Inspected but not rated 

This was a focused inspection. Because of its limited scope, we did not look at all parts of the key question and did not rate at this inspection.

- Staff did not consistently manage discharge well. There were a number of unplanned discharges following a deterioration in clients mental health. We noted that on a number of occasions the service sought emergency medical

Residential substance misuse services

advice from a hospital, once the hospital had said the client was safe to leave hospital and return to the Recovery Lighthouse Worthing, the service refused to allow the client to return. The service did not seek appropriate alternative support or refer to other organisations/professionals for clients whose needs it could not meet and therefore there was a potential safety risk to clients who were left in a vulnerable situation.

- The service responded to concerns and complaints and investigated them.
- We did not see evidence of learning or this being shared with the whole team and the wider service to improve the service.

Are Residential substance misuse services well-led?

This was a focused inspection. Because of its limited scope, we did not look at all parts of the key question and did not rate at this inspection.

- Our findings from the other key questions demonstrated that governance processes were not robust in the service and did not consistently ensure the service was safe and effective.
- We did not see consistent working with clients GP's to ensure the service had a client's medical details. There was no pharmacist involvement to help support and manage medicines effectively and audit them. The service did not consistently notify the CQC of notifiable incidents.
- A new manager who had the skills, knowledge and experience to perform their role, had been brought in to support and improve the service. Following inspection, the manager and senior managers created an action plan and took immediate action to ensure the safety of clients while other improvements were being implemented.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

The provider had not consistently reported reportable incidents to the CQC or in the timescales required.

Regulation 18 (1)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

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

The service failed to ensure that medicines were safely managed.

Staff who were working directly with client's were not all trained fully in the providers mandatory training. The provider did not ensure all staff working with clients were trained in substance misuse, detox and mental health awareness. These were not included in the providers mandatory training.

Incidents were not consistently managed safely and logged as per the providers policy. Learning from incidents was not shared with the wider team.

Risk assessments and management plans were not robust to give staff clear guidance on how to minimise risk to clients.

Clients physical health was not consistently monitored during detox or if a client had known health conditions in line with guidance and best practice.

There were not robust governance processes in place to ensure the quality of the service is monitored and improved effectively.

This section is primarily information for the provider

Requirement notices

The provider did not ensure that clients who have an unplanned early discharge had appropriate support in place to ensure risks are managed.

Regulation 12 (1), (2) (a,b,c,g,i)