Mitcham Park

Quality Report

3 Mitcham Park
Sutton
Surrey
CR4 4EN
Tel: 020 8646 0975
Website: www.equinoxcare.org.uk

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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The service had enough skilled and competent staff who were assessed through an appropriate recruitment process. Staff received adequate training, support, supervision and professional development. Staff had skills in counselling and long-term experience of working with clients who had substance misuse and mental health issues.
- Every client had a comprehensive assessment to help staff understand their needs, personal histories and issues associated with their substance misuse. The provider had a holistic approach to supporting people with substance misuse issues. Clients valued the structured therapeutic programme with their recovery and goals and service that focused around their individual needs. There were opportunities to engage in a broad range of activities from the local and wider community to support clients with their recovery and community re-integration.
- Staff monitored the heath and wellbeing of clients who promptly responded to any signs of deterioration in their physical or mental health.
- The provider had strong partnership links with multi-agency and community services to assist in

Summary of findings

providing support and additional services to prepare clients for independent living.All clients had care coordinators and their care was regularly reviewed. Commissioning and health and social care professionals provided strong and clear feedback about their positive relationships with the service. Feedback provided by stakeholders described the service as a valuable resource that consistently provided a high quality, well managed, safe and secure environment for clients who used this service.

- Staff were kind, caring, compassionate and enabling. Staff encouraged clients to fully participate in their care planning and recovery programme, having good insight into how best to support them. Staff took action to promote and protect the needs and rights of clients. Clients were empowered to make decisions wherever possible and staff took a balanced approach to how risks were managed. Staff understood the diverse social and cultural backgrounds who had complex personal histories.
- Clients were informed about the complaints procedure, understood how to make a complaint and had access to external independent advocates.
- Overall the service was well led and there was a clear vision and values that were understood and shared by the majority of staff. The provider had a clear audit cycle which was used to audit and monitor the quality of the service as well as outcomes for clients. The provider monitored staff performance, supported their needs and had a commitment to improve the quality of the service.

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

- Following an allegation of abuse, the provider did not take action in line with their safeguarding procedure to safeguard a client and prevent the possibility of abuse from happening. The management of the service did not openly communicate with staff and clients about their safeguarding concerns and their response in how they dealt with it.
- While risks to clients were assessed, these were limited to one or two areas of risk and were not comprehensive. The provider had not ensured they did all that was reasonably practicable to mitigate any such risks.
- The provider used alcohol and drug plans with clients who had misused these substances. The plans were used to help clients identify their progress and were a good visual aid. However, there were no plans in place in order for clients to meet their identified needs and future goals.
- A store of used medicines had not been promptly returned or disposed of and could pose a risk to clients.
- The care records for all clients were not kept in an organised way and made it difficult to locate information about them.
- Staff respected the rights of clients to make informed decisions and had some awareness of the principles of the Mental Capacity Act (MCA). However staff lacked an understanding about the legal requirements of the MCA and its use in the service.

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Background to Mitcham Park

Mitcham Park provides residential support for up to eight males who have a history of substance misuse. The service provides therapeutic and practical support to clients to support them to remain abstinent and to prepare them for independent living.

Mitcham Park is registered to provide a regulated activity: accommodation for persons who require treatment for substance misuse. The service has a registered manager in place.

In a recent change in business practice the provider has opened up their service to clients from one local authority to a range of other local borough and purchasing authorities. All clients who use the service had completed a detoxification programme and were abstinent prior to their admission.

The service was last inspected on 23 January and 5 February 2015 and was compliant with essential standards, now known as fundamental standards.

Our inspection team

The team that inspected the service comprised of a CQC inspector and a specialist professional adviser with a social work background who specialises in substance misuse.

Why we carried out this inspection

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

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location and gathered feedback from other organisations for information.

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with four clients
- spoke with one ex-client
- spoke with the registered manager
- spoke with four staff members employed by the service provider, including support workers
- spoke with one other staff member who worked elsewhere in the organisation
- received feedback about the service from five care co-ordinators or commissioners

Summary of this inspection

- attended and observed two daily meetings for clients
- looked at five care records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients told us that staff were skilled, caring and committed in helping their recovery journey. Clients were overall positive and told us they had benefitted from the unique support programme that the service offered compared with other services they had used. Clients said that the programme had provided them with the awareness and skills to manage their complex needs and they were more likely to sustain their recovery in the long term. Clients particularly valued the involvement of ex-clients who offered peer support and said they found inspiration from their success and achievements. Clients highly appreciated the help they had received to reintegrate into the community by being supported to take part in educational, work or voluntary activities. Clients felt encouraged, had hope in their recovery and a strong desire to help other clients who like themselves used the service.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- The provider had not followed their safeguarding procedures to keep a client safe following an allegation of abuse.
- Individual risk assessments were not sufficiently detailed and comprehensive to identify all key risks to the individual and how to mitigate them.
- Parts of the environment were in a state of disrepair and in need of refurbishment.
- A stock of used medicines had not been promptly returned or disposed of to ensure there was no risk to clients who used the service.

However, we also found areas of good practice:

- Staff had completed mandatory health and safety awareness training and implemented the health and safety protocols.
- There were sufficient skilled staff to meet the number of clients and their level of need. There were adequate arrangements in place to provide staff cover when required.
- Staff took a balanced approach to the way risks were managed and clients were empowered to make their own decisions wherever possible.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had a holistic approach to care and treatment by using best practice to support clients with substance misuse issues by looking at their overall. The structured therapeutic programme was based on a cognitive behavioural therapy (CBT) approach and was effective in aiding clients' programme of recovery and to help them achieve their goals.
- Every client had a comprehensive assessment prior to and upon admission. This helped staff to understand clients' needs, personal histories and issues associated with their substance misuse.

Summary of this inspection

- The provider worked in close partnership with multi-agency professionals who had input into the support and recovery plans for clients. All clients had care coordinators who helped to assess and plan to meet clients' needs. The provider worked with other agencies regarding the care and treatment of clients.
- The health and wellbeing of clients was monitored by staff who promptly responded to any signs of deterioration in their physical or mental health.
- The service continually sought the involvement of clients in auditing and monitoring outcomes of the service.
- All staff had a structured induction and a set mandatory training programme. There was a rigorous recruitment procedure in place to ensure only staff who were assessed and competent to carry out the role, were able to work with clients using the service. Staff received regular supervision and annual appraisals to support them in their duties.

However, we also found areas for improvement:

- While drug and alcohol recovery plans were a good visual aid to help clients identify their progress, the plans did not demonstrate how clients would achieve their recovery goals.
- Care records were not kept in an organised way and it was difficult to access client information.
- Staff understood the rights of clients to make informed decisions and their need to give consent about their care. However staff did not have a good understanding of their legal responsibilities in relation to the Mental Capacity Act.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients told us that staff were caring, kind, empathetic and gave practical and emotional support. Staff understood clients' complex, diverse backgrounds and how they might relate to their substance misuse. Staff helped clients develop confidence, skills to stay abstinent and prepare for independent living.
- Reflective groups and one-to-one sessions provided regular opportunities for clients to develop better awareness of their substance misuse triggers and to develop alternative, more effective coping strategies.
- The service worked with clients to engage with their families. Clients had access to appropriate advocacy information and accessed an advocate when needed.

Summary of this inspection

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider worked closely with commissioners and community services in order to provide additional services to meet clients' needs.
- Clients engaged and had access to a broad range of activities in the local and wider community to suit their needs. Staff sought to reintegrate clients into the community with education, employment and work opportunities.
- Clients were informed about the complaints procedure, understood how to make a complaint if they wished.
- Confidentiality policies were in place and adhered to by staff.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service was well led and had a clear vision and set of values that were understood and shared by the majority of staff. There were systems in place to continuously audit and monitor the quality of the service, the outcomes for clients; the performance and support needs of staff and a commitment to improve the quality of the service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Clients had consented to use the service and staff respected the rights of individuals to make informed decisions. Staff had some awareness of the principles of the Mental Capacity Act but told us they would benefit from further training in order to have a better understanding about their legal responsibilities and how to exercise them in the service.

Notes

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

- There were enough skilled staff employed for the number of clients and their level of need. On each shift there were three recovery support workers and a manager. The service was staffed from 9-5pm Monday to Friday. Staff were not present on site in the evenings or weekends, however client nominated by other clients to be a 'responsible adult,' who was available out of hours and could access the on-call manager. However, we were told that this was rarely needed, risk assessments had been completed and the system had worked well. However staffing arrangements had been recently reviewed from learning established as a result of the staffing situation at weekends and evenings. There were plans in place to provide 24 hour staffing on site to offer a greater feeling of security and support to clients where necessary.
- The staff team and had worked in the service over many years. The provider had planned to recruit two full-time and one part-time recovery worker posts. The provider reported there had been no staff sickness over the past 12 months. A regular pool of 'relief' staff within the organisation were used to provide cover for sickness, absence or for when additional staff were needed to support clients. Relief staff who worked at the service had worked there before and were familiar with clients. All five clients had allocated key workers who were available to have planned one to one discussions with. The manager could increase staffing levels if needed. For example, they had asked for an additional staff member to monitor one person whose needs increased due to deterioration in their mental state. Clients were assessed as not requiring nursing care; therefore the provider did not employ nurses.
- All staff had completed mandatory training which included health and safety awareness, emergency first aid, fire safety, incident reporting. Staff had access to out-of-hours support, though this was rarely needed. Staff did not use personal safety alarms and there were no alarms used at the service as the level of risk was not deemed high enough for their use.

Assessing and managing risk to clients and staff

- While risks to each client were assessed, risk assessments were limited to one or two key risks only. The assessments did not include potential risks that were relevant to the individual and meant risk management plans were not sufficient. For example, one assessment had focused on one particular risk to a client but omitted a key risk associated with their primary reason for admission. This was recorded separately in the initial assessment. Another risk assessment was inaccurate and did not provide important information. The assessment contained contradictory information about the person not having a mental health condition, despite another assessment stating the person was being treated for a mental health condition at the same time. Staff had good insight into the needs and risks of the clients, including the warning signs and signs of deterioration in physical and mental health. However, this information was not captured in their risk assessment or care records. This meant the provider did not do all that was reasonably practicable to identify and mitigate risks to clients. Staff involved clients' care coordinators or clinicians involved in their care if they had concerns about their mental health relapse.
- Staff ensured that clients were made aware of potential harm associated with long-term substance misuse in their daily discussions with clients. Reflective groups

and one-to-one sessions provided regular opportunities for clients to develop better awareness of their own triggers and develop alternative, more effective coping strategies.

- Staff observed clients on a daily basis to monitor their health and wellbeing, and promptly responded to any signs of deterioration in their physical or mental health. Staff had recorded contact details of key health and social care professionals and who they consulted if they had concerns.
- Staff worked closely with other agencies to promote safety through information sharing. There was evidence of information sharing and joint working with hospital and community mental health referral teams. There was open communication between the service and the referral teams which related to client risks and their suitability to the service.
- Although staff had completed safeguarding training and were able to identify signs of abuse and take appropriate actions if an allegation of abuse was suspected, they had not always followed the provider's safeguarding policy and procedure. In the past 12 months there had been one recent allegation of abuse. Clients were not adequately protected from the risk of abuse in an appropriate way. Senior managers had not taken reasonable steps to safeguard the client and investigation of the allegation was not appropriately escalated to the local authority by staff. All but one client involved in the allegation told us they felt very safe and the staff were supportive.
- Clients were empowered and supported to manage their health and administered their own medication under supervision of staff and with the agreement of their own GP and pharmacist who dispensed medicines. Staff recorded medicines taken by clients. Staff monitored the ability of clients being able to take their own medicines and reviewed if any clients needed support. To ensure clients were adequately supported with their medicines, an arrangement was in place where clients showed staff their prescription before and after collecting their medicine. The dispensing pharmacist and staff had a list of medicines taken by all the clients. Staff took time to find out about the medicines clients were prescribed. When necessary the pharmacist would give appropriate advice to staff and clients.
- We found a stock of used medicines kept in a locked cupboard in the office. They had not been returned since December 2015 and could pose a risk to clients on the premises. The manager said they were about to return them to the pharmacy.
- Staff constantly reviewed how best to implement house rules and obligations (and where necessary update these) without restricting clients' choices. Due to the nature of the service, there was a curfew restriction regarding time where clients were expected to return to the project each evening for their own safety and protection. Clients signed a contract to this effect and their restriction in movement in the evening was the only blanket restriction. Longer absences and overnight stays to visit family were agreed mutually by staff and the individuals. Any person could leave the project and programme at any time, if they so wished.

Track record on safety

- There were no adverse events or serious incidents reported over the last 12 months.

Reporting incidents and learning from when things go wrong

- In the last year there had been 13 incidents, out of which a recent one was reportable to the Care Quality Commission (CQC). However, the incident involving an allegation of abuse had not been reported to CQC. The registered manager sent CQC a statutory notification shortly after we made them aware. The manager and staff used the accident, incident and near miss (AINM) policy and procedure to internally report incidents. Once completed the AINM form was sent to the director of operations, head of quality and compliance and the quality and performance officer. Incidents were recorded at this level and data captured and reviewed centrally. Incidents and actions taken by staff were reviewed and discussed in supervision and at team meetings as a regular agenda item. Incident reporting was also included in staff training. Staff were encouraged to bring new learning from training or their own practice to team meetings and supervision. Recorded incidents included clients having accidents and minor injuries and first aid treatment given by staff. These were discussed at team and managers' meetings. Learning from incidents across other parts of the organisation were shared between services.

- Staff held daily reflective group sessions where clients and staff had the opportunity to share thoughts and views about the previous 24 hours and have an open discussion. One-to-one meeting records demonstrated discussions had taken place with clients exploring their concerns or views about their interactions with staff or other clients.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- Prior to their move to Mitcham Park every client had their needs comprehensively assessed by the referring authority. On admission, staff completed a further comprehensive assessment of the client and transferred the assessment to the electronic care record system.
- The drug and alcohol star plans used by the provider were an effective aid to enable clients to visually view their progress they had made towards their goals. For example, social, financial and housing issues. Clients could use the tool for discussion in one-to one key working sessions.
- However, there were no plans in place that clearly identified how the client would achieve their goals. Whilst staff were very knowledgeable about how to help clients to reach their goals, the objectives were not clearly recorded in four out of five records we reviewed. In addition, risks that were identified in the risk assessment did not inform the client's care plan including how the client could be supported. For example, one client's initial assessment identified the client as having a mental health condition. The risk assessment linked their mood with their behaviour. However, this information was not used to develop a care or recovery plan, for example, what action staff should take when the client showed signs of deterioration and what those signs were. The records containing the care plan for one client was not comprehensive. For example, neither the risk assessment nor care plan stated how the client could achieve the goals, who would take what actions, in what timescale and when they should be reviewed.
- Staff had access to paper care records and electronic filing systems and kept these regularly updated. However, care records were not located in a place that was easily accessible to all staff. Access to information important information about clients' current and overall needs was difficult to access and could cause potential confusion for staff or others looking for records or result in essential information being missed or overlooked.

Best practice in treatment and care

- The provider embedded National Institute for Clinical Excellence guidance and demonstrated best practice. The service used a holistic approach to supporting clients with substance misuse problems by looking at their overall wellbeing. Staff used a cognitive behavioural approach to support the thoughts and emotions of individuals alongside developing practical skills in a structured daily programme. A key area of support was to help clients to re-integrate into the community to help break down social isolation and to take up meaningful work, social and educational activities. Clinicians linked with some of the clients in the community provided psychiatric or psychotherapy input.
- Clients found the therapeutic programme offered at the service of great benefit. Staff had skills in counselling and long-term experience of working with clients who had substance misuse and mental health conditions. Morning groups focused on analytical discussions about mental health and wellbeing, and during the afternoon clients engaged in more practical activities. For example, every morning the time-management session encouraged clients to reflect back on the past 24 hours and examine thoughts associated with events or actions, emotions and behaviours and to share these among the group. Other groups included managing cravings, art and music therapy. Staff made referrals to the appropriate clinical professions if further psychiatric or psychological therapeutic input was needed.
- All clients completed a detoxification treatment before moving to Mitcham Park. However, staff took action to ensure all clients had health checks when they moved in. Many of the clients using the service had been homeless for many years and were homeless on arriving at Mitcham Park. Some clients arrived had complex medical conditions, social and emotional needs. All clients were encouraged to access their GP and if this

was not possible to use the walk-in clinic at a local hospital. In addition, clients were encouraged to attend a local health clinic which offered a thorough medical assessment to assess for diabetes, checks for the heart, smoking and alcohol addictions. All clients agreed to have twice daily breath tests and regular drug monitoring tests as part of their efforts and commitment to remains abstinent.

- The provider had systems in place to continuously audit and monitor its quality of service and outcomes for clients. Monitoring took place regularly, on a daily, weekly, monthly and annual basis. Areas examined included monitoring the abstinence of clients, reduced visits to A&E, engagement levels with the providers' 13 week CBT programme, counselling and key work sessions and client preparation towards reintegration and independent living. The latest annual audit looked at service delivery including service user involvement, health and safety, finance, human resources, staffing, external relationships and outcomes associated with these. Findings and recommendations were identified and discussed at senior management level.

Skilled staff to deliver care

- The provider followed appropriate recruitment processes, ensuring only staff who were adequately assessed were employed. The assessments included, criminal background checks (DBS), formal identification and two references. Staff HR files included relevant recruitment documents.
- The provider ensured that all staff had attended a structured induction prior to staff working with individuals. Staff were up-to-date with mandatory training and undertook further training in house and externally to meet their professional development needs. Staff development was discussed and identified at monthly supervision sessions. Further training opportunities were being organised to target more specialists training, such as legal highs and upgrading management training. With a budget now secured for the ongoing viability of the service, staff training was being reviewed with a view to upgrading staff professional skills with ongoing clinical supervision so as staff could become more specialist therapists in the field of addictions recovery.
- Staff had regular access to supervision, appraisals and team meetings, which they said they found useful and effective. The provider had moved from yearly appraisals to a competency based appraisal system. The organisation had a range of human resources policies and procedures in place to address poor staff performance. There were no staff currently going through performance management.

Multidisciplinary and inter-agency team work

- The service had close links with a detoxification project run by the same provider. Clients were referred from the project to the service. A more formal working relationship was being developed with the detoxification project to help develop the skills of staff and increase their abilities to offer better help and advice to clients. Correspondence and regular contact with multi-agency professionals showed there was a coordinated approach and commitment to working with health and social care agencies to plan the care of clients.
- Staff attended monthly clinical practice team meetings in the local hospital to exchange information and discuss mutual issues of concern. The service worked closely with the clinical team and drug and alcohol team based at the local hospital to facilitate the recovery and discharge of clients. In addition, there were close links with the 'live well project' and recovery college providing complementary health and emotional support to clients and staff. A nutritionist visited monthly to discuss nutrition issues and best cooking practices to meet individual dietary needs. All clients were registered with their local GP and when completed the programme registered or re-registered with a GP and other services for ongoing treatment if this was necessary. Staff and clients acknowledged that joint working with external agencies and the service's holistic approach to support health and well being was important in the recovery process.
- Each client had a care coordinator involved in the client's needs assessment, needs monitoring and care planning. Each client had multi-agency professionals involved within their care and were included within regular review meetings.

Good practice in applying the Mental Capacity Act

Substance misuse services

- Mental Capacity Act (MCA) was not mandatory. Staff had a basic understanding of the principles of the MCA and rights of clients to have choice and make informed decisions around their care. Staff worked collaboratively with clients and consulted them about all aspects of their care, such as how best to implement house rules and obligations without restricting clients' choice. However while staff had a working knowledge of the MCA, not all had training in this area. Staff said it would be helpful to them if they had a better understanding of their legal responsibilities under the MCA and its application in the service.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Observations of staff interactions and feedback by clients demonstrated that staff were kind, caring and empathetic. Staff interacted well with clients and showed compassion, dignity and respect and practical and emotional support. During initial assessment information was compiled about a client's life history helping staff to understand their background and needs. Staff dedicated themselves to helping clients develop confidence and skills to help stay abstinent and prepare for independent living.
- The provider had awareness of the importance of language and used 'notifications' instead of the term 'warnings' with clients as warnings were considered too punitive. Staff put in place mutually agreed ways to address any unacceptable behaviour in the future. Clients using the service were supported throughout their stay to understand and have their rights heard and respected. For example, staff respecting and responding to personal wishes and acknowledging clients' rights were highlighted in the induction pack.

The involvement of clients in the care they receive

- Reflective groups and one-to-one sessions provided regular opportunities for clients to develop better awareness of their substance misuse triggers and to develop alternative, more effective coping strategies. Clients told us they felt very involved in their care, as records demonstrated of their discussions in their one to one key-work sessions.
- Telephones and computers with internet were available for clients to stay in contact with family and friends. Family visits could be arranged in consultation with staff and their level of involvement was discussed between staff and clients.
- Clients were supported and encouraged to fully participate in their care planning and recovery programme. Client's wishes, social and religious needs were taken into account in the planning process.
- Clients had access to information to help them understand about their programme which they could further explore in key work sessions. Clients were empowered to take the lead on decision making and had access to external advocacy workers or other specialist workers who were familiar with working with clients who had a history of substance misuse.
- Every two weeks clients had house meetings where they discussed how the service could be improved even further and what they suggest still needs to be put in place to enrich their stay at Mitcham Park. Former clients of Mitcham Park also attended the monthly peer support group called Life After Mitcham Park (LAMP) to talk about their experiences, provide hope and role modelling encouragement and support.
- Staff understood the impact that clients' care and support needs can have on their emotional and social well being. For example, staff advocated for a client and worked with their legal team in a complex home office case. Through this work they were able to maximise clients' opportunities to maintain their social support network and continue to have links with their community resources.
- Staff supported clients with their dietary requirements and could access an interpreter and translator employed by the organisation if needed. There was a zero tolerance policy towards disrespectful, discriminatory and abusive behaviour.
- The manager was going to introduce a daily handover including clients so they understood what was happening on in any given day.

Are substance misuse services responsive to people's needs?

Substance misuse services

(for example, to feedback?)

Access and discharge

- Admission criteria to the service were clear and all referrals made to Mitcham Park were assessed by the client's care coordinator and clinical team. Clients were referred from services across London boroughs. Until April 2016, the average length of stay was six months. Currently, the service provided a 13-week recovery programme. Care coordinators were involved in discussions and planning of the discharge of clients.
- Clients moved on to settings with less intensive support and eventually to living independently. In the past year, eight clients had been resettled in appropriate housing, two clients planned to move on, including one to their own flat and three clients had relapsed and left the service. Where clients relapsed and were unduly at risk from leaving the service, staff contacted the appropriate agency to ensure they were referred to services better suited to meet their increased level of needs.

The facilities promote recovery, comfort, dignity and confidentiality

- There were sufficient private and communal areas to help promote clients' recovery. On the ground floor there were two bedrooms, one communal lounge area, kitchen and communal dining room. There was a laundry room with a washing machine, dryer, and a shower room with a separate toilet. At the front of the building there was parking available. The building provided access for clients with reduced mobility on the ground floor only. There were six bedrooms on the first floor, one bathroom with a toilet and another separate toilet. There was small garden at the front of the house in which clients had been involved in garden.
- Clients took part in a broad range of activities according to their needs and wishes from the local and wider community. The client engagement officer had further plans to encourage clients' participation in activities, such as outings, in house entertainment, and nutrition classes around Sunday brunch sessions. All clients were encouraged to take an active role in the community by attending the local volunteer bureau where they were assessed for volunteering or job opportunities. Clients had attended the local colleges to upgrade IT and language skills. Membership to the local gym was encouraged as was active participation in local peer support groups. There were links with a community voluntary service which assessed clients for suitable volunteer work. Two clients were using this service at the time of the inspection. A link worker from this service visited Mitcham Park and gave clients a presentation as to what the service could offer. They also assessed a client's ability to do certain types of work.
- There were arrangements with the local food bank and other voluntary groups who offered donations of food and clothing to those clients who went to Mitcham Park with few possessions and who might be in need of food vouchers before their benefits were paid. Recently the organisation had purchased a local allotment and we saw the client engagement officer, a former client, visit the service to encourage clients to get involved in the new gardening project. The engagement officer was employed to increase the involvement of clients. The allotment project aimed to enable clients to get involved in gardening with safe supervision in place so that they had the experience of growing some of their own food items. Dietary education was provided and all clients were encouraged to attend local peer support groups and meetings, such as Alcoholics or Narcotics Anonymous groups.
- Clients signed information sharing forms to show who they agreed could see their information.

Meeting the needs of all clients

- Staff took action to promote and protect the needs and rights of clients. Staff were aware that clients who used the service came from many different social, cultural and language backgrounds who had complex personal histories. Staff were from diverse backgrounds and received further training to understand the nature of diversity and the support and advocacy needs of the client group. Staff sought to engage all external parties who were involved in the care of a client. Staff had on occasion adapted the house programme to meet the specific needs of clients. For example, those who were older or younger or who had particular health needs. The service worked with a homeless health service, who were a group of health specialists who were able to advocate on behalf of clients.

- The provider had embedded their good understanding of equality and human rights issues into their practice. Staff understood clients' complex, diverse personal backgrounds and how they might relate to their coping strategies and substance misuse. Clients using the service were able to speak English and so there were no language barriers. Clients' cultural needs were considered as part of their initial and ongoing assessment. For example, clients accessed cultural and community activities of their choice.

Listening to and learning from concerns and complaints

- Clients were made aware of the complaints procedure when they were admitted and reminded throughout their stay. There had been minor complaints regarding the management of the building and concerns voiced by clients' in house meetings and one formal complaint in the past 12 months. The formal complaint made by a client prior to the inspection concerned their care and treatment at the service. The provider recorded and investigated their complaint according to their complaints procedure. The investigating officer submitted their report and recommendations to the senior management team where appropriate action was being considered. All clients were provided with information about how to make a complaint and clients told us they knew how to complain.

Are substance misuse services well-led?

Vision and values

- Due to pressures in local authority funding, since April 2016 the organisation changed the way the service was funded. It went from being used by clients from one local authority to any funding authority who wished to purchase care for their individual clients. The service continued to aim at clients who were in need of a period of rehabilitation after their initial detoxification treatment. There was a shared understanding among staff about the vision and values of the organisation and the positive and proactive approach to recovery work.

Good governance

- The provider's quality and compliance department ensured that safety and quality remained a priority within the organisation. Effective leadership training was being organised for staff in management positions.
- Monitoring information was gathered monthly and the information discussed at team and senior management level with any actions agreed and actioned. The service provided reports and monitoring information to commissioners who funded the service.

Leadership, morale and staff engagement

- Staff spoke positively about the local management of the service. The manager demonstrated they had the knowledge, skills and capacity to lead the service effectively. Staff felt valued as part of the organisation and spoke positively about their sense of job satisfaction and relief that the future of the organisation had been secured for the next few years. Staff were aware of the whistleblowing policy and procedure.
- The service manager and team leader had an open door policy and were visible and approachable to staff. The team met every month and the agenda was split into operational and clinical items. There was an emphasis on openness and honesty, safety and well being in team meetings. The staff team were actively involved in decisions made regarding the running of the service and their views were taken into account in the development of the service. The provider had a yearly staff conference where staff were involved in discussions feedback and reflective time out that included a reminder of the visions and values and any updates in the organisation.

Commitment to quality improvement and innovation

- The provider had reviewed the methods in which it evaluated the effectiveness of the service. As a result of changes in commissioning, the provider had introduced key performance indicators to measure outcomes. All governance policies, procedures and protocols and quality monitoring systems were under review.
- The involvement of clients in the planning, development and delivery of service was discussed at team and managers' meetings. In two-weekly house meetings clients were encouraged to provide

suggestions for the improvement of the service. The provider was in the process of reviewing the service user involvement strategy with a view to clients having greater involvement in the development of the service.

Outstanding practice and areas for improvement

Outstanding practice

Staff made great effort to value and empower clients, support them in their recovery work involving other community agencies and prepare them for independent living. Clients were encouraged to question and develop their own cognitive behavioural analysis skills. This enabled them to monitor their own progress. Clients were supported to find alternative strategies to manage their addictive coping strategies. The long term aim was to help reduce their likelihood of future relapse.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure they follow safeguarding procedures to ensure clients are safeguarded from abuse and they maintain a culture of openness and transparent communications with staff and clients regarding concerns or allegations made in the service.
- The provider must ensure risk assessments are detailed and comprehensive and identify all key risks to the individual to ensure risks to clients' health and safety are managed appropriately.
- The provider must ensure that individual care or recovery plans are in place that detail the client's objectives in meeting their goals. Care records must contain comprehensive information that is easily accessible.

Action the provider SHOULD take to improve

- The provider should ensure all parts of premises are well maintained and in a good state of repair.
- The provider should ensure they appropriately dispose of any used medicines.[RJ1]
- The provider should ensure staff are provided with training in the Mental Capacity Act to have a better understanding of their legal responsibilities under the MCA.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding users from abuse and improper treatment. The provider had not ensured clients were protected from abuse and improper treatment. Systems and processes established to prevent abuse from happening were not operating effectively. Regulation 13 (1)(2)(3)(4)(6)

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Safe care and treatment The provider had not ensured that they had comprehensively assessed the risks to the health and safety of clients receiving care. The provider did not ensure they had done all that was reasonably practicable to mitigate any such risks. Regulation 12 (1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 Person-centred care

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
	The provider had not ensured that individual plans were appropriate, met the needs and preferences of clients. Individual plans did not comprehensively identify clients' needs and how they would achieve their recovery goals. Regulation 9(1)(2)(3)
Accommodation for persons who require treatment for substance misuse	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The provider had not submitted a statutory notification to the CQC regarding a safeguarding incident. This was a breach of Regulation 18 (2)(e)