

The Haven

Quality Report

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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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found we found the following areas of good practice:

- With the exception of the clinic room, the environment was visibly clean and well maintained. Housekeeping staff attended the service on a daily basis and cleaned clients' rooms during the week.
- The risk assessments we reviewed were detailed and informative. The service mitigated and recorded risk well.
- Staff received feedback from incidents and attended reflective practice sessions. A psychologist facilitated the sessions externally.
- Assessments we reviewed were detailed and comprehensive. Information included the clients' social history, family history, drinking history, previous contact with alcohol services, history of drug use, previous convictions and criminal proceedings.
- Care plans were comprehensive and personalised.
- Staff attended in-house training sessions and externally facilitated training at team away days. Examples of training included working with change resistant drinkers and assertiveness skills.

- Staff had access to specialist training. One member of staff was about to begin cognitive behavioural therapy (CBT) training.
- We observed staff to be caring and thoughtful in their approach with clients.
- The care plans we reviewed demonstrated attempts by staff to engage clients with their families.
- The service had clear admission criteria.

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

- Medicines were not stored at a safe temperature and staff were unaware of recommended temperature ranges for fridges. Instructions for administration of medication on some medical administration records were unclear and staff did not demonstrate a good understanding of directions.
- The service did not have efficient governance processes to ensure the management of medication was safe.
- Staff were not up to date in two modules of mandatory training. Twenty five percent of staff had not completed training in food hygiene training and in managing challenging behaviour.

Summary of findings

- Staff did not demonstrate a sound understanding of safeguarding adults. Safeguarding training was not mandatory and some staff said they had not received any safeguarding training since beginning employment. The service did not offer safeguarding children training to staff. The manager told us children were not allowed on the premises unless supervised, however, clients may have contact with children either through family and friends or in the community.
- When asked about the risks of alcohol intoxication to clients, staff highlighted the risk of withdrawal. Staff described signs that would indicate a resident was experiencing alcohol withdrawal. However staff did not demonstrate how they would monitor or manage the risk.

Summary of findings

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The Haven

Services we looked at

Substance misuse services

Summary of this inspection

Background to The Haven

The Haven is provided by West London Mission. The service provides accommodation and support for up to 26 men who experience alcohol misuse issues. The service registered with CQC on 23 April 2012. The service operates a harm minimisation strategy that allows clients to drink agreed amounts of lower strength alcohol. The service specialises in providing accommodation for those who in addition to their alcohol addiction, have a cognitive impairment and are dually diagnosed as suffering from Korsakoff's syndrome, Wernicke's psychosis or other mental health diagnosis. The service receives referrals from organisation's nationwide.

The Haven is registered to provide the following regulated activities:

- Accommodation for persons who require nursing or personal care
- Accommodation for persons who require treatment for Substance misuse, Dementia, Mental health conditions, Physical disabilities, Substance misuse problems, Caring for adults under 65 yrs.

There was a registered manager in place at the time of the inspection.

The CQC has previously inspected this service on three occasions, the most recent taking place on April 28, 2014. All essential standards inspected were met at each inspection.

Our inspection team

The team that inspected the service comprised two CQC inspectors and two specialist advisors. The specialist advisors consisted of a nurse and an addictions specialist 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

Summary of this inspection

- spoke with the registered manager
- spoke with nine other staff members employed by the service, including project workers, housekeeping staff
- received feedback about the service from commissioners
- attended and observed one hand-over meeting and a reflective practice meeting
- looked at 13 risk assessments, eight care and treatment records and six medication administration records for clients
- observed medicines administration
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients told us the service was always adequately staffed and that they were familiar with the relief workers. Clients felt safe and said that staff were able to de-escalate challenging situations. Clients found staff to be approachable. Clients were positive about the support staff gave with their mental and physical health problems

and the support they received to attend GP and other appointments. Clients spoke positively of the range of activities provided and were able to put forward their own ideas for activities. Clients generally felt the service offered a lot and were happy with the treatment they received.

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:

- Medicines were not stored at a safe temperature and staff were unaware of recommended temperature ranges for fridges. Instructions for administration of medication on some medical administration records were unclear and staff did not demonstrate a good understanding of directions.
- Staff were not up to date in two modules of mandatory training. Twenty five percent of staff had not completed training in food hygiene and managing challenging behaviour.
- Staff did not demonstrate a sound understanding of safeguarding adults. Safeguarding adults training was not mandatory. Some staff said they had not received any safeguarding training since beginning employment. We were also told the last safeguarding training session was three years ago. The service did not offer safeguarding children training to staff. The manager told us children were not allowed on the premises unless supervised, however, clients may have contact with children either through family and friends or in the community.
- When asked about the risks of alcohol intoxication to clients, staff highlighted the risk of withdrawal. Staff described signs that would indicate a resident was experiencing alcohol withdrawal. However staff did not demonstrate how they would monitor or manage the risk.
- The service identified and addressed the majority of actions in external and internal medication audits. However the service had not taken action following the local pharmacist's recommendation of a rota for cleaning and defrosting fridges.

We found the following areas of good practice:

- With the exception of the clinic room, the environment was visibly clean and well maintained. Housekeeping staff attended the service on a daily basis and cleaned clients' rooms during the week.
- Relief staff who worked at the service were familiar with clients which promoted continuity of care.
- The risk assessments we reviewed were detailed and informative. The service mitigated and recorded risk well.

Summary of this inspection

- The service reported no serious incidents requiring investigation in the previous year.
- Staff received feedback from incidents and attended reflective practice sessions. A psychologist facilitated the sessions externally.

Are services effective?

We do not currently rate standalone substance misuse services.

We found we found the following areas of good practice:

- Assessments we reviewed were detailed and comprehensive. Information included the clients' social history, family history, drinking history, previous contact with alcohol services, history of drug use, previous convictions and criminal proceedings.
- Care plans were comprehensive and personalised.
- The service had systems in place to continuously audit and monitor its quality of service and outcomes for clients.
- Staff completed care plan audits and reviews of risk assessments as well as audits of violence at work, ordering and disposal of medication and staff safety during interviews.
- Staff attended in-house training sessions and externally facilitated training at team away days. Examples of training included working with change resistant drinkers and assertiveness skills.
- Staff had access to specialist training. One member of staff was about to begin cognitive behavioural therapy (CBT) training.
- The service had recently secured additional funding so that the GP could attend the service on a regular basis to offer an in-house consultation regarding medical conditions for clients who were reluctant to seek treatment.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff to be caring and thoughtful in their approach with clients.
- Clients were positive about staff and felt they were always polite and open.
- Staff understood clients' needs, were empathic and supported clients with a range of needs.
- Clients took an active role in care planning and were offered copies of their care plan
- The service invited clients on an annual basis to a service review meeting where they could review the service and suggest future developments.

Summary of this inspection

- The care plans we reviewed demonstrated attempts by staff to engage clients with their families.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had clear admission criteria.
- The service monitored discharges as part of its key performance indicators.
- Project workers facilitated activities every day. Activities included arts and crafts, karaoke, board games, baking and film nights.
- The service identified project workers with similar demographic backgrounds for clients and worked with local charities to support clients with their cultural and religious beliefs.
- Staff supported clients to celebrate different cultural and religious occasions and the chef cooked special meals for example, the Harvest festival.
- Clients we spoke with were aware of how to make a complaint.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Overall, the provider had effective governance processes to ensure the quality of the service provided. Key performance indicators had been set and in the majority of cases were being met. Where they were not, appropriate action was taken by the manager to address this.
- The service operated a human resource dashboard which the manager used to monitor supervision, appraisals, absence, annual leave, employment checks and references. The system was useful for monitoring human resource aspects of the service.
- The service uploaded all client and service specific needs to a database which allowed staff to document all work undertaken with clients and generate reports.
- Staff felt able to raise concerns with management and were aware of the provider's whistleblowing procedure.
- Staff were positive about the support they received from senior managers.
- Sickness and absence rates in the service were low.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act (MCA) training was not mandatory. Staff had a basic understanding of the principles of the MCA and the rights of clients to have choice and make informed decisions around their care. Staff supported clients on how best to implement house rules and obligations without restricting clients' choice.
- Staff assessed the client's ability to retain information and understand if they had the ability to make a decision regarding their financial affairs. If clients did not have capacity they would be considered for a best interests assessment and be referred for appointeeship.
- If clients did not have capacity they would have an appointee to provide help with their finances. The license agreement clearly explained the conditions of living in the service. The service had a number of clients under appointeeship for finances due to their mental or physical health illnesses.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The service had an open door policy for clients and had staff available 24 hours a day with a minimum of two project workers on site. Staff controlled access to the building but clients could leave at all times.
- Patient bedrooms, corridors and communal areas had alarms to summon staff in the event of an incident. An alarm board in the main staff office indicated where the incident took place. The service used closed circuit television in all communal areas. Staff did not have access to CCTV and the manager used it primarily for reviewing incidents that occurred. Clients were aware of the use of CCTV and had given consent in care plans.
- The service had a clinic room to dispense medication. The room was cramped and untidy. Packs of disposable aprons were on the floor and staff had left a container of cleaning chemicals on the same worktop used to dispense medication. The service had a rota to monitor the temperature of the clinic room. However, the room was warm and the temperature reading was over 29 degrees, which was above the recommended temperature for most medication. We did not see a cleaning audit or rota that monitored the temperature of the room. The floor had a carpet with large marks left by fridge leaks and cramped storage cupboards with a visible layer of dust. Since the inspection the provider has replaced the carpet with vinyl flooring. The room had two fridges. The first fridge stored medication such as insulin and was clean and in good condition. However, the second fridge contained alcohol and nutrition supplement drinks and was unclean. Staff

recorded daily temperatures for both fridges but project workers were unsure of the recommended temperature range. There was a risk of medication being stored at temperatures which could affect its efficacy.

- Sanitising hand gel was available to staff and the clinic room had sharps disposable boxes. However the clinic room did not have hand washing facilities. The service had an arrangement in place for clinical waste collection.
- The service had a weighing scale to monitor client's weight, but had no other monitoring equipment to monitor physical health. Staff supported clients to have physical health checks completed by their GP.
- With the exception of the clinic room, the environment was visibly clean and well maintained. Housekeeping staff attended the service on a daily basis and cleaned clients' rooms during the week. The senior housekeeper conducted checks of communal areas and clients' bedrooms every Wednesday.
- Staff had access to seven first aid kits located in different areas across the building. The service had trained all members of staff in first aid who regularly checked the first aid kits.
- The service had a building support manager who conducted regular health and safety assessments. The service manager met with the building support manager to ensure actions on health and safety assessments had progressed.

Safe staffing

- The management team consisted of a service manager, a deputy manager and a senior project worker. There were six key project workers, four housekeeping staff and a chef.

Substance misuse services

- We reviewed the employment records of six staff. The provider had carried out the appropriate checks to ensure their fitness to work with clients including interviews, criminal disclosure and barring checks and previous employer references.
- One member of staff had left the service in the previous year (6.7%). The service had recently recruited for the position and filled the vacancy. There was low staff turnover and a high retention of staff. Many members of staff had worked at the service for several years. The service employed three volunteers and were recruiting to increase this number. Staff sickness levels in the previous year were 1.8%.
- Two key project workers were on duty for each shift. The service manager, deputy manager, senior chef and housekeepers worked 9-5 during the week. The service had two shifts and required project workers to work two shifts in a row. The first shift began at 2pm and ended at 12 am. The project workers slept over at the service and began the next shift at 8am and finished at 3pm. The main role of the project workers was to manage day to day duties, support clients and dispense medication to clients. At the time of the inspection, the service was in the process of revising the staff rota. The main reason for this was to improve consistency of care as project workers could be off for six days in a row.
- The service delegated each key project worker as either a first duty officer or second duty officer whilst on shift. The first duty officer was responsible for medication and completing handover notes. The second duty officer was responsible for facilitating client's access to their daily monetary allowance.
- Key project workers had a caseload of four key working clients. Key project workers supported clients with arranging health checks, court appearances and assisted with daily living tasks. Project workers met with clients for key working sessions on a monthly basis. At the end of May 74% of clients received a key working session. The manager had identified this was below the service target of 90% and had discussed this with staff.
- The service used a regular pool of 'relief' staff to provide cover for sickness, absence and when they needed additional staff. Relief staff who worked at the service were familiar with clients which promoted continuity of care. The relief workers undertook the same induction as permanent staff. In the last three months relief workers covered 44 shifts. The service had recently used an agency chef to due to long term sickness.
- The service used the GP service for out of hours medical cover and would phone 111 for medical advice. In the instance of an emergency they would call 999. Staff registered clients with a local GP on admission.
- If a client needed access to specialist health care, staff would refer them to mental health services through the GP or on call emergency teams at the local hospital.
- Staff were required to undertake seven types of mandatory training. Mandatory training included medication, first aid, managing challenging behaviour, moving and handling, protection of vulnerable adults (POVA), food hygiene and fire marshal training. The majority of staff had undertaken all training modules. However only ten out of 15 members of staff (66%) had undertaken food hygiene training and only 17 out of 23 staff had completed the managing challenging behaviour module (74%). The manager monitored mandatory training through the human resources dashboard and reviewed mandatory training in supervision with staff.

Assessing and managing risk to clients and staff

- We reviewed 13 risk assessments. Staff identified risks including behavioural issues, medication, mental and physical health as well as financial vulnerability. Risk assessments were divided into categories that measured the level, consequence and frequency of risk. The risk assessment identified potential triggers and strategies to manage and minimised potential risks. The risk assessments we reviewed were detailed and informative. The service mitigated and recorded risk well.
- The service had a risk log in addition to the risk assessment. The risk log monitored risk on a daily basis highlighting actions and progression in relation to client feedback.
- Staff had a good understanding of the risks related to alcohol misuse and would increase monitoring of a client if they appeared intoxicated. Staff managed incidents of alcohol withdrawal seizures by comforting the client, monitoring them and contacting emergency

Substance misuse services

services. Staff explained that alcohol related seizures often involved clients whose drinking pattern was still unmanaged and those who had not consented to staff support with managing finances. Staff reported one alcohol related seizure incident in the last 12 months. The incident report demonstrated that staff managed the incident appropriately.

- When asked about the risks of alcohol intoxication to clients, staff highlighted the risk of withdrawal. Staff described signs that would indicate a resident was experiencing alcohol withdrawal. However staff did not demonstrate how they would monitor or manage the risk.
- The manager felt the service had a good working relationship with the local GP surgery. However, the lead GP had recently left and the manager felt that they needed to re-establish this relationship. At the time of the inspection, staff picked up prescriptions but were moving towards an electronic prescription system. The service were investing more time and effort to improve prescriptions management. The manager had begun discussions with alternative medication suppliers and the service were in the process of reviewing and comparing different systems.
- Staff we spoke with had a mixed understanding of safeguarding adults and children. The current procedure was for staff to raise concerns with the manager, who would contact the local authority safeguarding team for advice and to raise a formal alert if required. In the last 12 months staff raised three concerns. The concerns related to financial abuse, physical abuse from another client and members of the public. The concerns had been discussed with the local authority service and the manager had taken appropriate action to follow up. Safeguarding training was mandatory and 76% of staff had completed the training. However some staff told us they had not received any training since undertaking employment. When we discussed safeguarding training with the manager we were told the last training session was three years ago. The service did not offer safeguarding children training. The manager told us they did not allow children onto the premises unless supervised. However, staff need to have an awareness of children's safeguarding as clients may have contact with children, either with family and friends or in the community.
- The local general practitioner prescribed all medication and was responsible for individual physical healthcare needs. Staff received medication training and supervised the administration of medicines to clients in addition to prompting clients to visit the GP for physical health checks. The service had a self-medication policy where in certain circumstances it was appropriate or necessary for clients to self-administer. Examples of medication considered for self-administration included creams and inhalers. The policy stated that tablets should never be self-administered. The service carried out a full risk assessment and consulted the GP, pharmacist or service manager. No clients were self-medicating at the time of the inspection.
- A system was in place for storage and administering medication. The service did not store controlled drugs on site. Medication arrived monthly using a monitored dosage system (MDS) in pre filled blistered packs. The packs were stored on a large frame in the clinic room.
- We observed staff dispensing medication. There were no queues as staff contacted clients from their room to attend. One project worker dispensed medication with a second staff member in attendance. The second project worker called clients to take their medication. Once in the clinic room the second worker discussed financial matters, the lunch menu, general hygiene, room cleaning and plans for the day as well as dispensing money, alcohol and cigarettes. The project workers thought that with some clients, medication round was an opportunistic time to address these issues.
- We reviewed six medication administration records for completeness, legibility and inclusion of client's names, addresses, birth dates and allergies. These were mostly clear and complete. However we found one medicine that was to be taken "when required". The instructions for administering were unclear and displayed as "take as directed". Upon examination of the medication box the instruction on the sticker was also "take as directed". The project worker was unsure of where to find the directions and staff were giving the client medication once a day in the mornings. The staff leading the medication round did not demonstrate good understanding of the issues raised and said they would have to liaise with the pharmacy and doctor. Another discrepancy was between a client's prescription instructions and the actual administration practice. The

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instruction was to “take one tablet three times a day” but staff gave the client three tablets daily in the morning making up the morning dose by adding two tablets from the afternoon and the night time blister packs. When approached for clarification as to why the medication was not being given “as prescribed”, the project worker explained that the client’s doctor had made this change to the prescription and there had been a delay in the pharmacy updating the MARs and blister packs accordingly. At the time of the inspection these changes had been implemented.

- Staff could not remember the last time a medication error occurred and outlined clearly what they would do if one happened. This consisted of informing the resident about the error, apologising, informing management and seeking medical advice from the GP or by phoning 101. The incident records we reviewed showed that there had been one medication incident within the last 12 months. Staff had accidentally administered a double dose of medication to a client and had taken the appropriate action to address the incident.
- The local pharmacy audited medicines twice a year. The last audit was in July 2016. The pharmacist had raised issues such as the storage of medication and prescribing. Actions from the audit were to record the minimum and maximum fridge temperatures and to develop a rota for cleaning and defrosting of the fridge. The service had a rota recording daily temperatures but we did not see a rota in regards to defrosting fridges or cleaning. When we discussed this with staff, they were unsure of the recommended temperature ranges needed for fridges. The pharmacist had also recommended the service record stock balance on the MAR charts regularly. The service conducted an in house medication audit on a monthly basis. The senior project worker undertook this audit and had rated the service as unsatisfactory for medicines stored in a safe and secure storage area and external medications kept separately from internal medication. The service manager had reviewed the audit and asked the senior project worker to email project workers advice on countersigning medication manually onto MAR sheets. The manager had identified undelivered medication bags and medication not in blister packs as a reason for an unsatisfactory standard in safe storage of medication. The manager discussed the issue with the

senior project worker in supervision. The manager had not added this to the provider's risk register. The service addressed the majority of actions identified in medication audits. However, the service had not taken action following the pharmacist's recommendation of a rota for cleaning and defrosting the fridge.

Track record on safety

- The service reported no serious incidents requiring investigation in the previous year.

Reporting incidents and learning from when things go wrong

- Staff described how they had, or would, report a range of incidents.
- The service reported 31 incidents in the last year. Recurrent themes included verbal abuse and reporting missing persons to the police. When incidents occurred, the first duty officer was responsible for completing the incident report. Staff sent the incident report to the CQC, manager, client care manager and provider director. The incident reports we reviewed were comprehensive, detailed and had outcomes and actions.
- Staff received feedback from incidents and attended reflective practice sessions. A psychologist facilitated the sessions externally. At the time of the inspection the provider did not have systems in place to share learning from incidents across the wider organisation.
- The service provided debriefing to clients and staff following incidents and the manager reviewed incidents in supervision.

Duty of candour

- The management team were aware of their responsibilities to disclose and apologise to clients when the service had made a mistake. The service had not yet experienced an incident where they needed to inform and apologise to patients if there was a mistake in their care and treatment.

Substance misuse services

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)

- Before moving to the service, referring authorities completed a pre placement assessment. Staff requested additional reports about the client's mental and physical health to build a better understanding of the client. Staff reviewed the assessment and discussed the referrals with client's care managers. Staff used the pre placement assessment to make a decision if clients would be suitable for the service. If the client was suitable, staff would meet clients face to face for an initial assessment.
- On admission, staff completed a comprehensive assessment of the client. We reviewed eight care and treatment records. Assessments we reviewed were detailed and comprehensive. Information included the clients' social history, family history, drinking history, previous contact with alcohol services, history of drug use, previous convictions and criminal proceedings. Medical information included the client's current GP and physical health and mental health history.
- Care plans were comprehensive and personalised. Care plans addressed daily living, potential vulnerabilities, physical health, mental health and medication. Each area included patient's objectives, client implementation, staff and client comments.
- Medical information included any alcohol related illnesses, other physical or mental health problems and hospital admissions. It also included current medication and contact with other primary health services.
- The service had recently transitioned from paper records to electronic records. Staff had access to all records and were happy with the new system.

Best practice in treatment and care

- The services' harm minimisation strategy allowed clients to drink agreed amounts of lower strength alcohol. The service specialised in providing

accommodation for . The service did not offer psychological interventions, alcohol stabilisation or detoxification. However, staff could refer patients to a counselling centre for short term counselling.

- A condition of living at the service was that staff managed all client finances. Clients worked with staff and agreed on how they received their money. Staff supported clients by withdrawing money out of bank accounts and obtaining withdrawal receipts. The client signed for each transaction. The restriction was necessary to prevent clients buying large quantities of alcohol, helped support clients independence and avoid risk of harm to themselves or other individuals. Staff also supported clients with benefits advice.
- The service had systems in place to continuously audit and monitor its quality of service and outcomes for clients. The service required project workers to complete monthly client summary audits which the service manager reviewed. The service manager allocated project workers health and safety roles. Staff completed care plan audits and reviews of risk assessments as well as audits of violence at work, ordering and disposal of medication and staff safety during interviews. The manager identified findings and recommendations which senior managers discussed at senior management meetings.

Skilled staff to deliver care

- Staff had significant experience in working with clients with substance misuse issues. The majority of project workers had completed professional courses in substance misuse, counselling and health and social care training.
- Staff received regular supervision sessions with their line manager on a monthly basis. Staff attended an annual appraisal to review and set goals and to agree personal development training requirements. New members of staff were subject to an initial six month probationary period. The manager monitored this through the service's electronic human resource dashboard which was a tool that gave an overview of the services human resources data.
- Staff attended in-house training sessions and externally facilitated training at team away days. Examples of training included working with change resistant drinkers and assertiveness skills.

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- Staff had access to specialist training. One member of staff was about to begin cognitive behavioural therapy (CBT) training. Staff were encouraged to ask the manager about specialist training and
- The service recruited a number of volunteers to assist with client support in particular regard to arranging recreational activities. Volunteers were subject to a similar recruitment process to contracted staff.
- Staff completed an induction in their first few weeks of service and shadowed senior project workers. Staff induction familiarised new staff with the service policies, procedures, aims and objectives. New staff members attended a new employee induction day at the provider's central office where staff explained the organisation's ethos and code of conduct in full.
- The service had a range of human resources policies and procedures in place to address poor staff performance. The service manager could give informal and formal warnings and if needed, take the issue to formal proceedings. No members of staff were currently subject to disciplinary proceedings at the time of the inspection.
- The service held annual review meeting with local authority services to discuss clients with care managers. The review meeting updated the local authority on the health and progress of clients.
- The service had a good relationship with its local GP. The service had recently secured additional funding so that the GP could attend the service on a regular basis to offer an in-house consultation regarding medical conditions for clients who were reluctant to seek treatment. The service was in the process of recruiting a volunteer psychiatrist who would be able to guide staff regarding clinical matters concerning residents mental health needs and would provide advice to staff.
- Staff sent discharge letters for expected and unexpected discharges to inform agencies or other services of changes. Staff would print risk assessments and care plans and liaise with mental health or physical health services on the amount of medication given to the client and how to order additional medication.

Good practice in applying the MCA

- Mental Capacity Act (MCA) training was not mandatory. Staff had a basic understanding of the principles of the MCA and the rights of clients to have choice and make informed decisions around their care. Staff supported clients on how best to implement house rules and obligations without restricting clients' choice.
- Staff assessed the client's ability to retain information and understand if they had the ability to make a decision regarding their financial affairs. If clients did not have capacity they would be considered for a best interest's assessment and be referred for appointeeship.
- The service had a number of clients under appointeeship for finances due to their mental or physical health illnesses.

Equality and human rights

- The service's admission criteria was clear and staff assessed referrals for suitability. Clients in the service had different ethnic backgrounds and were of different sexual orientation. The service sign posted clients to LGBT groups and local charities to support their cultural needs. The majority of clients were over the age of 40. Clients with a disability were able to access treatment at the service.

Multidisciplinary and inter-agency team work

- The service held a variety of meetings attended by various staff groups. The manager chaired a full staff meeting every other month. This meeting reviewed development issues, organisational developments and initiatives in addition to a review of client's progress and key working sessions. In between these meetings the service had a project worker meeting where the senior project worker reviewed a specific policy to ensure it was current and fit for purpose in addition to undertaking any incident or case reviews of clients. The housekeeping team met once a quarter to review all health and safety issues and any client feedback. Staff also had team away days where they discussed issues across the service.
- Staff held team meetings once a day to handover information regarding clients. The first half of this meeting reviewed finances and the second half discussed key worker clients. Beforehand, staff completed a handover log that detailed lists of tasks to be completed, for example reminding a client to do his laundry or to go to an appointment. The handover log also had a list of clients' finances.

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Management of transition arrangements, referral and discharge

- When clients were referred to the service, staff requested information regarding the client's prescription and potential risks. The service assessed personal, medical and psychiatric history, drinking patterns and the client's support needs. Ten clients had been at the service for over five years. The service provided the same information to other services when clients who didn't fit the model of care were discharged.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed staff to be caring and thoughtful in their approach with clients. Staff listened to clients and displayed warmth and understanding.
- Clients were positive about staff and felt they were always polite and open. They highlighted how staff arranged appropriate activities and supported them with their medical needs such as reminding them to go to the doctor. Overall, clients described staff as being approachable, knowledgeable with a good balance between monitoring and support.
- Staff understood clients' needs, were empathic and supported clients with a range of daily living skills.
- Before clients received care or treatment, staff asked clients to provide consent for the service to share information with other agencies, for example the local GP.

The involvement of clients in the care they receive

- Clients took an active role in planning their care through key working sessions. Staff offered client's copies of their care plan.
- The management team chaired a monthly resident's meetings for clients. The meeting allowed clients to voice any concerns or make any future recommendations. Topics of discussion included holiday planning, suggested day trips and activities, redecoration of bedrooms and menu requests. The notice board displayed the minutes of the residents meeting. Clients we spoke with told us that staff followed through their suggestions.

- The service invited clients on an annual basis to a review of the service. Clients had the opportunity to give feedback to senior managers and suggested future developments for the provider.
- The service had an open door policy that encouraged clients to voice any anxieties or discuss any concerns with staff. Clients felt staff were approachable and visible in the office and could always meet them privately to discuss any matters.
- The service had an annual quality assurance questionnaire which they sent to clients, care managers and next of kin. The questionnaire requested feedback on the service and was published on the provider's website, with any suggested improvements included on the provider's improvement plan.
- Clients, health professionals or visitors could deposit suggestion cards in a suggestion box when staff were unavailable. The manager reviewed the suggestion cards and decided on actions and outcomes.
- Staff worked with clients to help them establish links with their families. The care plans we reviewed demonstrated that staff supported clients to engage with their families where appropriate. The service allowed visitors from 10am to 10pm; however a client could make a request for overnight visitors in advance. Visitors stayed in the client's room.

Are substance misuse services responsive to people's needs? (for example, to feedback?)

Access and discharge

- The service had clear admission criteria and potential referrers had access to an overview of the service on the provider's website. Referrals were welcome from throughout the UK. Staff invited potential clients for a pre-placement assessment. The assessment outlined care needs, goals and objectives, risk, discussion around harm minimisation and about their suitability to access the service. The license agreement clearly explained the conditions of living in the service. Once the service accepted a client, staff were sent copies of referral forms and any accompanying documents to ensure that they were aware of the client's needs and

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risks. At the time of the inspection the service did not have a waiting list. The service assigned clients a key worker on admission who met with clients to develop care plan and set goals.

- In the first week staff arranged induction sessions with the new client to offer advice and guidance around the homes policy and procedures. Staff also gave them a copy of the home's guide. The keyworker discussed the licence agreements and expectations required from the client and what can be expected from the service. The client signed an allowance agreement to allow staff to support them with managing their finances and an agreed alcohol maintenance plan. The care records we reviewed demonstrated that a budget was given to clients to spend each day. Clients signed to confirm each financial transaction on a daily basis.
- The service felt that for most, rehabilitation was not a realistic goal and clients were free to consume an agreed amount of alcohol. The service focused on client's individual needs, capacities and staff encouraged clients to renew and develop their interests. If the service felt it could not meet a client's needs they would support them until the placing authority identified alternative accommodation. Clients who moved in the past included those who were unable to sustain a harm minimisation approach, required a secure environment or had deteriorating mental or physical health. When the service did discharge clients they would liaise with the GP and ensure the client had printed risk assessments, care plans and a sufficient supply of medication.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had communal areas for patients. The ground floor had a reception area, meeting room, smoking room, kitchen, a large dining area with tea and coffee making facilities and a games area that contained a pool table. There were two communal lounges, each of which had a television. There was a laundry room that had two washing machines and dryers for clients to use. Staff allocated clients a laundry day upon admission to the service. Staff expected clients to wash items on their allocated day but they could use the

laundry room on other days if necessary. The service had a garden at the back of the building which had a shaded area with tables and chairs. Project workers encouraged clients to help maintain the garden.

- Each client had an en suite bedroom that contained a toilet, sink and shower. Clients had access to a personal internet connection in their rooms. Clients were encouraged to take care of their rooms and had a personal fob key to enter.
- Project workers facilitated activities every day. Activities included arts and crafts, karaoke, board games, baking and film nights. A schedule of the weeks activities were available on the notice board in the dining area. Clients had weekly outings where project workers arranged for them to visit local areas. The service also arranged regular trips for clients to places such as Brighton and football matches. The service was also helping three clients arrange a holiday abroad. The service was recruiting to volunteers to increase the number of activities available.

Meeting the needs of all clients

- The service identified project workers with similar demographic backgrounds for clients and worked with local charities to support clients with their cultural and religious beliefs. Staff supported clients to celebrate different cultural and religious occasions and the chef cooked special meals for example, the Harvest festival.
- The service required referrers to complete an equality and diversity monitoring form to help inform staff and for review at key working sessions. The service produced a newsletter that highlighted cultural services in the locality.
- The provider offered a chaplaincy service. The service addressed client's spiritual needs and offered religious and pastoral support to all faiths and beliefs. A pastor visited the service once a week and consulted with clients on how they wished to celebrate religious festivals and involved them in planning events and activities.
- The service had recently introduced a notice board that sign posted lesbian, gay, bisexual and transgender (LGBT) clients to local LGBT organisations.

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- Clients with restricted mobility or wheelchairs could access the service. The service had a lift and wide corridors. Toilets and bathrooms suitable for disabled clients were available.

Listening to and learning from concerns and complaints

- The service received two formal complaints in the last before the inspection. Neither of these were upheld or referred to the Parliamentary and Health Service Ombudsman (PHSO).
- The service manager completed an initial investigation of all complaints. The manager discussed the complaint with senior staff and completed an organisation incident form. If the service could not deal with the matter informally, they would investigate as a formal complaint. Upon completion of the investigation the service sent a letter to the client with details of the investigation and any further outcomes. The complaints we reviewed demonstrated that staff had addressed concerns and dealt with them in a timely manner.
- The service gave a guide to clients, families and care managers upon admission. The guide contained information on the complaints procedure and how to complain. Clients we spoke with were aware of how to make a complaint.

Are substance misuse services well-led?

Vision and values

- The service had clearly defined values. The values included excellence, transformation of clients' lives and developing and improving the service. Staff understood and were aware of the vision and values. The provider held an annual staff conference where senior managers discussed the development of the service.

Good governance

- The service did not have efficient governance processes to ensure the management of medication was safe. The service did not have a cleaning rota for the clinic room and did not monitor temperature in the room. However the service did have efficient governance processes in other aspects of the service for example supervision and sickness.

- The service operated a human resource dashboard which the manager used to monitor supervision, appraisals, absence, annual leave, employment checks and references. The system was useful for monitoring human resource aspects of the service.
- The service manager attended a monthly managers meeting with senior staff across the provider. The meeting covered organisational issues and areas of learning to develop policies and procedures that the manager fed back to staff at the service. The manager also attended the organisation's governance meetings twice yearly to give a formal presentation and answer any questions that arose from the presentation.
- The service uploaded all client and service specific needs to a database which allowed staff to document all work undertaken with clients and generate reports. The database allowed housekeeping teams to monitor all cleaning requirements and management to check and update all health & safety visits. The chef recorded Hazard Analysis and Critical Control Points (HACCP) a systematic preventive approach to food safety.
- The service had key performance indicators (KPIs) to ensure quality. The service manager submitted KPIs on a quarterly basis to the provider's central governance office. At the time of the inspection, only the manager had access to this information. The service was moving to an electronic dashboard and staff would have access to this dashboard once operational. KPIs included occupancy levels, referrals received, the number of regular weekly activities in operation, percentage of clients receiving three key work sessions over the quarter and the average number of clients at clients meetings. The service was meeting the majority of its targets but was 16% below the target of 90% for the percentage of residents receiving three key work sessions over the quarter. The service manager had discussed this with staff and reminded them of the necessity of reviewing care plans with clients monthly.
- All services registered with the Care Quality Commission are required to notify the Commission of certain incidents, without delay. In the previous year the Commission received 33 notifications from the service. Fourteen of these incidents were related to police incidents and 14 were related to serious injury. The service notified the CQC of any serious incidents. The service were aware of common themes regarding

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incidents. The head of service reviewed project workers monthly summaries and fed back action points that key workers needed to follow up. Project workers analysed incidents and concerns in the bi monthly project workers meeting to ensure they identified re-occurring themes and how to address them in reflective practice sessions.

Leadership, morale and staff engagement

- Staff felt able to raise concerns with management and were aware of the provider's whistleblowing procedure.
- Staff were positive about the support they received from senior managers. Senior directors visited often and attended team away days.
- The service manager had an open door policy and was visible and approachable to staff. The staff team were actively involved in the running of the service and the provider took their views into account in the development of the service.

- Sickness and absence rates in the service were low and staff morale was high.
- The staff team were supportive of each other and worked together to provide support and care to clients.
- The provider carried out biannual staff surveys to gain feedback. A staff led working group reviewed feedback and devised improvements on how to implement feedback. The results of the most recent survey were unavailable at the time of the inspection.

Commitment to quality improvement and innovation

- The service had allocated project workers audits to complete each month. Audits included medication and health and safety.
- The service electronic records reviewed risk and recorded financial transactions, housekeeping records and when cleaning of rooms took place.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure medicines are stored at a safe temperature and staff administering medicines have regular updates and training.
- The provider must ensure that staff receive safeguarding training and are aware of how to recognise different types of abuse.

Action the provider **SHOULD** take to improve

- The provider should ensure that efficient governance processes are in place for the management of medication.
- The provider should ensure mandatory training is monitored and appropriate action taken when training requirements are not met.
- The provider should ensure that staff are trained to monitor and manage the risk of alcohol withdrawal.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not ensure that medicines were safely managed. The provider did not ensure that medicines were stored at a safe temperature or that staff responsible for administering medication received regular updates and training.

This was a breach of Regulation 12(2)(g)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider did not ensure staff were aware of their individual responsibilities to prevent, identify and report abuse when providing care and treatment. The provider did not ensure staff received safeguarding training or were aware of how to recognise different types of abuse. The provider did not train staff in safeguarding children despite the fact that clients may have contact with children.

This was a breach of Regulation 13 (1)(2)(3)