

Helping Hands Essex

Helping Hands Essex

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-635604615	Helping Hands Essex	Helping Hands Essex	RM4 1BF

This report describes our judgement of the quality of care provided within this core service by Helping Hands Essex. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Helping Hands Essex and these are brought together to inform our overall judgement of Helping Hands Essex.

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We do not currently rate independent standalone substance misuse services.

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

- Ward areas were not clean and were not well maintained. There were stains on the walls and carpets and furniture were dirty. There were areas of damp in the lounge and decor was in need of updating.
- Staff did not complete risk assessments in full upon admission. They did not contain all relevant information. There were no management plans, stating how staff would manage identified risks.
- The service had continued to use social media messaging applications to communicate client

information, despite receiving a warning notice following our comprehensive inspection. Support staff used personal mobile phones to share client information.

However, we also found the following areas of good practice:

- Managers had introduced systems to monitor staffs compliance with mandatory training. This was up-to-date and included all staff working at the service.
- The service had improved its recruitment processes. The provider requested references prior to staff starting employment. The service had a list of all staffs Disclosure Barring Service checks reference numbers. However, we could not find evidence of whether any staff with criminal convictions were risk assessed, as the provider did not keep copies of Disclosure Barring Service forms, or a log of if the DBS had any convictions listed.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We do not currently rate standalone substance misuse services.

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

- Ward areas were not clean and were not well maintained. There were stains on the walls and carpets and furniture were dirty. There were areas of damp in the lounge and decor was in need of updating.
- Staff did not complete risk assessments in full upon admission. They did not contain all relevant information. There were no management plans, stating how staff would manage identified risks.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- The provider did not have adequate systems in place to monitor the security of staffs' personal electronic devices to communicate information.

However, we also found areas of good practice:

- Managers had introduced a system to monitor staff compliance with mandatory training. This was up-to-date and included all staff working at the service.
- The service had improved its recruitment processes. Staff files showed that the provider had requested references. The provider had a list of all staff's Disclosure Barring Service check reference numbers. However, we could not find evidence of whether staff had any criminal convictions within the records.

Summary of findings

Information about the service

Helping Hands Essex was registered with the Care Quality Commission in November 2014 and is a residential substance misuse facility based in Chelmsford, Essex. At the time of inspection, the service had a registered manager and a nominated individual. The service includes a five bedded residential house which is allocated to people who meet the accommodation requirements, mainly that they have been sober for seven days and have nowhere else to live. People must be committed to engaging with the treatment programme. Next door is the therapy centre where both residential and non-residential clients attend for daily therapy sessions.

Helping Hands provides ongoing abstinence based treatment, which integrates psycho-dynamic therapy, counselling, transactional analysis, trauma therapy, art therapy and mindfulness.

The service provides care and treatment for male and female clients between 18-65 who are deemed mentally and physically capable for recovery. Helping hands takes self-referrals and referrals from other agencies from the local area of mid Essex.

At the time of inspection the service had four clients living in the accommodation and 12 clients attending for day services.

Following a comprehensive inspection in March 2017, the service was found to be in breach of the following regulations:

- Regulation 15 HSCA (RA) Regulations 2014: Premises and equipment: The service was not clean. Carpets were dirty; there were stains on the walls. Areas of the service were dusty and there were visible cobwebs in stairwells and corners. Areas of the service were not in good repair and required decorating to be finished.
- Regulation 17 HSCA (RA) Regulations 2014: Good governance: The provider did not have a system in place to store client records in a safe way. The provider put sensitive client information at risk by the use of a social media messaging application. The provider did not provide staff with phones for business use, which meant sensitive client information was stored on personal phones and could not be monitored. The provider did not have a policy in place for the use of social media messaging applications and this was not covered explicitly in staff training. Staff did not complete records in full. There were gaps in assessments and risk assessments. Training records did not include all staff working within the service.
- Regulation 19 HSCA (RA) Regulations 2014: Fit and proper persons employed: Managers did not have recent Disclosure and Barring checks completed for staff. Disclosure Barring Service checks completed in 2011 had not been updated to check staff were still safe to work with clients. Managers did not record if Disclosure Barring Service checks returned previous convictions and how this was risk assessed. Managers did not have all information relating to Disclosure Barring Service checks available at the service. The recruitment policy did not include guidance and the expectation regarding Disclosure Barring Service checks for staff. Staff files did not contain references, as outlined as a requirement in the recruitment policy.

We issued the provider with requirement notices for regulations 15 and 19.

We issued the provider with a warning notice for regulation 17.

The provider sent us an action plan which stated what improvements they would make to meet the regulations.

Our inspection team

The team that inspected the service comprised Care Quality Commission inspector Lee Sears (inspection lead), and one other Care Quality Commission inspector.

Summary of findings

Why we carried out this inspection

We inspected this service as a follow up focussed unannounced inspection to review the areas of concerns highlighted in our comprehensive inspection in March 2017

How we carried out this inspection

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

- Is it safe?
- Is it well led?

Before the inspection visit, we reviewed the action plan provided by the service following the comprehensive inspection.

During the inspection visit, the inspection team:

- visited both units at this location, looked at the quality of the physical environment
- spoke with the registered manager
- looked at four care and treatment records
- looked at three staff files
- looked at policies, procedures and other documents relating to the running of the service.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that there are premises are clean and well maintained.
- The provider must ensure that staff records show whether a risk assessment is required following return of disclosure and Baring Service checks for staff.

- The provider must ensure that they have processes in place to monitor the security of information that staff share on their personal electronic devices. Processes must meet the guidance set out by the Information Commissioners Office.

Action the provider **SHOULD** take to improve

- The provider should ensure that staff complete risk assessment in full, including all relevant information.

Helping Hands Essex

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Detailed findings

Name of service (e.g. ward/unit/team)

Helping Hands Essex

Name of CQC registered location

Helping Hands Essex

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- The ward areas were not clean or well maintained. There were stains on the walls and the carpets and furniture were dirty. There were areas of damp in the lounge area. The provider had to remove a fire extinguisher from the wall in the lounge as the wall was crumbling and would not hold the weight. We highlighted this as an issue in the previous inspection. The provider had submitted an action plan stating that they would employ a cleaning company to do a deep clean of the premises. The action plan also stated that a programme of redecoration would commence once they had completed a clean. Staff told us that they did not employ a company to do a deep clean. Instead, staff came in to do a thorough clean of the service. There had

not been any redecoration since the previous inspection. Staff told us that they did not want to spend money on maintaining the property as it was due for demolition by the council. There is no timeline for when this is going to happen. However, the provider had just signed a two-year extension to their lease.

Assessing and managing risk to patients and staff

- Staff undertook a risk assessment of clients upon admission into the service. We reviewed four clients' records. We found that risk assessments were not always fully completed. Risk assessments of two clients did not have all the sections completed and important information on highlighted risks was not included. Risk assessments lacked detail and there were no management plans to describe how staff would manage identified risks.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Good governance

- Managers had introduced a system to monitor staff compliance with mandatory training. The service administrator kept a spreadsheet and updated it when staff completed training and when this was due to be renewed. We reviewed the training log, it was complete and up to date, and included all members of staff.
- The service continued to use social media messaging applications to communicate client information. Following our last inspection, We issued a WN outlining our concerns about the provider using this as a way to communicate about clients. The service submitted an action plan which stated that they had stopped using social media messaging applications and would not use it again. However, the manager told us that they have changed how they use the application. The provider used a numerical identifier and staff used these in communications rather than client names. The manager told us that they no longer share confidential information. We reviewed some of the communications from that day. These messages did not contain client identifiable information or any information that would be considered confidential. The service had purchased two business use mobile phones which the counsellors used. However, support staff were still using their personal mobile phones, which meant that the service could not ensure the privacy of patient information. We reviewed the provider's policy for the use of social media messaging applications. The policy stated it was the responsibility of staff to ensure they had the right security measures on their phone. However, the Information Commissioner's Office guidance titled 'Bring your own device', states that as data controller, the provider is responsible for making sure that staff have the appropriate security measures in place. The provider did not have a system in place to monitor staff phone security, and therefore were not following the guidance set out by the Information Commissioner's Office.
- The service had improved their recruitment processes. We reviewed three staff files, including newly recruited staff. We found that they contained references or copies of letters applying for references. We checked the Disclosure Barring Service folder which contained a list of all staff Disclosure Barring Service reference numbers and the dates they were obtained and due for renewal. However, we were unable to ascertain whether staff had any criminal convictions that would require the service to complete a risk assessment.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014 Premises and equipment:

The provider's premises were not clean and were not well maintained.

This was a breach of regulation 15 (1)(a)(e)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance

The provider did not have adequate systems in place to monitor the security of staffs, personal electronic devices that they used to share information.

Staffs records did not indicate whether a risk assessment was required following return of disclosure and Baring Service checks.

This was a breach of Regulation 17 (2)(c)(d)