Park View Project (Unity House)

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

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 issues that the service provider needs to improve:

- Areas of the building were not clean and properly maintained. There was no means of ensuring that the building was properly cleaned, and that appropriate infection control measures were in place. First aid boxes contained out of date items, and effective food hygiene practices were not in place.
- A key component of the service was to provide a weekly one-to-one session with clients. However, the service had a practice of same-gender only keyworking and there were not enough male staff to provide regular one-to-ones with male clients. There were staff vacancies for managers and keyworkers. Agency staff temporarily filled these posts whilst recruitment took place.
- The records of former clients were not stored securely. Confidential information was accessible to

Summary of findings

unauthorised people, and the paper records were at risk of physical damage. There was no process for ensuring that records were archived correctly, and stored and securely destroyed when necessary.
- The service had a complaints policy, which staff and clients were aware of, but this was not always implemented effectively.

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

- There was a programme of environmental checks, which included testing and monitoring of fire equipment, water and legionella testing, gas and electricity. Staff were aware of and knew how to report and escalate incidents. Medication was managed and administered correctly.
- All staff had the necessary pre-employment checks carried out. Permanent staff had completed their mandatory training, and received regular supervision and an annual appraisal and had completed their mandatory training.
- Clients had a clear care pathway. Clients understood the 12-step programme, and signed a contract which affirmed their commitment to abstaining from alcohol and drugs, compulsory attendance in the group programme, and carrying out activities such as cooking and cleaning as part of the community. Clients were registered with a local GP for their physical healthcare needs. Discharge planning was initiated while clients worked through the 12-step programme. Clients were positive about the staff, and told us they felt safe in the service. Men and women had separate bedroom and bathroom areas, and their own lounges.
- Clients were involved in decisions about their care. Clients attended a weekly community meeting, where they raised concerns and complaints. Clients valued the peer support workers. These were volunteers who had been through the 12-step programme themselves.
- An extensive audit of the service had been carried out. Where gaps were identified, an action plan had been implemented to address this.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		See overall summary.

Summary of findings

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Background to Park View Project (Unity House)

Park View Project (Unity House) provides a residential rehabilitation programme for up to 17 men or women aged over 18 years.

Unity House is the second stage of a care pathway that follows the "12-step" programme for working with addiction. Detoxification from drugs or alcohol is not provided as part of the pathway, so clients who require this will have completed this before they come to Park View. Clients are initially placed at Park View Project (The Havens) where they complete steps one to five of the programme. This typically takes between 12 and 18 weeks. Once completed, clients are transferred to Park View Project (Unity House) where they carry out steps six to 12. Clients are typically at Unity House for up to three months. During both stages clients attend groups and one-to-one sessions within the services, and attend external 12-step meetings.

Following on from Unity House clients either move back into the community, or can go to a third stage of support provided by The Riverside Group Limited. This offers accommodation and support for up to a year, but is not required to be registered with the Care Quality Commission.

Unity House and The Havens share a manager, policies and procedures. Staff are mainly based on one site, but work across both.

The Riverside Group Limited provides Park View Project (Unity House). It was registered under The Riverside Group Limited on 11 April 2016 to provide accommodation for persons who require treatment for substance misuse. This is its first inspection under this registration.

The service does not have a registered manager. There is an interim manager in place, and recruitment is underway to the permanent post.

Our inspection team

The team that inspected the service comprised CQC inspector Rachael Davies (inspection lead), and two other CQC inspectors.

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?

Summary of this inspection

Before the inspection visit we reviewed information that we held about the location and asked other organisations for information.

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with three clients
- spoke with the manager and senior staff
- spoke with three staff which included permanent and agency workers
- spoke with two volunteers
- looked at five care and treatment records for clients
- looked at eight medication records for clients
- looked at policies, procedures and other documents relating to the running of the service
- used shared information from the concurrent inspection of Park View Project (The Havens).

What people who use the service say

At the time of our inspection there were eight men and five women using the service.

Clients told us they were actively involved in their care and recovery. A fundamental part of the 12-step programme is the involvement of clients in taking responsibility for their own recovery. Clients signed a tenancy licence agreement at The Havens and then at Unity House, in which they committed to actively participate in the recovery process. This included abstinence from drugs and alcohol, compulsory attendance at group meetings, and taking part in cleaning and cooking within the service.

Clients were positive about the staff, and found them supportive and empathetic. However, they said there were not enough staff. They told us that staff were helpful, but often busy. They said that groups did usually go ahead, but could be cut short. The service had a practice of same-gender keyworking. The main problem for male clients was that there were not enough male staff to provide weekly one-to-one keyworking sessions, which they saw as a key component of their programme. Female staff would meet with male clients and support them as much as they could, but they were not able to carry out one-to-ones where clients discussed and reviewed their recovery plan.

Clients told us they felt safe at Unity House.

Clients valued the peer support workers. These were volunteers who had been through the 12-step programme themselves. Clients valued this, as that felt that the volunteers genuinely understood their experiences.

Clients attended a weekly community meeting, where they raised concerns and complaints. Clients felt they were involved in discussions about the service and future changes, even if they did not agree with them.

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:

- Areas of the building were not clean and properly maintained. There was no means of ensuring that the building was properly cleaned, and that appropriate infection control measures were in place. The first aid boxes contained out of date items. Effective food hygiene practices were not in place. These were a breach of a regulation. You can read more about it at the end of this report.
- Fire procedures were implemented, but staff did not know which areas of the building were indicated by zones on the fire alarm panel.
- There were staff vacancies which included managers and keyworkers. Agency staff covered some posts, and recruitment was in progress. A key component of the service was to provide weekly one-to-one session with clients, but the service practiced same-gender keyworking and there were not enough male staff to provide regular one-to-ones to male clients. This was a breach of a regulation. You can read more about it at the end of this report.

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

- There was a schedule of environmental checks, and this included the completion of a quarterly health and safety checklist. This included testing and monitoring of fire equipment, water and legionella testing, gas and electricity.
- All staff had the necessary recruitment checks completed before they started working in the service. Permanent staff had completed their mandatory training, which included safeguarding, risk assessment, manual handling and fire safety.
- Clients told us they felt safe.
- Men and women had separate bedroom and bathroom areas, and their own lounges.
- Medication was managed and administered correctly.
- Staff were aware of and knew how to report and escalate incidents.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Clients had a clear care pathway. If a client needed a detoxification programme from drugs or alcohol, this was completed before they went to The Havens. All clients completed steps one to five of the 12-step programme at The Havens, before being transferred to Unity house to work through steps six to 12.
- Clients signed a contract which affirmed their commitment to abstaining from alcohol and drugs, compulsory attendance in the group programme, and carrying out activities such as cooking and cleaning as part of the community.
- Clients were encouraged and supported to access services in the community. There was a benefits worker and a housing and resettlement worker. These supported clients to access community services, but also encouraged them to take responsibility for developing their own skills and contacts. This included finding education and work, and attendance at 12-step meetings. Discharge planning was initiated while clients worked through the 12-step programme.
- Clients were registered with a local GP for their physical healthcare needs.
- Staff and volunteers received regular supervision. Volunteers worked at Unity House as peer support workers, as they had themselves been through the 12-step programme.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were positive about the staff, and found them supportive and empathetic. The interactions we saw between staff and clients were friendly and respectful.
- Clients were provided with information about the care pathway, and understood the purpose and therapeutic restrictions of their stay at Unity House. Clients signed their agreement to participate in the programme, and this included conditions such as abstinence from drugs and alcohol, and participation in the group programme.
- Clients were involved in decisions about their care, and what may happen after discharge.
- Clients attended a weekly community meeting, where they raised concerns and complaints. Clients felt they were involved in discussions about the service and future changes, even if they did not agree with them.
- Clients valued the peer support workers. These were volunteers who had been through the 12-step programme themselves.

Summary of this inspection

Are services responsive?

We do not currently rate standalone substance misuse services.

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

- The service had a complaints policy which staff and clients were aware of. However, we found that a client had made a complaint in April that had not been responded to. The provider acknowledged this and addressed this with the person involved.
- The building was not accessible for people in a wheelchair. Staff told us that clients always spoke English, and that it would be difficult for clients who did not to participate effectively in groups.

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

- All clients were assessed prior to admission to The Havens. All clients at Unity House had been through a programme at The Havens before coming to Unity House. Staff worked across both services, so staff and clients were familiar with one another and how the programme worked. Benefits and housing and resettlement workers supported clients with discharge planning.
- Men and women had a separate lounge, and sleeping and bathroom areas. They shared rooms for eating, laundry, and groups. There was an outdoor space where people could smoke. All clients had single bedrooms with their own key. There was a payphone in the corridor, but clients had their own mobile phones.

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:

- Current clients' records were stored securely in the office, but other clients' records were not stored securely. Personal information was accessible to unauthorised people, and in conditions that caused or risked physical damage to the records. There was no process for ensuring that records were archived correctly, and stored and securely destroyed when necessary. This included the records of clients from a service that had closed down. This was a breach of a regulation. You can read more about it at the end of this report.
- The Riverside Group Limited had recently taken over Unity House, and their vision and values had yet to become part of

Summary of this inspection

the culture of Unity House. Since the take over there had been changes within the organisation, and there were currently staff shortages and high use of agency. This put pressure on permanent staff who were committed to the work they did with clients, but did not always have time to spend with them. For example, there were not enough keyworkers to provider weekly one-to-one sessions.

- The service had no registered manager. However, there was a temporary manager whilst recruitment process was in progress.

However, we also found areas of good practice, including that:

- Staff and clients were familiar with the values of the 12-step programme, which was embedded in the culture of the service.
- Staff had pre-employment checks carried out. Permanent staff received regular supervision, an annual appraisal and had completed their mandatory training.

An extensive audit of the service had been carried out.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had completed training in the core principles of the Mental Capacity Act.

All clients were deemed to have the capacity to make decisions. Clients were given information about what to expect from the service, which included restrictions. For example a condition of using the service was that clients were not using drugs or alcohol. Clients understood and signed their agreement to abide by these restrictions during their stay at Unity House.

There were no clients subject to Deprivation of Liberty Safeguards.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

There were damp rooms in the basement with visible black mould. There was visible mould on some communal corridors, and shower and bathrooms. The bathrooms were grimy and in need of redecoration, and two showers in particularly had black mould, ingrained dirt, cracked tiles and poorly applied/decaying sealant. The shower screen of one of the men's showers was completely detached and stood on the floor.

There were four worn and grey mops drying outside. There was no information available about colour coding of mops that ensured they were used in appropriate areas. This meant there was no way of ensuring that mops used to clean toilet floors were not also used to clean the dining room and kitchen. There was no process for ensuring mops were cleaned effectively after use.

Taking responsibility for cleaning of the communal areas was part of the rehabilitation programme. There was a cleaning schedule which included all the clients. A domestic had recently been employed for three hours a week but it was not clear what areas of the building they were expected to clean. There was no member of staff responsible for ensuring the building was cleaned effectively. The bedrooms we saw were clean, tidy and personalised.

Cleaning materials were stored appropriately. There was a locked cupboard for cleaning materials, and a completed logbook of when they were given to clients to clean the building.

Clients told us that there were numerous maintenance issues that had not been addressed. For example, blown light bulbs frequently went unreplaced for extended periods. We found two lightbulbs not working in the main hallway. The maintenance log showed that repairs were reported and carried out. There was a weekly community meeting for clients. Most of the issues raised in this were about the maintenance of the building.

Clients prepared food for themselves and for other clients, and this was part of the therapeutic programme. A volunteer with catering experience prepared food at the service three times a week. A programme for food hygiene and preparation was available at The Havens, where all clients had commenced their care pathway. However, there was no process for making sure clients at Unity House were familiar with the processes there, or that clients or volunteers had food hygiene training. There was no information in the kitchens about food hygiene such as using the correct coloured chopping boards. There was a main kitchen where meals were prepared, and the dining/group room which had a kitchenette area. The fridge in the kitchenette was untidy, and food was piled on top of one another. On one shelf there was an opened carton of cream next to an opened packed of bacon, next to an uncovered bowl with a large slice of sponge cake. There was also an individual (unopened) pie in the fridge that was one day past its expiry date. There were three partly used loaves of bread in the kitchenette, and two of these were three days past their use-by date. The fridge was grubby, had no internal freezer compartment door and needed defrosting. We informed several staff of the out of date food, however it was still in the fridge at the end of the inspection. A senior manager confirmed to us the following day that it had been removed. The freezer in the main kitchen contained frozen food with expiry dates of January 2016. The frozen food was disposed of immediately.

We looked at five first aid boxes in the building. They did not include their full contents, and four of the boxes contained items that were past their expiry date. For example there were bandages and dressings that expired in

2015. There was an emergency burns and scalds box in the kitchen. It contained medicated dressings that expired in 2011 and 2013. Staff told us the first aid boxes were checked regularly, but not the expiry date of the items.

The provider had a schedule of health and safety checks, and a quarterly health and safety checklist that monitored if these had been carried out. They included testing and monitoring of fire, equipment, water including legionella testing, gas and electricity. Slip, trips and falls assessments of the building had been completed. Weekly and monthly checks had been carried out as part of ongoing environmental assessments, but there were some gaps and staff were not clear who was responsible for ensuring they were carried out.

There were fire extinguishers, blankets and alarm systems that were routinely checked or tested, and had been serviced within the last year. The fire alarm panel had zones to identify where an alarm had been activated. However, records did not indicate and staff did not know which zones on the panel referred to which areas of the building.

Safe staffing

Following the reorganisation of the service there had been staff changes. There was an interim operational manager and a seconded service manager who was due to finish at the end of the week of inspection. There were vacancies for keyworkers. All the posts had been advertised, and the provider was in the process of recruitment. The operational and service managers worked across Unity House and The Havens. Most staff and volunteers were based on one site but worked across both. Agency staff were employed, but they did not undertake all of the keyworker roles such as one-to-one sessions. They co-worked groups and undertook sleep-in duties. Many had experience of working in addiction services, but not within the 12-step programme. The provider employed a benefits and a housing worker who worked across both sites. Unity House was staffed at all times. The nighttime staff slept in at the service

There were no written policies about same-gender keyworking. However, the practice of the service was that clients only had one-to-one sessions with a keyworker of the same gender. The women had weekly one-to-one sessions as planned. However, due to the keyworker vacancies there was only one male keyworker. They worked across both The Havens and Unity House, and this meant that male clients did not always get their one-to-one sessions. Clients still attended groups, and were supported by staff in other ways, but did not have the one-to-one sessions where their recovery plan was reviewed. Records showed that none of the male clients had had a one-to-one within the last week, most had had a session within two to three weeks, but one had last had a one-to-one over five weeks ago and another over nine weeks ago. Clients were positive about the staff, but told us they did not think there were enough of them. They said that groups tended to happen, but were sometimes cut short.

All required pre-employment checks were carried out before staff started. A workplace induction was completed when new staff started in post. Permanent staff had completed mandatory training which included safeguarding adults and children, prevention and diffusion of violence, risk assessment, manual handling, equality and diversity and fire safety.

Assessing and managing risk to clients and staff

All clients had completed a detoxification from drugs or alcohol (if required) before admission to the service. They completed their programme at The Havens before they were transferred to Unity House. Clients were not admitted outside this pathway. An assessment of clients' health and needs had been completed before their admission. As staff worked across both The Havens and Unity House staff already knew the clients.

Clients had a risk assessment completed of their drug or alcohol use, mental and physical and health, and social needs, and plans developed with them to reduce these risks. Clients did not have an individual early discharge plan. However, staff were able to describe the action they would take if a client wanted to leave the service. Staff told us this was more likely to happen at the previous stage of care at The Havens, and was less common at Unity House.

Clients signed a tenancy agreement and contract when they came into the service. This included agreeing not to use drugs or alcohol, and not to get into a relationship with other clients.

All clients had single rooms, with shared bathroom facilities. Male and female bedrooms were in separate parts of building with their own shared bathrooms, showers and toilets. There were separate male and female lounges. All clients had keys to their bedrooms.

Substance misuse services

Clients told us they felt safe. They told us that aggressive behaviour was rare, but when it did happen it was addressed and de-escalated by staff. Staff, visitors and clients signed in and out of the building. Staff were aware of confidentiality and maintaining boundaries with clients.

Medication was securely stored and administered. All clients had a medication risk assessment to assess if they were able to safely administer their own medication, and their understanding of what their medication was for. Medication was ordered by staff through the GP and delivered by the pharmacy each week. Staff completed checked the medication prescribed and supplied for all new clients, and checked the type and quantity of medication when it was delivered each week. Clients who were able to self-medicate kept their blister packs in locked cupboards in their rooms. Staff has access to secure storage for high dose analgesics and medication returns.

Staff had received training in safeguarding, and were familiar with what action they should take should they have any concerns. Any incidents would be reported to the manager and the client's care manager. Volunteers were also aware of potential safeguarding concerns and how to report and escalate these.

Track record on safety

There had been no serious incidents reported since the service registered in April 2016.

Reporting incidents and learning from when things go wrong

There were policies that described how incidents were identified, reported and responded to. Staff and volunteers knew how to report and record incidents. Any incidents were highlighted in the daily handover report and the findings discussed.

Incidents were compiled into a monthly report that was escalated to senior managers. The provider was trialling an electronic system for recording, monitoring, and updating safeguarding logs. The provider had an established governance structure in place. Incidents from across the organisation were shared within all locations where this was appropriate. Incidents at this site, and where relevant from across Riverside Group Limited's other services, were discussed in the monthly staff meetings.

Duty of candour

Staff understood their responsibilities relating to the duty of candour. There were no recorded incidents of a level that that met the criteria for a formal apology. Staff were open with clients about their care and treatment.

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

Assessment of needs and planning of care

We reviewed five care records and eight medication administration records.

All clients were admitted to The Havens to complete stage one, or steps one to five, of their treatment programme, which typically lasted between 12 and 18 weeks. Clients moved to Unity House to work through steps six to 12 of the programme, which typically lasted up to three months. The two sites were seen as a continuation of the same programme, and shared clients' records, and staff. As such, clients were already well known to the service and had an established programme by the time they moved to Unity House.

Clients signed a licence agreement as part of their tenancy that included conditions for their stay at Unity House. This included abstinence from alcohol and drugs, and an agreement to compulsory attendance at groups. Clients attended groups at Unity House throughout the week. They were expected to attend 12-step meetings in the community, in the evenings. Clients were encouraged to engage in other activities in the community, which included work and education. A key part of the recovery plan was taking responsibility for roles within the house, which included cooking and cleaning.

All clients had an assessment of their needs, and a personalised recovery plan. This was reviewed during one-to-one sessions with their keyworker.

Clients were registered with a local GP at The Havens, and stayed with the same GP when they moved to Unity House. Clients' physical healthcare needs were assessed, and care for this was provided through their GP.

Records were mostly paper based, and individual sessions and group work were recorded.

Best practice in treatment and care

Substance misuse services

The service is based on the 12-step programme. This is not research based, but is a recognised and long-established approach to working with addiction. The 12-step programme is typically provided in the community through peer support. This includes at meetings such as Alcoholics Anonymous and Narcotics Anonymous. People who have been through the 12-step programme and had a long period of sobriety lead these. At The Havens and Unity House this model has been adapted to working in a residential setting.

Staff told us there had been discussion about accessing further training in different models of addiction recovery.

There were volunteers in the service who were peer support workers. Peer support workers had themselves been through the 12-step programme. Volunteers worked across The Havens and Unity House, and worked with clients of the same gender as themselves. Volunteers told us there was always a permanent/paid member of staff on duty, and that as volunteers they were not asked to work outside their role. Volunteers' roles included providing support for clients individually and in groups, and one volunteer cooked at the service several times a week.

Skilled staff to deliver care

Staff had a range of experience prior to working at the project. All had a qualification in psychological interventions. These included person-centred counselling, psychodynamic counselling, or cognitive behavioural therapy. Volunteers had personal experience of undertaking the 12-step programme. Clients provided a buddy role to other clients as they progressed through the steps.

Staff and volunteers received regular supervision. The manager reviewed staff knowledge and competence in the use of the intranet and their ability to access required information and online training. The manager had checked that all staff were aware of what action to take in the event of a missing person, an unexpected death, the discovery of an illicit substance or if a client breached their contract and needed to be discharged from the service.

All permanent staff were required to undertake the care certificate during their induction into working at the project. During management supervision staff had an appraisal and key objectives were agreed. The service manager was using the detail from these objectives to plan appropriate training and developments for the following weeks and months. These were included in the overarching action plan for the service.

Staff were encouraged to attend additional specialist substance misuse training. This was through the Riverside Group intranet or staff were encouraged to access harm reduction training provided locally by another private provider and a local specialist mental health trust. All staff had received medicine management training.

There were monthly team meetings and these were well-attended. These followed a standard agenda and minutes were produced. Staff who had not attended the meeting could review discussions and actions. Where actions were identified for follow up a staff member was assigned to lead with this and to provide feedback at the next meeting.

A housing and resettlement officer and a benefits worker worked across The Havens and Unity House. They provided support and advice to clients.

Volunteers told us they felt safe and supported. They had completed training in maintaining boundaries with clients.

Multidisciplinary and inter-agency team work

All clients were registered with the same local GP. A local pharmacy provided medication for the service.

Clients were encouraged to attend 12-step meetings in the community, such as Alcoholics Anonymous and Narcotics Anonymous. These are based on a model of peer support.

Staff were aware of how to contact local mental health services if necessary. Staff told us this was not often necessary for clients at Unity House.

The benefits and housing workers linked with local statutory and support services as part of their role.

Clients signed to confirm their consent that, where appropriate, information would be shared with other agencies as part of their care and treatment.

Adherence to the Mental Health Act

Unity House did not admit people detained under the Mental Health Act.

Good practice in applying the MCA

Substance misuse services

Mental Capacity Act training was not mandatory but permanent staff had received training in the core principles of the Act.

All clients were deemed to have the capacity to make decisions. If required, detoxification was completed prior to admission to The Havens, so clients were not subject to physical withdrawal from drugs or alcohol. Clients were given information about what to expect from the service, which included restrictions. Clients signed their agreement to abide by these restrictions during their stay at Unity House. They included abstinence from drugs and alcohol and participation in the group programme.

There were no clients subject to Deprivation of Liberty Safeguards.

Equality and human rights

There was an equality and diversity policy, and all staff had received equality and diversity training. Staff were aware of the protected characteristics under the Equality Act 2010. Staff were clear that all clients had a personalised care plan which would ensure appropriate support and interventions.

Management of transition arrangements, referral and discharge

All clients completed a programme at The Havens before being transferred to Unity House. All referrals to The Havens were discussed at a managers' meeting. Following an initial assessment and agreement that an admission was appropriate a place would be reserved and an admission facilitated immediately. Some clients needed to complete an alcohol detoxification prior to admission. Clients who wished to be admitted at their point of discharge from prison would also have a place reserved. There was information about clients from both services at both sites, and beds were identified at Unity House to move clients into as they neared the end of their programme at The Havens.

The service had benefits and housing workers. These started working with clients at The Havens, and continued to do so throughout their stay at Unity House. This included reviewing each client's entitlement to benefits, supporting them to find suitable accommodation if necessary and developing links with local employment and training providers.

Following successful completion of the programme at Unity House, some clients moved onto a third stage of support in housing provided by the Riverside Group Limited. This was not required to be registered with the Care Quality Commission. Other clients went to accommodation in the community. Clients were aware of the pathway between services, and actively involved in their discharge planning. In the last 12 months, 41 clients had been successfully discharged after completing the programme at Unity House. 25 of these moved to other housing and support provided by Riverside Groups Limited. There was one unexpected discharge.

Are substance misuse services caring?

Kindness, dignity, respect and support

Clients were positive about the staff, who they found supportive and empathetic. Clients told us that as many of the staff had been through the 12-step programme themselves they had real life knowledge of what clients were experiencing. Clients were positive about the recovery programme and the support they received. They were satisfied with the support they received for their physical healthcare.

Clients told us that part of the 12-step model included challenging and being challenged about one's assumptions. In the 12-step groups this could lead to anger and aggression from clients, but staff were able to effectively de-escalate and calm down these situations. There was a zero tolerance approach to aggression, and staff worked well with clients to deal with their anger. Clients told us they felt safe at Unity House.

Clients were positive about the staff, but told us there were not enough of them. They told us that staff were helpful, but often busy. They said that groups did usually go ahead, but could be cut short because staff had other commitments. The service had a practice of same-gender keyworking. The main problem for male clients was that there were not enough male staff to provide weekly one-to-one keyworker sessions, which they saw as a key component of their programme. Female staff would meet with male clients and support them as much as they could, but they were not able to carry out one-to-ones where clients discussed and reviewed their recovery plan.

Substance misuse services

The interactions we observed between staff and clients were friendly and respectful. Staff were person centred and spoke positively about clients and the work they did with them.

The involvement of clients in the care they receive

A fundamental part of the 12-step programme is the involvement of clients in taking responsibility for their own recovery. Clients signed a tenancy licence agreement at The Havens and then at Unity House, in which they committed to actively participate in the recovery process. This included compulsory attendance at group meetings, and taking part in cleaning and cooking within the service. Clients told us they were actively involved in their care and recovery.

Clients received some guidance about activities outside the service, for example Alcoholics Anonymous, Narcotics Anonymous, voluntary work and training. However, they were expected to use their own initiative to find suitable activities to support their recovery. This encouraged clients to take responsibility for their lives during and after Unity House that did not involve drugs or alcohol.

Volunteers worked at The Havens and Unity House and provided peer support for clients. Volunteers had been through the 12-step programme at either The Havens and Unity House, or elsewhere. Clients valued this, as that felt that the volunteers genuinely understood what they had been through. Volunteers viewed returning to the service as their way of "giving something back" for the support had received.

There were weekly community meetings where clients raised concerns and complaints. Many of the concerns were about maintenance of the building. Some of these had been addressed, but others were outstanding.

Clients were aware of issues in the service. For example, they were aware that there had been a problem with medication, but that there was now a contract with a different pharmacy and the issue had been resolved.

The provider had recently made changes to the personal payment that clients contributed to the rent/service charge for the service. Clients told us that it had increased significantly without an obvious change to the service provided. Clients had been informed of the increase, and they were raising their dissatisfaction with it through community and staff meetings.

Clients had been involved in discussions about changes to the service, and some were concerned about this. They thought it was positive that some of the keyworkers had been through the 12-step programme and had personal experience of recovering from addiction. They told us that staff were good at enforcing personal boundaries whilst still being empathetic. Some clients told us that they would found it difficult to trust or work with staff whose experience of addiction was "learned from a text book".

There was a relatives evening every week run by a volunteer.

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

Access and discharge

There was a clear pathway through the service. Clients were admitted to The Havens, and then transferred to Unity House. Clients were often referred by their keyworker, or through the prison system. Once an assessment was carried out, and a client had been accepted by the service, then a place was booked. The Havens had a clear process for identifying and co-ordinating potential admissions, and subsequently transferring clients to Unity House at the right stage of their programme.

Clients typically spent up to three months at Unity House, but this was extended if necessary.

The service had a housing and resettlement worker who supported clients to find suitable accommodation when they left Unity House. Some clients moved onto housing provided by Riverside Group Limited, where they could stay for up to a year.

Clients were involved in their transfer in and out of Unity House, and were clear about the process. They were clear about the behaviours that may prompt a review for early discharge. For example, aggressive behaviour or the use of drugs and alcohol.

The facilities promote recovery, comfort, dignity and confidentiality

There were separate areas of the building for male and female bedrooms and bathrooms. The male area of the

house had 10 bedrooms, three showers and two toilets. The female area of the house had seven bedrooms, two showers and two toilets. There were separate lounges for men and women, that were also used as interview rooms.

Men and women shared the kitchen, dining/group room, laundry facilities, and an outdoor space where people could smoke. There was a separate kitchen, and a dining room with kitchenette. The dining room was used for group therapy, and had folding tables that were put up at mealtimes.

All clients had single bedrooms which they had personalised. Clients had keys to lock their bedrooms. There was a payphone in the corridor, but clients had their own mobile phones which they could use in their bedrooms if they wished to make a private call. The use of mobile phones was restricted as part of the therapy programme.

Meeting the needs of all clients

Clients were provided with verbal and written material about the service. They were given some information about community resources, but were encouraged to find information out or themselves as part of their recovery programme. This included local religious activities where relevant.

Clients prepared food for themselves and each other as part of their programme. As such, if clients required a special diet this would be available to them.

Information was not readily available in languages other than English. Staff told us that they would access these from the internet if necessary. Staff told us that clients always spoke English. They told us that because much of the programme involved group working and working with others in the house, it would be difficult for a person who did not speak English to engage with this. However, as all admissions were planned and clients spent time at The Havens first, if clients had additional needs this could be planned before they were admitted.

It was not uncommon for clients at Unity House to have previously been homeless or in prison. Staff worked with clients to sort out benefits, housing and additional support they may need in the community.

Unity House was not accessible to people in a wheelchair.

Listening to and learning from concerns and complaints

There was a complaints policy, and information about how to make a complaint was on display. Staff were able to describe the process. Clients told us they knew how to make a complaint, and felt able to raise concerns.

There had been one complaint (about the food) at Unity House since April 2016. However, during the inspection we found that a client had made a complaint in April that had not been responded to. The provider acknowledged this and addressed this with the person involved.

There were weekly community meetings where patients expressed their views, and raised concerns about the service. This was typically about the maintenance of the building.

Are substance misuse services well-led?

Vision and values

The Riverside Group Limited stated that their overall aim was to “transform lives and revitalise neighbourhoods”. They intended to achieve this through three key objectives: “connected customers” – improving customers’ experience by modernising services and delivering them consistently; “resilient lives” – providing a comprehensive range of services to support customers; “better places” – improving neighbourhoods by investing in existing homes, building and acquiring new ones, and selling services where necessary.

These aims applied to all services provided by Riverside Group Limited, and were not specific to Unity House. The provider had relatively recently taken over Unity House, which included transferring staff. There had been changes in staffing, so existing staff were not clear about the vision and values of the Riverside Group Limited.

Unity House followed the 12-step programme for working with addiction. The values of the 12-step programme was embedded in the culture of the service, and the care and support provided. Staff and clients were very clear about the vision of the 12-step programme.

Good governance

The paper records of current clients were stored securely in the staff office. However, records of previous clients were

not stored safely or securely, and did not ensure clients' confidentiality was maintained. Records were found in three locked basement rooms. One of the rooms had black mould across at least one wall. Staff told us there had been a leak which was still being investigated. Records were placed on top of the filing cabinets, and the pages of some were visibly water damaged. There were records in boxes in another two rooms in the basement. The records did not appear to have been stored in any particular order and were not labelled. Staff also told us that there was no one with responsibility for archiving records, and that when clients left there was not a clear place to put records.

The maintenance person's room contained ten boxes. Staff told us that these had come from a service that had closed. Some of these boxes were not sealed. We looked in two boxes. These contained clients' records and other confidential material. Staff told us the maintenance staff, who were currently provided by an agency, were usually supervised in the building but were allowed unsupervised in the maintenance room. The maintenance room also contained an unlocked cupboard with confidential clinical information. This included checks for maintenance items, but also incident forms that contained detailed and personal information about clients, for example an incident that had been reported to the police.

There was a clients' laundry room in the basement. In this there was an unlockable cupboard that contained gas and electricity meters. This was damp with black mould, and there were items stored in it that included envelopes with personal effects such as pictures and books, and private items such as bills and a birth certificate. These were all for the same person and were dated from 2010. This was pointed out to a member of staff, who removed the items.

There were comprehensive personnel files for each staff member. Staff received regular supervision and an annual appraisal. Staff had had disclosure and barring service checks undertaken before they were started work in the service.

The policies and procedures had been updated to reflect the change in provider. The polices were still undergoing review to ensure they met the needs of staff and clients at Unity House. Staff accessed the policies and procedures, and information about the service through Riverside Group Limited's intranet.

Staff had regular supervision in line with the organisational policy. This was line management supervision but it also incorporated clinical supervision and was provided by managers holding a professional qualification in psychological interventions. Permanent staff had received an annual appraisal and completed mandatory training. A training needs analysis was being carried out. Managers told us that the results of this would be escalated through the governance structures that were established within the Riverside Group Limited.

A detailed and comprehensive review of all aspects of the service had been conducted over the previous three months. This showed that multiple actions had been completed. There were areas of future developments in the planning process and longer-term vision of moving to alternative housing accommodation. The programme of change was still in progress, and the service had assessed and actioned a number of issues.

Leadership, morale and staff engagement

There was no registered manager. There was a temporary interim manager across Unity House and The Havens. A team leader/service manager had been seconded from within the Riverside Group Limited to Unity House and The Havens and implemented some new systems, and audited the service. The secondment was due to finish at the end of the week we inspected. The provider was in the process of recruiting to the permanent posts for a manager and service manager. Both posts would work across Unity House and The Havens.

The service registered with CQC in April 2016. The predecessor service was taken over by Riverside Group Limited in September 2015. Since Riverside Group Limited had taken over there had been a number of changes within the organisation, which included restructuring of the managers, transferring staff to work for the new organisation, and staff leaving. Staff shortages and high use of agency had put pressure on the remaining permanent staff. Staff were positive about and committed to the work they did with clients. However, staff felt that the lack of staff meant that they were not able to spend the necessary time with clients. For example, the service had a practice of same-gender keyworking, and there were not enough male keyworkers to provide weekly one-to-one sessions with male clients at Unity House.

Commitment to quality improvement and innovation

Substance misuse services

The provider carried out an annual assessment of its services. This was based on compliance with the regulations monitored by CQC. This was carried out at Unity House in May 2016. Subsequent updates showed that action had been taken concerning perceived non-compliance. The areas were scored, and the plan now showed that all the relevant areas had met the criteria for the audit.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must implement policies and procedures that ensure that the premises and equipment are clean, safe and properly maintained.
- The provider must implement policies and procedures that ensure that service users' records are stored (and when necessary destroyed) securely, confidentially, safely and in accordance with relevant guidance and legislation.
- The provider must ensure that there are sufficient numbers of staff to provide care and support for clients.

Action the provider SHOULD take to improve

- The provider should ensure that it is easy for staff and the fire services to identify in which area of the building a fire alarm has been activated.
- The provider should ensure that all complaints receive a timely acknowledgement and response, and that clients are given information about how to escalate their concerns if they are not satisfied with the response.

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 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** Service users' records were not stored securely. Personal information was accessible to unauthorised people, and in conditions that caused or risked physical damage to the records. There was no process for ensuring that records were archived correctly, and stored and securely destroyed when necessary. **Regulation 17(1)(2)(c)**

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** A key component of the service was to provide a weekly one-to-one session with service users. There were not enough staff to provide one-to-ones to male service users, in accordance with the service's practices. **Regulation 18(1)**

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **How the regulation was not being met:** Areas of the premises were not clean and properly maintained, which included ingrained mould in the showers. There were no procedures for ensuring the building was properly cleaned, and that appropriate infection control measures were in place. For example, there were no dedicated mops for bathroom and kitchen areas. **Regulation 15(1)(2)**

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Food hygiene procedures including safe storage of food was poor. The first aid boxes were incomplete, and contained out of date items. **Regulation 12(1)(2)(a)(b)(d)(h)**