

PCP (Clapham) Limited St Stephens

Quality Report

52 St Stephens Road

Leicester

Leicestershire

LE2 1GG

Tel: 0116 2580690

Website: www.rehabtoday.com/leicester

Date of inspection visit: 3 July to 4 July 2018

Date of publication: 06/09/2018

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 the following issues that the service provider needs to improve:

- The provider had not ensured a safe and clean environment for clients. The provider had not completed a ligature assessment for the property. There were no ligature cutters on the premises. The property was not clean on the day of our visit. The kitchen cupboards were dirty, we found a dirty chopping board, there was mould around the bath in the ground floor bathroom and a build-up of lime scale around some of the taps. Not all clients were aware of fire safety procedures.
- The provider did not have effective infection control measures in place. There was only one mop in the property for cleaning kitchens, bathrooms and bodily spills. The provider had covered the worktop in a badly fitted laminate, the trim was coming away and tiles in the kitchen around plug sockets and switches had rough edges, which created areas which were difficult to keep clean. We found wooden utensils in the kitchen, these were visibly unclean.
- Clients had no means of summoning help from their bedrooms. There was no procedure in place for the observation of clients undergoing detoxification at the property. Staff told us they would check on clients as and when they thought it necessary. This posed a risk that clients may not receive emergency care if they were to suffer side effects from the detoxification treatment, for example, seizures.
- The stairs in the property were not safe. Two stair treads were loose and one carpet gripper was exposed. The carpet was loose in places. This posed a risk to clients tripping and falling whilst using the stairs.
- Governance of the service was poor. The provider did not have monitoring systems in place to ensure staff followed processes or key performance indicators to monitor the performance of the team. For example, the provider did not know that the new cleaning schedules were not being followed, that there were maintenance issues at the property and some staff were not being supervised.

Summary of findings

- Recruitment procedures were not robust. Staff had been appointed to specialist roles with no previous experience or skills and one had not received an induction or training to enable them to fulfil the role.
- Staff did not receive regular supervision. The provider's policy stated that staff should receive supervision quarterly. We reviewed staff files of two staff who worked at St Stephen's. Both staff had only received two supervisions in the last year.

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

- Clients were treated with kindness, dignity and respect. Clients reported that staff treated them well and respected their wishes. Staff were open and transparent and explained to clients when things went wrong. This was clear in community meeting minutes and client feedback records.
- Staff completed detailed risk assessments and care plans for clients on admission to the service and updated these regularly.
- Staff adhered to the principles of the Mental Capacity Act. There was evidence in care records that capacity had been assessed and consent to treatment had been gained. Clients signed a treatment contract on admission to the service.
- Access and discharge to and from the service was well planned. Staff planned for early exit from treatment at the assessment stage including details of who should be contacted if a client relapsed or discharged themselves from treatment early.
- Clients told us they felt comfortable to raise concerns in the weekly community meetings and that any concerns raised were responded to quickly. Clients were provided with information on how to complain on admission and could complain at community meetings, individual sessions or directly to the registered manager.
- Staff reported that it was a supportive team; there were no reports of bullying or harassment. Staff spoken with told us they knew how to use the whistle-blowing process. Staff told us that morale was high and they gained a great deal of job satisfaction from supporting people with their recovery.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse/ detoxification		Inspected but not rated

Summary of findings

Contents

Summary of this inspection

	Page
Background to PCP (Clapham) Limited St Stephens	6
Our inspection team	6
Why we carried out this inspection	7
How we carried out this inspection	7
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Outstanding practice	18
Areas for improvement	18
Action we have told the provider to take	19

St Stephens

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to PCP (Clapham) Limited St Stephens

St Stephens is a location registered with the Care Quality Commission as the accommodation for Perry Clayman Project (PCP) Leicester, which is an independent residential substance misuse service for clients with an alcohol or substance addiction. St Stephens provides accommodation for up to eight clients undergoing alcohol and substance detoxification. There are further properties providing shared accommodation for clients who have moved on from the detoxification phase of treatment but these are accommodation only and therefore did not fall under the remit of this inspection.

St Stephens was registered with the CQC in March 2018. The service has a registered manager Mr John Spencer Wilson, and a nominated individual. PCP (Clapham) Limited is the registered provider.

The regulated activities at St Stephen's are accommodation for persons who require treatment for substance misuse. Individual and group therapy treatments are offered to clients at the nearby treatment centre, known as PCP Leicester. There is a separate inspection report relating to PCP Leicester that should be read alongside this report.

This part of the service was previously provided at Severn Street. We inspected Severn Street in March 2017. We issued requirement notices for breaches of the following regulations:

Regulation 10 Dignity and respect

- There were no working locks on bedroom doors meaning clients privacy and dignity could not be maintained. Clients had complained about this.

Regulation 12 Safe care and treatment

- There were no self-closing fire doors and the property had what appeared to be combustible ceiling tiles on

the majority of ceilings and two of the door seals on the bedroom were damaged. One bedroom window was painted shut. We were not assured that current furnishings met the fire retardant standard. The fridge in the shared kitchen was not regularly checked for temperatures and food was stored in a way that would not meet food hygiene standards.

- There was mould in the shared bathroom which left residents susceptible to infection. There were no mattress protectors on mattresses.
- The shower did not maintain consistent temperature.
- The lone worker policy required review, to ensure that it was specific to the work and processes carried out at Severn Street. In particular with regard to how staff and clients could and should efficiently and quickly access emergency help if required during evenings.

Regulation 17 Good governance

- It was clear from the incident and accident report book that not all incidents had been reported to CQC that should have been.

We found that the provider had addressed most of the issues. We have identified the issues which remain later in this report.

At the time of our inspection, seven people were accessing the service for treatment. The service provides care and treatment for male and female clients, all of whom are self-funded.

St Stephens has not previously been inspected by CQC. The July 2018 inspection was announced with 20 weeks' notice given. We announced the inspection when the service was being provided at a different location, Severn Street, which is now deregistered.

Our inspection team

The team that inspected the service comprised CQC inspector Debra Greaves (inspection lead), two other CQC inspectors and one specialist advisor.

Summary of this inspection

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, asked other organisations for information, and gathered feedback from staff members.

During the inspection visit, the inspection team:

- visited St Stephens, looked at the quality of the physical environment, and observed how staff were caring for clients

- spoke with four clients and three family members
- spoke with the registered manager and the health and safety advisor
- spoke with two other staff members employed by the service provider, including a counsellor and support worker
- received feedback about the service from one external organisation
- collected feedback using comment cards from four clients and feedback forms from 21 clients
- looked at seven care and treatment records, including medicines records, for clients
- reviewed three staff files
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

- We spoke with four clients, collected feedback from four clients comment cards and looked at 21 feedback forms completed by clients at the time of discharge.
- Clients we spoke with told us staff were interested in their wellbeing and staff were respectful, polite and compassionate. They said they felt safe while using the service, and were happy with the treatment they received for physical and mental health, as well as substance misuse support. Clients said they were involved in their treatment plan and their exit plans.
- Clients told us access to the service was easy and efficient; the opportunities for their families to be involved and supported during their treatment, and the aftercare offered by PCP Leicester was some of the best they had encountered.

- Families could be involved in treatment with client agreement. The service facilitated monthly family meetings. Staff asked family members for feedback about care and treatment.

However:

- We noted that eight feedback forms and one client using the service, stated the cleanliness of St Stephens was poor. One client said they had needed to change the sheets on their bed on admission as this had not been done following departure of the last occupant.
- Three clients and two family members we spoke with were unhappy about not being invited to view the accommodation prior to admission. Two clients said that if they had visited St Stephens before signing their agreements they would not have accepted their places.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

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

- The provider had not ensured a safe and clean environment for clients. The provider had not completed a ligature assessment for the property. There were no ligature cutters on the premises although there were ligature cutters at the treatment centre. The property was not clean on the day of our visit. The kitchen cupboards were dirty, we found a dirty chopping board, there was mould around the bath in the ground floor bathroom and a build-up of lime scale around some of the taps. Not all clients were aware of fire safety procedures.
- The provider did not have effective infection control measures in place. There was only one mop in the property for cleaning kitchens, bathrooms and bodily spills. Regulations state that different mops should be provided for different purposes. The provider had covered the worktop in a badly fitted laminate, the trim was coming away and tiles in the kitchen around plug sockets and switches had rough edges, which created areas which were difficult to keep clean. We found wooden utensils in the kitchen, these were visibly unclean.
- Clients had no means of summoning help from their bedrooms. There was no procedure in place for the observation of clients undergoing detoxification at the property. Staff told us they would check on clients as and when they thought it necessary. This posed a risk to clients not receiving emergency care if they were to suffer side effects from the detoxification treatment, for example, seizures. We raised this with the provider but received no response.
- Clients undergoing detoxification treatment could be admitted on a Friday. Guidance suggests the first 24 hours for people undergoing detoxification carry high risk. There were no clinical staff at the service during the weekend to provide medical interventions.
- The stairs in the property were not safe. Two stair treads were loose and one carpet gripper was exposed. The carpet was loose in places. This posed a risk to clients tripping and falling whilst using the stairs.

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

Summary of this inspection

- Staff completed detailed risk assessments of clients on admission to the service and updated these regularly.
- Staff spoken with told us that planned therapy sessions were never cancelled due to staffing shortages. The provider reported low sickness and turnover of staff.
- All staff were up to date with mandatory training.
- Staff had completed safeguarding training and knew how to raise a safeguarding alert. Staff completed child safeguarding assessments for any clients with children or access to children.
- Staff were open and transparent and explained to clients when things went wrong. This was clear in community meeting minutes and client feedback records.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff had completed comprehensive and timely assessments for all seven clients at St Stephens. Staff had completed a physical health assessment of clients on admission and ongoing monitoring of physical health problems was in place where required.
- Staff at St Stephens referred to care plans that were informed by the regular use of outcome measures such as the Severity of Alcohol Dependence Questionnaire (SADQ) and the Clinical Opiate Withdrawal Scale (COWS).
- Staff received specialist training for working with people who have misused substances.
- Staff adhered to the principles of the Mental Capacity Act. There was evidence in care records that capacity had been assessed and consent to treatment had been gained. Clients signed a treatment contract on admission to the service.
- Access and discharge to and from the service was well planned. Staff planned for early exit from treatment at the assessment stage including taking details of who should be contacted if a client relapsed or discharged themselves from treatment early.
- Staff made efforts to contact support groups local to the client so that they could continue their recovery on discharge. The service provided an aftercare group that was open to clients for as long as they needed.

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

Summary of this inspection

- The provider's policy stated that staff should receive supervision quarterly. We reviewed staff files of two staff who worked at St Stephens. Both staff had only received two supervisions in the last year.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were treated with kindness, dignity and respect. Clients reported that staff treated them well and respected their wishes.
- Clients were actively involved in the planning of their care. Clients had copies of their care plans and these were reviewed regularly.
- Families, friends and carers were invited to monthly meetings on the first Wednesday of each month to raise awareness of the treatment programme.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a clear inclusion and exclusion criteria. The service did not use a waiting list when we visited and did not accept emergency admissions, only admitting clients on one of the three days a week that the doctor was at the service. The service responded promptly to referrals usually arranging admission within a few days but only admitting when a doctor was available to complete the initial assessment.
- Staff were proactive in helping people access local support groups when they moved on from the service.
- Clients told us they felt comfortable to raise concerns in the weekly community meetings and that any concerns raised were responded to quickly. Clients were provided with information on how to complain on admission and could complain at community meetings, individual sessions or directly to the registered manager.

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

- The facilities did not promote dignity and comfort of clients. There were no quiet areas in the accommodation, other than in client's own bedrooms. There was no dining table at the property. Clients would have to eat meals on their laps in the lounge or sit at the breakfast bar in the kitchen. The upstairs

Summary of this inspection

bedrooms were hot, there was no thermometer to check the temperature and no fans provided. A client complained that they had not slept due to the heat of their bedroom. This could cause further discomfort to clients undergoing detoxification treatment.

- There was no information readily available in other languages. Staff told us they could arrange for leaflets to be printed in other languages. The service could provide interpreters at the clients own cost.

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:

- Governance of the service was poor. The provider did not have monitoring systems in place to ensure processes were being followed. For example, the provider did not know that the new cleaning schedules were not being followed or that there were maintenance issues at the property.
- The provider did not use key performance indicators to monitor the performance of the team, for example, staff following policies and procedures. There was no evidence that the provider ensured staff received regular supervision and acted to address this if not happening.
- Recruitment procedures were not robust. Staff had been appointed to specialist roles with no previous experience or skills and one had not received an induction or training to enable them to fulfil the role.
- The registered manager did not have enough authority or autonomy to carry out their role effectively. This included involvement in recruitment of staff.
- Senior managers had not communicated changes to the location staff. This included lack of communication about the status of the provider's clinical lead.

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

- Staff spoke highly of the registered manager and the support provided to them. Senior managers were visible and accessible.
- Staff reported that it was a supportive team; there were no reports of bullying or harassment. Staff spoken with told us they knew how to use the whistle-blowing process. Staff spoken with told us that morale was high and they gained a great deal of job satisfaction from supporting people with their recovery.

Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse/detoxification services safe?

Safe and clean environment

- The provider had not ensured a safe and clean environment for clients. The provider had not completed a ligature assessment for the property. Staff were aware that a ligature assessment had been carried out but were not able to find it initially. When the assessment was found it related to the previous accommodation used as a detoxification house. There were no ligature cutters on the premises although there were ligature cutters at the treatment centre.
- The stairs in the property were not safe. Two stair treads were loose and one carpet gripper was exposed. The carpet was coming away in places. This posed a risk to clients tripping and falling whilst using the stairs.
- Emergency medicines to counteract the effects of opiate overdose were available and accessible at the property and staff had been trained to use them.
- The property was not clean on the day of our visit. The kitchen cupboards were dirty and we found a dirty chopping board in the upstairs kitchenette. There was mould around the bath in the ground floor bathroom and a build-up of lime scale around some of the taps. Tiles in the kitchen around plug sockets and switches had rough edges which were dirty.
- There were shared kitchen facilities including a cooker, fridge's and a freezer, for clients use. There were shared fridges in the property and shared freezers. Opened food items in the fridges had been labelled with the date of opening. Staff checked the fridges daily and disposed of any out of date food. There was a notice on the downstairs fridge detailing the temperature at which food should be kept and a record of fridge temperatures. However, in the upstairs kitchenette the fridge did not have a thermometer.
- There were infection control issues at the accommodation. There was only one mop in the property for cleaning kitchens, bathrooms and bodily spills. Regulations state that different mops should be used for different purposes. This posed a risk of cross contamination. The worktop had been covered in a badly fitted laminate and the trim was coming away, which created areas which were difficult to keep clean, this posed an infection risk. The provider had wooden utensils in the kitchen, these were visibly unclean and posed an infection risk. However, there were signs displayed prompting hand washing and appropriate use of coloured chopping boards in the kitchen.
- Electrical equipment had been tested. Some items had testing stickers displayed. More recent items that had been tested did not have stickers but there was a separate record listing items that had been tested.
- Cleaning records were not up to date and did not evidence that the environment had been regularly cleaned. The provider had provided blank copies of cleaning records to be completed by an external cleaner who attended the property once a week for three hours. We saw one cleaning record at the property, the record was not dated and was incomplete. The provider did not keep copies of completed cleaning schedules. Clients completed weekly therapeutic cleaning duties. There was a cleaning schedule displayed. The last date of completion was two and a half weeks previously. Staff were not checking the cleaning records or the quality of the cleaning.
- The provider had fire safety procedures in place. There were smoke detectors and fire extinguishers on each floor, and clear signage showing where to go in case of fire. There was an induction process for new clients which included information about fire safety procedures. However, in seven client records checked

Substance misuse/detoxification

four had no record of an induction into the service. One client spoken with was not aware that the property had a fire alarm. Clients said they had not taken part in a fire drill.

- Clients had no means of summoning help from their bedrooms. There was no procedure in place for the observation of clients undergoing detoxification at the property. Staff told us they checked on clients as and when they thought it necessary. This posed a risk to clients not receiving emergency care if they were to suffer side effects from the detoxification treatment, for example, seizures.
- Clients undergoing detoxification treatment could be admitted on a Friday. Guidance suggests the first 24 hours for people undergoing detoxification carry high risk. There were no clinical staff at the service during the weekend to provide medical interventions.
- In the hallway of St Stephens there was information displayed on what to do in case of emergency including a reminder to call 999 in the event of medical emergency. There was an out of hours number for PCP support.

Safe staffing

- The provider had increased their staffing cover following the previous CQC inspection to eliminate lone working. The provider had introduced new working hours for support staff and counsellors to ensure the availability of two staff at the house at all times. However, support staff told us that to achieve this cover their working hours had been increased to 120 hours a fortnight, and staff rotas supported this statement. Staff advised that this change had been implemented recently and was already impacting on their levels of tiredness.
- There was no substantive nurse in post to provide treatment to clients. There was an agency nurse based at the treatment centre but they had no previous experience of working at a substance misuse service and had not received any specialist training for the role. In addition, staff told us that the provider's clinical nurse lead had resigned six weeks previously and there was no senior clinician to support the agency nurse or provide out of hours support. However, we were provided with evidence following the inspection that the nurse lead had resigned from her current role but was to continue in a new role. The provider had not communicated this information to the registered manager or staff.

- Staff told us they had a list of support workers and counsellors who could be called upon to cover shifts when substantive staff were off sick or on planned leave. The registered manager was also a qualified counsellor and facilitated regular therapy sessions.
- Staff spoken with told us that planned therapy sessions were never cancelled due to staffing shortages. The provider reported low sickness and turnover of staff.
- All staff were up to date with mandatory training. Mandatory training was provided by an external agency as a one-day face to face training covering 16 key elements.

Assessing and managing risk to clients and staff

- Staff completed detailed risk assessments of clients on admission to the service and updated these regularly. We reviewed the current client records and all had a detailed risk assessment.
- Clients agreed to blanket restrictions being in place during their first week of treatment. The provider locked the clients' phones and other items, for example, keys and bank cards in the safe at the treatment centre. However, staff at the accommodation told us they could ring one of the on-call managers for the code to the safe, should clients wish to leave. The manager would reset the safe code the next working day.
- Staff had completed safeguarding training and knew how to raise a safeguarding alert. Staff completed child safeguarding assessments for any clients with children or access to children.
- The provider had robust procedures in place for medicines management at the property. Staff transported medicines for the evening and night time from the treatment centre to the accommodation in a solid, locked case. Staff locked the medicines in a medication cupboard located in the staff sleep in room. However, the provider had no external auditing of medication in place and there were no hand washing facilities in the bedroom. Clients had lockable storage facilities in their bedrooms to keep certain medications following a risk assessment.

Track record on safety

- St Stephens had not reported any serious incidents in the last twelve months.

Reporting incidents and learning from when things go wrong

Substance misuse/detoxification

- Staff were aware of the need to report incidents and safeguarding's internally via the electronic recording system, and the need to escalate concerns to the manager.
- Staff were open and transparent and explained to clients when things went wrong. This was evident in community meeting minutes and client feedback records.
- Staff we spoke with told us they received feedback from investigations both internal and external to the service. This occurred in weekly team meetings and in managerial supervision. We reviewed minutes of team meetings which confirmed this. The registered manager attended monthly clinical management meetings with peers where incidents across the organisation would be discussed and learning shared with staff.
- Staff told us they were a supportive team and always debriefed after incidents.

Duty of candour

- Staff were aware of their duties in relation to Duty of candour.

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

Assessment of needs and planning of care

- Staff had completed comprehensive and timely assessments for all seven clients at St Stephens.
- Staff had completed a physical health assessment of clients on admission and ongoing monitoring of physical health problems was in place where needed.
- Staff completed 'how to engage' sessions with clients and from these recovery focused plans would be produced.
- Information needed to deliver care was stored securely and was accessible to staff. Staff at St Stephens had access to paper copies of clients care records and had a tablet device to access records electronically.

Best practice in treatment and care

- Staff at St Stephens were not responsible for prescribing medication but followed doctor's instructions on administering medication and had been trained using Royal College of General Psychiatry online medication

management training. Staff had previously received competency tests from the qualified nurse at PCP Leicester treatment centre. However, this had not happened in the six months prior to the inspection since an agency nurse had been covering the nurse vacancy.

- Staff supported clients to keep their accommodation whilst at St Stephens; interventions included signposting to other organisations for issues such as housing, benefits and employment.
- Staff at St Stephens referred to care plans that were informed by the regular use of outcome measures such as the Severity of Alcohol Dependence Questionnaire (SADQ) and the Clinical Opiate Withdrawal Scale (COWS) which was used by the nurse at PCP Leicester treatment centre, although they did not routinely use these scales themselves as this was not part of their role.

Skilled staff to deliver care

- Support workers provided care at St Stephens although they could access support from the registered manager and counsellors at PCP Leicester treatment centre.
- The staff we spoke with told us that they received an appropriate induction. Staff files evidenced that all but one staff at St Stephens had completed an induction.
- The provider's policy stated that staff should receive supervision quarterly and appraisal annually. We reviewed staff files of two staff who worked at St Stephens. Both staff had only received two supervisions in the last year. Staff files showed that all eligible staff had received an appraisal within the last 12 months. Staff were happy with the level of support they received.
- Staff received specialist training for working with people who have misused substances. However, there was one staff member who had not received specialist training for a non client supporting role.
- Staff knew how to access emergency physical and mental healthcare treatment for clients via the local NHS walk in clinics, A&E or Mental Health Crisis Team.

Multidisciplinary and inter-agency team work

- Staff attended weekly team meetings at PCP Leicester treatment centre. Support staff from St Stephen's completed a daily handover each morning to PCP Leicester treatment centre counsellors and nurses.

Adherence to the MHA

- Provider responsibilities under the Mental Health Act were not applicable to this service.

Substance misuse/detoxification

Good practice in applying the MCA

- All staff were trained in and had a good understanding of the Mental Capacity Act.
- There was a Mental Capacity Act policy in place that staff could refer to if necessary.
- There was evidence in care records that capacity had been assessed and consent to treatment had been gained. Clients signed a treatment contract on admission to the service.

Equality and human rights

- Due to the nature of the building the accommodation was not suitable for people experiencing physical disabilities. The accommodation was provided over three floors with seven bedrooms on the two upper floors and one bedroom on the ground floor. The kitchen and bathroom facilities were accessed via steps making them inaccessible for physically disabled clients. However, the provider made it clear that the service was not suitable for clients with a physical disability and would signpost any referred client with a physical disability to one of their other services.
- Staff told us that information about the service could be provided in other languages. Interpreters could be accessed at the client's cost.

Management of transition arrangements, referral and discharge

- Staff had a good awareness of local services available to meet patient's needs.
- There were clear pathways for managing transition through the service and for managing client's changing needs.
- Access to the service and discharge from the service was well planned. Staff planned for early exit from treatment at the assessment stage including taking details of who should be contacted if a client relapsed or discharged themselves from treatment early.
- Staff made efforts to contact support groups local to the client so that they could continue their recovery on discharge.
- The service provided an aftercare group that was open to clients for as long as they needed.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We saw staff speaking with clients in a caring manner and treating them with kindness, dignity and respect.
- Clients reported that staff treated them well and respected their wishes.
- A peer support buddy system was in place for clients to support them through their recovery.
- The service used a rule of three people being together whenever they left the accommodation to prevent clients from being tempted to relapse.

The involvement of clients in the care they receive

- Clients were actively involved in the planning of their care. Support staff were available to support and encourage clients with their evening diary work.
- Clients had copies of their care plans and these were reviewed regularly.
- Families, friends and carers were invited to monthly meetings on the first Wednesday of each month to raise awareness of the treatment programme.
- Families, friends and carers were invited to attend St Stephens at weekends and go out with their relative for two hours on a Saturday or Sunday.
- Clients could give regular feedback about the care they received via community meetings and client feedback sessions.
- Staff spoken with advised that the service did not access any local advocacy services and that clients were expected to self-advocate.

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

Access and discharge

- The service had a clear inclusion and exclusion criteria. The service did not accept referrals from people who had physical disabilities due to the building not being suitable.

Substance misuse/detoxification

- The service did not use a waiting list when we visited and did not accept emergency admissions, only admitting clients on one of the three days a week that the doctor was at the service.
- The service responded promptly to referrals usually arranging admission within a few days but only admitting when a doctor was available to complete the initial assessment. However, on a Friday there was no medical staff available to support clients starting treatment.
- Staff were proactive in helping people access local support groups when they moved on from the service.

The facilities promote recovery, comfort, dignity and confidentiality

- Facilities were not always comfortable. The upstairs bedrooms were very hot on the day we inspected. There were no thermometers to check the temperature of rooms and no fans provided. A client complained that they had not slept due to the heat of their bedroom. This could cause further discomfort to clients undergoing detoxification treatment.
- Facilities did not promote dignity of clients. There were no quiet areas in the accommodation, other than in client's own bedrooms. There was no dining table at the property. Clients would have to eat meals on their laps in the lounge or sit at the breakfast bar in the kitchen.
- Clients had their own bedroom whilst staying at St Stephens, and had a key to their bedroom. Clients shared bathroom, kitchen, lounge and garden facilities.

Meeting the needs of all clients

- There was no information readily available in other languages. Staff told us they could arrange for leaflets to be printed in other languages. Interpreters could be arranged at additional cost to the client.

Listening to and learning from concerns and complaints

- St Stephens received six complaints since being registered in March 2018. One of these complaints was upheld. None of the complaints were referred to the ombudsman.
- Staff told us they would try and resolve complaints locally, if this was not possible it would be escalated to the registered manager and head office to be investigated.

- Clients told us they felt comfortable to raise concerns in the weekly community meetings and that any concerns raised were responded to quickly.
- Staff told us they received feedback on the outcome of investigation of complaints in team meetings. Clients were provided with information on how to complain on admission and could complain at community meetings, individual sessions or directly to the registered manager.

Are substance misuse/detoxification services well-led?

Vision and values

- The provider did not have a clear set of vision and values. Staff were not sure of the vision and values of the provider but said they embedded mutual respect and honesty in their practice.
- Staff spoke highly of the registered manager and the support provided to them.
- Senior managers were visible and accessible. Staff told us that senior managers visited regularly and they could contact them via telephone or email.

Good governance

- Governance of the service was poor. The provider did not have monitoring systems in place to ensure processes were being followed. For example, the provider did not know that the new cleaning schedules were not being followed or that there were maintenance issues at the property.
- The provider did not use key performance indicators to gauge the performance of the team. There was no evidence that the provider ensured staff received regular supervision and acted to address this if not happening.
- Recruitment procedures were not robust. Staff had been appointed to specialist roles with no previous experience or skills and had not received an induction or training to enable them to fulfil the role.
- The registered manager did not have enough authority, autonomy or time to carry out their role effectively. This included involvement in the recruitment of staff and being kept informed of organisational changes. For example, the providers lead nurse had recently resigned but was returning on a consultancy basis. The provider had not informed the registered manager of this.
- The registered manager had access to a full-time administrator who was also a qualified counsellor.

Substance misuse/detoxification

- Support staff had not been provided with a new job description following recent changes to their conditions of employment.

Leadership, morale and staff engagement

- Staff reported that it was a supportive team; there were no reports of bullying or harassment. Staff spoken with

told us they knew how to use the whistle-blowing process. Staff spoken with told us that morale was high and they gained a great deal of job satisfaction from supporting people with their recovery.

- Staff told us they were given opportunities to give feedback and input into service development.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure a safe and clean environment for clients.
- The provider must ensure clients safety is maintained throughout their stay at the accommodation.
- The provider must ensure effective governance of the service.
- The provider must ensure the correct recruitment procedures are in place to ensure a competent and skilled workforce.
- The provider must ensure all staff receive supervision in line with their policy.

Action the provider **SHOULD** take to improve

- The provider should review clients access to a doctor during the initial stages of their detoxification treatment.
- The provider should regularly review the use of blanket restrictions.
- The provider should review staff working patterns to ensure hours worked are not excessive.
- The provider should review facilities at St Stephens to ensure the comfort and dignity of clients.
- The provider should ensure the registered manager is able to fulfil their responsibilities.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• The provider had not ensured a safe and clean environment for clients. The provider had not completed a ligature assessment for the property. There were no ligature cutters on the premises. The property was not clean on the day of our visit. The kitchen cupboards were dirty, we found a dirty chopping board, there was mould around the bath in the ground floor bathroom and a build-up of lime scale around some of the taps. Not all clients were aware of fire safety procedures. Clients had not participated in a fire drill.• There were infection control issues at the accommodation. There was only one mop in the property for cleaning kitchens, bathrooms and bodily spills. The worktop had been covered in a badly fitted laminate, the trim was coming away and tiles in the kitchen around plug sockets and switches had rough edges, which created areas which were difficult to keep clean. There were wooden utensils in the kitchen, these were visibly unclean.• Clients had no means of summoning help from their bedrooms. There was no procedure in place for the observation of clients undergoing detoxification at the property. Staff told us they would check on clients as and when they thought it necessary. This posed a risk to clients not receiving emergency care if they were to suffer side effects from the detoxification treatment, for example, seizures.• The stairs in the property were not safe. Two stair treads were loose and one carpet gripper was exposed. The carpet was loose in places. This posed a risk to clients tripping and falling whilst using the stairs. <p>This was a breach of regulation 12.</p>

Requirement notices

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- Governance of the service was poor. The provider did not have monitoring systems in place to ensure processes were being followed or key performance indicators to gauge the performance of the team. For example, the provider did not know that the new cleaning schedules were not being followed, that there were maintenance issues at the property and some staff were not being supervised.
- Recruitment procedures were not robust. Staff had been appointed to specialist roles with no previous experience or skills and had not received an induction or training to enable them to fulfil the role.
- Staff did not receive regular supervision. The provider's policy stated that staff should receive supervision quarterly. We reviewed staff files of two staff who worked at St Stephen's. One staff had received one supervision in the last year and the other had received none.

This was a breach of regulation 17.