

West London Mission

The Haven

Inspection report

280 Holly Park
London
N4 4AQ
Tel: 02072633315

Date of inspection visit: 2 - 12 February 2021
Date of publication: 23/07/2021

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Inadequate	●
Are services safe?		Inadequate	●
Are services well-led?		Inadequate	●

Summary of findings

Overall summary

We carried out a focused inspection of this service to look at two of our key questions; how ‘safe’ and how ‘well led’ is the service?

Due to our concerns about how the service protected people from avoidable harm and how the service was led, we took enforcement action following this inspection. Our overall rating of this location went down. We rated it as inadequate because:

- The service did not provide safe care. Staff did not assess or manage risk well which put clients at risk of avoidable harm. Safeguarding concerns were not always investigated in line with the provider’s own safeguarding policy.
- The service did not have a good track record on safety. Serious incidents were not always investigated appropriately. Lessons learned were not always identified and measures put in place to prevent future incidents.
- The service did not always manage medicines in a safe way. Clients did not always receive their medicines as prescribed. The competency of staff administering medicines was not always assessed to ensure they could deliver medicines safely.
- New or temporary staff did not always receive an effective induction. Some staff delivering care and treatment did not know individual clients’ needs or how to support them in a safe way.
- Staff could not always access the information they needed. Care plans and risk assessments were not always in place or kept up to date to reflect the needs of individual clients. The information management system in place was not fit for purpose.
- The service was not well led. Governance processes were not implemented effectively to ensure quality and safety was maintained across the entire service. Managers and staff did not always have the information they needed to challenge and improve performance.
- There had been a turnover of different managers at service level. This had led to some inconsistencies in how the service had been managed. Interim managers that were in place at the time of our inspection did not have experience of running a service that delivered the same regulated activities as this location.
- Performance of the service and associated risks were not always managed well. Changes, due to the restructure of the service had impacted the quality of care clients received.
- Staff did not always feel able to raise concerns without fear of retribution.

However:

- The premises was clean and well-maintained. The provider had implemented appropriate infection prevention and control procedures.
- Leaders responded well to the concerns we raised. The provider devised an urgent action plan to address our immediate concerns and had an ‘action plan delivery team’ to oversee this plan.
- Following our re-rating of this service to inadequate it was placed into special measures. This means the service will be kept under review and, if needed, could face urgent enforcement action if it does not improve. Whilst a service is in special measures it is the provider’s responsibility to improve the quality and safety of it.
- We also took enforcement action against the provider and issued two warning notices in relation to Regulation 12, ‘Safe Care and treatment’ and Regulation 17, ‘Good Governance’ of the Health and Social Care Act 2008.
- The provider agreed voluntarily to suspend admission to new clients until improvements had been made. The warning notices served required the provider to make improvements to the overall service by 19 May 2021.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Residential substance misuse services	Inadequate 	

Summary of findings

Contents

Summary of this inspection

Background to The Haven	5
Information about The Haven	5

Our findings from this inspection

Overview of ratings	8
Our findings by main service	9

Summary of this inspection

Background to The Haven

The Haven is an independent, residential substance misuse service provided by West London Mission, a registered charity. The Haven is registered to provide the following regulated activities:

- accommodation for persons who require treatment for substance misuse
- accommodation for persons who require nursing or personal care

The service can provide accommodation for up to 26 male clients. At the time of the inspection there were 19 clients staying at the service.

There was no Registered Manager in post. There had not been a registered manager in post since February 2020. The service was undergoing a restructure and all permanent staff had left. The provider had put an interim management team in place to oversee the service.

We last inspected this service in August 2019 where we rated it as requires improvement overall. This was due to breaches of regulations that we found under our key questions 'safe', and 'well-led'. The Haven was in breach of two regulations: Regulation 12 safe care and treatment and Regulation 17 good governance.

We carried out this current inspection after concerns were raised with us during our ongoing monitoring of the service. Concerns included poor governance arrangements, unsafe medicines management and how well the service managed risk and investigated safeguarding concerns.

What people who use the service say

Overall, the feedback we received from people using the service was positive. We spoke with four clients over the telephone who said that they felt safe, and that staff were available to provide support when they needed it.

They told us that the service was kept clean, and they were comfortable whilst staying there.

Two clients said there had been a lot of change to the service over the last few months and that there were a lot of new agency staff working at the service. Although they had no concerns about the new staff, they missed the relationships they had had with the previous staff team.

How we carried out this inspection

This inspection took place during the COVID-19 pandemic. To minimise the risk of infection to clients, staff and our inspection team, we adapted our approach. Two inspectors visited the site on 2 February 2021 for half a day to complete essential checks. While on site we:

- toured communal areas of the property but did not enter clients' bedrooms
- reviewed paper records relating to three clients.

The remainder of our inspection activity was conducted off-site. As part of this we:

- spoke to four people using the service

Summary of this inspection

- interviewed 12 staff who were working or had recently worked in the service, this included bank and agency staff
- interviewed the newly appointed Deputy Manager
- interviewed two senior managers and the Deputy Chief Executive Officer who is also the Nominated Individual for the service,
- interviewed the Chief Executive Officer of West London Mission
- looked at a range of policies, procedures and other documents relating to our concerns.

All interviews were completed over the phone. Our final telephone interview was completed on 12 February 2021.

Following our visit, we took enforcement action and completed follow-up work to check whether the provider had rectified urgent issues relating to the safety and oversight of the service. As part of this we requested and reviewed an action plan from the provider and spoke with senior managers. We also reviewed other information including updated care plans and risk assessments.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **MUST** take to improve:

We told the service that it must take action to bring services into line with legal requirements.

- The service must ensure that risks to the health and safety of individual clients receiving care are assessed and managed safely. Up-to-date risk management plans must be in place to show staff how to manage risks to clients safely. (Regulation 12(1)(2))
- The service must keep up-to-date person-centred care plans for each client to guide staff on how to meet their care needs and understand the preferences of each client. (Regulation 12(1)(2); 9(1)(2)(3))
- The provider must ensure all safeguarding policies and procedures are implemented effectively. This includes making sure concerns are clearly recorded, monitored and appropriate action is taken to protect people from abuse when needed. (Regulation 13(1)(2)(3))
- The service must ensure staff receive an effective induction that familiarises them with clients' individual needs, to ensure care is delivered in a safe and consistent way. (Regulation 18(1)(2))
- The service must ensure that all incidents and low-level concerns are reported and reviewed. Follow up investigations must take place, where appropriate, to identify any lessons learnt and ensure these are shared to avoid repeat occurrences in the future. (Regulations 12(1)(2); 17(1)(2))
- The service must ensure staff administering or supporting clients with their medicines have the appropriate training, competence, skills and experience to do so safely. (Regulation 12(1)(2))
- The provider must ensure that governance systems in place operate effectively so that leaders maintain full oversight of all areas of service quality including safety. (Regulation 17(1)(2))
- The provider must share relevant information with external organisations, including statutory notifications to the Care Quality Commission where necessary. (Regulation 18(1)(2) of the Care Quality Commission (Registration) Regulations 2009)

Summary of this inspection

- The provider must ensure information management systems are in place to maintain accurate and complete records of each client including decisions made in relation to their care and treatment, that all relevant staff can access when needed. (Regulation 17(1)(2))
- The provider must seek and act on feedback from relevant persons about the service for the purposes of continually evaluating and improving service quality. This includes encouraging staff to raise concerns without fear of retribution. (Regulation 17(1)(2))

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure robust policies and procedures are implemented in relation to the management of clients' finances to protect them from potential financial abuse.
- The provider should ensure all staff know how to access and understand the organisation's whistle-blowing policy so they can raise concerns anonymously where needed.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Inadequate	Not inspected	Not inspected	Not inspected	Inadequate	Inadequate
Overall	Inadequate	Not inspected	Not inspected	Not inspected	Inadequate	Inadequate

Residential substance misuse services

Safe	Inadequate 
Well-led	Inadequate 

Are Residential substance misuse services safe?

Inadequate 

Our rating of safe went down. We rated it as inadequate because:

- Staff did not assess or manage risks to clients well. This meant clients were potentially exposed to avoidable harm. Where staff had identified specific risks to clients, there were not always risk management plans in place to safely manage them. This included clients with more complex needs such as dysphagia, epilepsy, diabetes and mental health conditions. We reviewed the records of three clients whilst on site and found only one had a risk assessment in place. However, it was out of date and did not reflect the client's current needs.
- Safeguarding concerns were not always clearly recorded or investigated in line with the provider's own safeguarding policy. For example, following an incident where one client had assaulted another, staff did not demonstrate how they had considered future safeguarding risks to other clients or make a safeguarding referral to the local authority.
- Staff did not always manage clients' medicines safely. Although there was an electronic medicines administration system in place, staff did not always use it well. We reviewed three incidents where clients' medicines had been incorrectly administered or they had not received support to ensure they took their medicines as prescribed. The competency of staff administering medicines was not properly assessed and one staff member had not kept up to date with the required training.
- The service did not have a good track record on safety. Staff did not always report incidents. Managers did not always investigate incidents to identify lessons learned that could be shared with team to prevent repeat occurrences.
- Staff did not always know the specific needs of the clients to deliver care in a safe, person-centred way. At the time of our site visit the service had no permanent staff in post and was using bank and agency staff to deliver care and treatment. We reviewed three clients' records and found no care plans had been put in place for them. We also found inconsistencies with the way personal care was provided to clients.
- Staff did not have easy access to client information, and it was not easy for them to maintain high quality client records. Some information relating to care and treatment of clients was only recorded in emails between managers and was not easily accessible to staff delivering care. Important information about the specific care needs of clients was not always discussed during staff handover meetings.
- New or temporary staff did not always receive an effective induction. Although the service ensured all agency staff had completed an NVQ level 3 in Health and Social Care their induction to the service itself was often partial and rushed. For example, the induction checklist used to orientate staff did not include an explanation of key procedures, including the whistleblowing policy. Some staff told us their induction had been brief and hurried and had not included a full introduction to clients.
- The referral process was not always managed safely. We found one example where a client had been admitted to the service despite known risks that were included in the service's exclusion criteria for new referrals.

However:

- The clinic room and communal areas of the premises where clients received care were clean, well-furnished and well maintained.

Residential substance misuse services

- The provider had taken steps to ensure staff working in the service had access to out of hours management support in urgent or emergency situations.
- The provider had implemented safe infection prevention and control procedures to protect people from infectious diseases including COVID-19. Social distancing was maintained where possible and personal protective equipment was used on site, in line with national guidance. The provider had also paid for taxis to transport staff to and from work at the height of the pandemic, reducing potential exposure to COVID-19.
- The provider had identified that clients were developing more personal care needs and had started work to redefine the model of care delivered to better meet these needs. However, this had not been completed at the time of the inspection.
- After we raised our concerns with the provider, they immediately introduced agency nurses to ensure there was better oversight of clients' medicines on each day shift.

Are Residential substance misuse services well-led?

Inadequate 

Our rating of well-led went down. We rated it as inadequate because:

- A stable management team had not been in place for some time. Since the departure of the registered manager in February 2020 there had been a turnover of managers at service level. The provider had faced challenges in recruiting a new registered manager. At the time of our visit the service was being led by an interim management team consisting of two area managers and the deputy CEO. Some staff reported the approaches of different managers had sometimes led to miscommunication about the delivery of clients' care and treatment.
- The interim management team did not have experience of running a registered service that delivered the same regulated activities. The provider had brought in external agencies and sought specialist advice to bridge this knowledge gap but had been slow to implement some changes suggested to them.
- Our findings from other key questions demonstrated there were significant failings in governance processes. The service did not always carry out internal audits and checks to ensure issues were identified and rectified in a timely way. For example, concerns regarding the quality of clients' care plans and risk assessments had been raised during a review by a consultant manager who had worked at the service from August 2020 to December 2020. During our inspection we found these issues had not been resolved.
- Performance of the service and associated risks were not always managed well. Changes, due to the restructure of the service, had impacted the quality of care clients received and their safety. There had been a high turnover of staff due to the restructure and there were no permanent support workers in post. Agency staff used to fill these posts did not always know the needs and associated risks of individual clients. Senior managers told us the COVID-19 pandemic and high turnover of staff had placed pressure on the service and managers had felt compelled to adopt a reactive approach to service delivery, losing oversight of some areas of service quality.
- Teams did not have access to the information they needed to provide safe care. Some information relating to clients' care and treatment was stored on a legacy database that was not easily accessible to staff delivering care.
- Leaders and staff did not always receive information to enable them to challenge and improve performance. The provider had failed to ensure managers reviewed incidents and took appropriate action when needed. The incident reporting system implemented by the service was not yet fit for purpose and managers could not review incidents or analyse themes or trends easily. We found examples where this had led to missed opportunities for learning and, potentially, avoidable incidents.
- Staff did not always feel able to raise concerns without fear of retribution. Nine out of 12 people we spoke to, who worked or had worked within the service, told us they had felt unable to raise concerns openly because there was a

Residential substance misuse services

blame culture. The induction checklist for new staff did not indicate whether they were shown how to access, or understood, the service's whistleblowing procedure. Five whistle-blowers contacted us regarding safety and leadership of the service. Some said they felt unable to raise concerns directly with the provider, others stated they believed the provider would not listen to any concerns raised.

- Leaders had failed to ensure required notifications were always submitted to external organisations, including statutory notifications under the Care Quality Commission (Registration) Regulations 2009.

However:

- The provider had made multiple attempts to recruit a new service manager to increase leadership capacity at service level and take on the role of Registered Manager. At the time of our inspection they were interviewing and shortlisting new candidates and had successfully recruited a new deputy manager with experience of supporting people with more complex needs.
- The provider had a development strategy in place to improve the service which had been impeded by the COVID-19 pandemic. Following our inspection two emergency board meetings were held to consider next steps. The provider devised an urgent action plan to address our immediate concerns and deployed an 'action plan delivery team' to oversee this plan. Since our visit the provider has been pro-active and showed willingness to respond to the issues we have raised.
- The provider used an external facilitator to run reflective discussion sessions for both staff and managers.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Accommodation for persons who require treatment for substance misuse

Regulation

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

- The provider did not ensure all safeguarding policies and procedures were implemented effectively. Safeguarding concerns were not always recorded, monitored and appropriate action was not always taken to protect people from abuse when needed.

Regulated activity

Accommodation for persons who require nursing or personal care

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

- The provider did not always submit statutory notifications to the Care Quality Commission when needed.

Regulated activity

Accommodation for persons who require nursing or personal care

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- The service did not ensure all staff received an effective induction that familiarised them with clients' individual needs and risks.

Regulated activity

Accommodation for persons who require nursing or personal care

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

This section is primarily information for the provider

Requirement notices

- The service did not have up-to-date person-centred care plans in place to ensure staff knew how to meet the care needs of individual clients and understood their preferences.

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 nursing or personal care Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The provider did not ensure governance systems operated effectively and allowed leaders to maintain full oversight of service quality and safety. • The provider did not ensure adequate information management systems were in place to maintain accurate and complete records of each client and ensure this information was easily accessible to staff. • The provider did not always utilise or seek feedback from the relevant persons about the service for the purposes of continually evaluating and improving the service. Some staff reported they felt unable to raise concerns without fear of retribution.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service did not ensure that risks to the health and safety of individual clients receiving care were assessed and managed safely. Up-to-date person-centred risk management plans were not in place detailing how staff should manage risks. • The service did not ensure that all incidents and low-level concerns were reported and reviewed. Follow up investigations did not always take place to identify potential actions to put in place to avoid repeat occurrences in the future. • The service did not ensure staff administering or supporting clients with their medicines had the appropriate training, competence, skills and experience to do so safely.