

Medwin Road

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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.

Summary of findings

Overall summary

We do not currently rate independent standalone substance misuse services.

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

- The provider did not ensure that staff were always available on site to safely observe clients when clients were undergoing detoxification treatment. The service did not have a policy or procedure in place for staff to follow regarding the frequency that observations of clients should take place.
 - As a consequence, we asked the provider to stop the admissions of new clients, whilst it took action to ensure the safe care and treatment of clients undergoing detoxification treatment. The provider agreed and stopped admissions until the 5th February 2018 when the provider told us that it had taken necessary actions to ensure it was able to deliver a safe service to clients.
 - We went back to inspect the service on 13 February 2018 to ensure that these actions had been carried out. We found that staffing levels had increased. However, whilst the provider had introduced observation sheets for staff to record observations on there was still no clear guidance in place for what staff should be observing and what action that they should take if there were concerns noted.
 - The provider did not adequately mitigate risks to the health and safety of people using the service. Risk assessments did not provide information about how to safely manage or mitigate potential risks. There was not enough information available to clients about the risks associated with exiting detoxification treatment early.
 - The provider did not have a clear policy or procedure in place detailing the local arrangements for identifying and referring adult safeguarding incidents to the local authority. Staff had a poor working knowledge of safeguarding.
 - Clients did not have care plans in place. Although staff and clients told us that a holistic approach to treatment and recovery was taken during their time with the service, there was no framework in place to ensure that the full range of individual needs were identified and appropriately managed.
 - Improvements were needed to the premises and equipment. The environment was not maintained and adequate infection control measures were not being taken to ensure the hygiene and cleanliness of the environment. Physical health monitoring equipment was not routinely calibrated to ensure that observations were accurate. The first aid kit was not fully equipped.
 - A robust plan detailing when and how actions identified in a recent fire risk assessment to make the premises fire safe was yet to be developed. Records demonstrating the frequency of cleaning were not maintained.
 - There was a lack of effective governance systems to ensure that safe, effective care was being delivered. For example, the provider did not use key performance indicators to monitor the ongoing performance of the staff team. There was no formalised clinical audit process to detect areas for improvement in care records, for example. The provider was not aware of the hours that staff were working above their contracted hours. A business continuity plan that outlined how the service would be provided in an emergency, for example if the premises were not able to be used, was not in place. The provider was in the process of developing their vision and values.
 - The provider did not have a search policy in place for staff to follow if they needed to search clients rooms.
 - Further improvements were needed to ensure that staff were suitably skilled and competent to provide safe care and treatment. Not all staff had received training to meet the needs of the client group. Whilst all staff were able to access regular group supervision, evening support workers were expected to attend this within their own time.
 - Robust arrangements to ensure the safety of staff and clients when staff were lone working on site were not in place. The provider did not have an on call system in place to ensure that staff could contact a manager for support if needed.
- However:
- Clients gave positive feedback about the support they had been given by staff working at the service.

Summary of findings

- The service followed good practice in medicines management. Policies and procedures were in place for staff to follow.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		

Summary of findings

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Medwin Road

Services we looked at

Substance misuse services

Summary of this inspection

Background to Medwin Road

Medwin Road is provided by PCP (Clapham) Limited. The service provides accommodation for clients who are undergoing treatment for substance misuse at the providers day service (PCP Clapham). The services are approximately a 15 minute walk from each other. We carried out an unannounced comprehensive inspection of the day service PCP Clapham at the same time as this inspection of Medwin Road.

The majority of clients require an alcohol and/or opiate detoxification upon admission. Once clients have completed their detoxification, they continue their day programme and can transfer to step down accommodation provided by the same provider

Client treatment lasts between two and 12 weeks. Medwin Road accommodates up to five clients and has

four bedrooms. A member of staff also sleeps at the service at night. During our inspection all of the people using the service were privately funded clients. The service occasionally accepted referrals from statutory agencies.

Medwin Road is registered to provide the following regulated activity: Accommodation for persons who require treatment for substance misuse.

There is a registered manager in place. The registered manager was on leave during our inspection.

The service was registered on the 31 March 2017; this was the first time it had been inspected.

Our inspection team

The team that inspected the service comprised two CQC inspectors, a CQC pharmacist specialist, a CQC specialist advisor (SPA) with experience of working in the field of substance misuse as a nurse, and a CQC senior analyst.

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.

During the inspection visit, the inspection team:

- Looked at the quality of the physical environment
- Spoke with five staff members including the prescribing doctor, the nurse and support workers

Summary of this inspection

- Spoke with the managing director, compliance manager and services manager for the organisation
- Spoke with a senior counsellor who also acted as deputy manager
- Spoke with five clients
- Reviewed seven sets of client care and treatment records
- Reviewed six prescription and medicines administration records
- Observed a handover meeting
- Looked at policies, procedures and other documents relating to the running of the service.
- Returned to the service following an agreed period where the service had stopped admitting new clients whilst they implemented changes to ensure the safe care and treatment of clients.

What people who use the service say

- Clients were very positive about their relationships with staff. They told us that they got on well with staff and that they supported them. Staff took the time to listen and understand their individual needs.
- Clients knew how to provide feedback about the service, and they felt that this feedback was listened to and acted on. Clients told us that the environment at Medwin Road could be improved and that there were not enough staff available.

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 service had not ensured that clients who were undergoing detoxification from drugs or alcohol were being safely observed and monitored. The service had no clear guidelines in place as to the frequency that observations should be carried out. Staff at Medwin Road were working alone and there were not sufficient staff numbers to ensure that there was always staff available whilst clients were at the service. When we returned to the service on 13 February 2018 staffing levels had improved and sufficient staffing levels were in place. However, although observation monitoring charts had been implemented there were still no clear guidelines regarding what staff should be monitoring..
- Staff at the service did not have adequate on call cover. There was no on call rota for staff to know who to contact for support and advice. There was no contingency plan in place for ensuring that staff could call for support from another staff member to attend the service in an emergency. However, when we went back on the 13th February 2018 the provider had implemented an on call rota so it was clearly outlined who was available to contact if staff needed support.
- The provider did not adequately mitigate risks to the health and safety of people using the service. Clients did not have sufficiently detailed risk management plans in place covering the full range of identified risks including those relating to physical and mental health conditions.
- Staff were not clear about how to identify safeguarding adult concerns or how to make safeguarding referrals to the local authority.
- Risks to lone workers were not mitigated. Staff were not safeguarded from risks as outlined in the provider's lone working policy.
- Although a detailed fire risk assessment was in place, a robust action plan to address the numerous actions identified in the risk assessment to ensure the premises were fire safe was yet to be implemented.

Summary of this inspection

- Staff had not received adequate training to be able to carry out their role effectively. The lone working policy stated that staff should receive breakaway training. However, not all staff had received this. Staff at Medwin Road were expected to complete mandatory training in alcohol dependence, withdrawal and detoxification. However, not all staff had completed this.
- The service was not ensuring that adequate infection control measures were being taken to ensure the hygiene and cleanliness of the environment. Equipment used on the premises had not been serviced or calibrated to ensure its effective use. The first aid kit did not contain up to date equipment.
- The provider did not have a search policy in place for staff to follow when they needed to search client's rooms for drugs or alcohol.
- The provider did not discuss or provide information about risks associated with continued use of substances during detoxification treatment or shortly after completing detoxification treatment.

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

- The service followed good practice in medicines management. Policies and procedures were in place for staff to follow.
- The provider had a duty of candour policy in place and encouraged feedback from clients by various different ways.

Are services effective?

We do not currently rate standalone substance misuse services

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

- None of the clients had care plans in place. There was no framework to ensure that each client's needs were addressed or appropriately managed.
- Staff were not sufficiently trained to identify and manage clients experiencing alcohol withdrawal seizures in clients undergoing detoxification treatment. Not all staff were trained in delivering first aid.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Clients gave positive feedback about the support they had been given by staff working at the service.
- Clients were encouraged to spend time together and attend mutual aid groups in the evenings.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were encouraged to manage their own finances through a weekly budget. This included planning and preparing their own meals at the associated accommodation service.
- Staff supported clients from different cultures, religions and backgrounds.

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

- The provider had not ensured that the environment was well maintained, the service did not have light shades, and had poor decoration.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- The provider did not have effective governance processes in place to ensure the safe, and effective care of clients in the service. Care of clients was not carried out in line with the provider's policies and procedures.
- The provider did not have a vision or set of values in place for staff to adhere to. However, staff told us that the provider was planning on consulting with them about what the organisation's values should be in the near future.
- The provider did not monitor training compliance, appraisal and supervision compliance or staff sickness data. The provider did not use key performance indicators or other management information to track and monitor the performance of the staff team.
- The provider did not have a business continuity plan in place to enable the service to continue to be provided following events such as widespread staff sickness or building failure.

However, we also found an area of good practice:

Summary of this inspection

- The service ensured that there were career development opportunities for staff.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff did not receive standalone training in the Mental Capacity Act (MCA). However, this was included in a one day mandatory training session amongst other topics.
- Staff were clear about what their responsibilities under the MCA were, and client's capacity to consent to treatment was assessed on admission, when staff had reason to believe that the individual lacked capacity.
- Staff supported clients to make specific decisions regarding things such as managing finances and deciding whether to continue in employment. No clients were identified as lacking capacity in these areas.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The environment was not clean and safe. Staff completed weekly environmental checks, and recorded any maintenance issues. However, during the inspection we observed that there was no toilet roll available in the bathroom on the ground floor, there was no soap available in either bathroom. In community meetings clients had frequently commented on the environment at Medwin, in particularly the showers being cold or not working properly.
- The property was cleaned weekly by contract cleaners; however cleaning records were not available to monitor the frequency and effectiveness of cleaning and the property was not visibly clean. The service had no sanitary waste disposable bins available for female clients.
- Staff were not monitoring or recording the kitchen fridge and freezer temperatures. There was food in the freezer which was not dated so it was not possible to tell how long it had been stored for.
- The service did not ensure that identified risks were minimised. A ligature risk assessment had been completed in January 2018. This assessment had identified several ligature risks such as pipes, pull cord light switches and a bed with a metal headboard. The ligature risk assessment included an action plan as to when these risks should be mitigated by.
- The service had an automated external defibrillator (AED) used to restart a person's heart. The AED was checked regularly to ensure that it worked and the

defibrillator pads were in date. There were written records of the checks that had been undertaken. The service had a first aid kit. However, some items were out of date and others had not been replenished.

- The service had an alcohol breathalyser machine and a blood pressure monitor. However, calibration dates or servicing schedules were not present for this equipment. Therefore, the provider could not be assured that this equipment provided accurate readings.
- Staff and clients were not adequately protected in the event of a fire. A detailed fire risk assessment had been completed the week before our inspection visit and this identified important areas that required attention to minimise the risk of fire. These included training fire marshals, setting an emergency evacuation point, including signage for this, and developing a fire record book. The provider had ensured that immediate actions that were required had been taken; however there was no plan in place that identified how further actions would be completed.

Safe staffing

- The service did not have adequate staffing to meet the needs of the clients; staff were not always present to ensure that clients were observed regularly when undergoing detoxification for alcohol or opiates. The service was not following National Institute for Health and Care Excellence (NICE) guidelines in ensuring that there was adequate supervision in place to monitor client's withdrawal symptoms. However, when we returned to the service on 13 February 2018 we found that the provider had increased the staffing levels to ensure there were adequate staffing levels in place to monitor clients.
- Staff did not have a policy to follow when clients were undergoing alcohol detoxification. One client's care and

Substance misuse services

treatment record recorded the doctor had written to monitor the client closely for the first 72 hours. However, there was no clear guidance on how often this should be. Staff told us that when a client was undergoing detoxification treatment they checked them during the night. There were no guidelines in place for how often staff should monitor clients. Staff were not paid to carry out night time observations. When we went back on the 13 February the service had ensured there was a night time support worker who could observe clients during the night. However, whilst the provider had introduced observation sheets to record observations on, there were still no clear guidelines in place as to what staff should be observing.

- The service did not have a written rota. The support workers managed their own rota and informed the registered manager if there were any changes to the set pattern. The service ensured cover for annual leave or sickness by asking the support workers to cover for each other or by asking support workers from other services to cover. However, when we returned on the 13 February the provider had implemented a written rota that identified who was working at the service.
- The service did not have a clear on call procedure. If staff needed support during the night they called a member of the senior management team, the registered manager or the senior counsellor. Staff needed to dial the different numbers until they reached a manager who was available. If staff needed immediate support on site the two support workers had an agreement that they would call each other, however there was no guarantee that the other person would be available to come in on their day off. The service did not have an adequate on call system to ensure the safety of both staff and clients. However when we returned on the 13 February the service had implemented an on call rota which clearly showed who staff should contact if they needed extra support.
- Staff completed an 'all-in-one' mandatory training day and were given certificates of attendance. Thirteen topics were covered in one day of training, including areas that were essential to the safe running of the service. For example, safeguarding, basic life support,

health and safety at work, information governance and lone working were all covered during this training session. We found that staff had a poor knowledge of some of these key areas including safeguarding.

- The provider did not keep a clear record of which staff members had completed training courses. There was no system in place for the registered manager to record and monitor training compliance and therefore identify key training priorities.
- Not all staff were trained to identify and manage alcohol withdrawal symptoms in clients undergoing alcohol detoxification. One staff member had completed their mandatory training in alcohol dependence and managing withdrawal in detoxification. This training covered signs and symptoms of alcohol withdrawal.

Assessing and managing risk to clients and staff

- Risk assessments were completed by staff at the day service (PCP Clapham). Staff at Medwin Road referred to these and did not complete their own risk assessments. During the inspection we looked at the risk assessment of seven clients who were currently or had recently been accommodated at Medwin Road.
- Staff were not ensuring that client risks identified during the assessment process were mitigated with a risk management plan. Clients' risk management plans included risks regarding alcohol and opiate detoxification treatment, but did not include risks relating to clients' mental health or physical health. Clients had a range of potential risks relating to diabetes, history of alcohol withdrawal seizures, history of violence and serious suicide attempts. None of these potential risks were addressed in clients' risk management plans. Staff at Medwin Road may not have been aware of all the potential risks and did not have a clear plan in place how to manage and minimise these risks.
- Staff identified and responded to changing risk if they felt that a patient's physical health, mental health or wellbeing was deteriorating. Staff would contact a manager for advice or call emergency services if necessary. Staff told us about an incident where they had called emergency services when they were concerned about a client's health deteriorating.

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- The service did not have a search policy regarding staff being able to search either clients or their bedrooms if there was a suspicion that they had concealed substances. Staff did not search clients; however staff told us that they did search client's bedrooms occasionally if they were concerned that they may have bought drugs or alcohol into the premises.
- Staff at PCP Clapham ensured that clients had early exit plans in case they left treatment early, however these plans only stated what medication should be given and who needed to be contacted. Staff at Medwin Road informed a manager by phone if a client left whilst at Medwin Road who would contact the people identified on the early exit plan.
- The service did not have a safeguarding adults' policy and there were no safeguarding adult's procedure or contact details for the local safeguarding team. Staff did not have a good understanding of their adult safeguarding responsibilities or how to report safeguarding concerns to the local authority safeguarding team. We raised this with the provider during our inspection. In response, the provider developed safeguarding posters for staff to refer to and planned a training session in safeguarding adults.
- Staff had had safeguarding children and adults training as part of their one day induction course. Clients who had contact with children had any safeguarding concerns identified on their care records and on the handover board in the office at PCP Clapham.
- Clients agreed on admission to some blanket restrictions that were put in place to support people with their withdrawal treatment, the service did allow some flexibility depending on the person's needs. Restrictions included not having access to their mobile phone during the first week of treatment, not having any visits for three weeks and having a budget of 100 pounds for the week which was held and managed by staff. The service did not allow clients to have visitors at Medwin Road. Visits were arranged at PCP Clapham or in another suitable environment.
- Staff followed good practice in medicines management. Staff transferred medication between PCP Clapham and Medwin twice daily in a bag suitable for transport. Staff signed medication in and out of PCP Clapham when they collected and returned it at the beginning and end of each day. There was no clinic room at Medwin Road; medication was stored in a locked cupboard within the staff bedroom. Clients did not receive controlled drugs at Medwin Road. Clients who had been assessed as able to self-administer medication such as inhalers and creams were able to keep these in a locked cupboard in their rooms.
- The service had a lone working policy; however this was not being followed. The lone working policy stated that all staff should be trained in breakaway techniques, and that all clients were risk assessed as part of the admission process. Anyone deemed as high risk of aggression or violence towards clients or staff may not be admitted or a risk management plan is implemented and that there would be a second staff member on call to assist lone workers in emergency situations. However in five records we looked at none of the clients had risk management plans in place to mitigate risk due to previous mental health history or violence. One staff member had a certificate for receiving training in breakaway techniques; the other staff member did not.
- Early exit plans were in place for six of the seven clients whose records we looked at. They contained information about what medication to give the client if they exited treatment early and who to inform if they left early. However, staff did not discuss or provide information about risks associated with continued use of substances during detoxification treatment or shortly after completing detoxification treatment.

Track record on safety

- The service had not recorded any serious incidents within the nine months since registering.

Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report and how to report them. Staff received feedback and learning from incidents both from Medwin Road and other services through team meetings.
- When we looked through the incident reports we saw that there had been four incidents between July to December where clients had had accidents at night where they had sustained injuries, staff had responded

Substance misuse services

to these incidents appropriately by administering first aid and ensuring that they saw the nurse in the morning, however had not considered if these could have been related to seizures.

Duty of candour

- Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. Staff were aware of the need to be open and transparent when things went wrong. The service had an up to date duty of candour policy which the deputy manager was aware of. There had been no incidents where this had needed to be implemented. However, we saw that the service was open and transparent in its communication with clients through issues raised in community meetings.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- The GP completed an assessment of needs on the day of admission at the day service. This assessment included client's substance misuse history, evidence of dependency, withdrawal history, medical history, current presentation and mental health history.
- Staff did not ensure that they were regularly addressing the full range of individual client needs. During our inspection we reviewed seven client's care and treatment records. None of the clients had care plans in place. There was no framework for staff and clients to discuss their progress against objectives. Although staff told us they supported clients in various aspects of their recovery, the full breadth of individual needs including managing physical health, mental health and social issues were not recorded or discussed routinely.
- Staff had access to the electronic client care and treatment records that were completed at the day service (PCP Clapham). However staff told us that they did not always get enough information regarding a new

patient when they were admitted before they accompanied them back to Medwin Road as not all information had always been recorded on the electronic system by the first evening.

Best practice in treatment and care

- Staff at Medwin Road supported clients with activities such as shopping, cooking and attending meetings such as local mutual aid groups. Clients were not able to access the community on their own but went out in small groups. The staff member would ensure that they accompanied people who were at the initial stages of their detoxification process, if staff were available to do so.
- Staff at Medwin Road monitored client's withdrawal symptoms by completing the Clinical Opiate Withdrawal Scale (COWs) or Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar). These monitoring tools are recommended by NICE. Staff reported any concerns at handover at each morning or through contacting a manager for advice.
- Clients completed their own shopping and cooking whilst at Medwin Road. Staff would communicate any concerns regarding client's nutritional intake at handover.

Skilled staff to deliver care

- Staff at Medwin Road were support workers. Staff could access nursing support by calling the compliance nursing manager. Medical cover for clients was provided by a local GP service. The doctor attended the day service frequently during the week where clients could discuss any medical concerns and have their treatment reviewed. Staff at Medwin road could contact the GP surgery for advice out of hours or use the local out of hour's services. Staff called emergency services if client's health deteriorated rapidly.
- The service was not ensuring that staff had received adequate training to be able to identify and manage the risk of seizures for clients undergoing alcohol detoxification treatment.
- Staff were able to attend group clinical supervision each month, with day service staff. This was provided by an external facilitator, staff from Medwin Road had to attend this within their own time. The service provided one to one supervision every three months.

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- Staff received annual appraisals which were completed by the registered manager.

Multidisciplinary and inter-agency team work

- The service held joint weekly team meetings for staff at Medwin Road and the day service. These were attended by the nurse, registered manager and counsellors from the day service. Staff at Medwin Road had to attend these in their free time as they were held during the day. Staff meetings included discussions regarding incident reports, feedback, safeguarding issues, discharges and any concerns about Medication. Staff at Medwin Road liaised with the day service at handover meetings. They informed day staff at PCP Clapham of any mental or physical health concerns that they had observed. Staff contacted a manager if they needed immediate advice.

Good practice in applying the MCA

- Mental Capacity Act training was provided during induction. Both staff members had completed this.
- Capacity was assessed by the doctor and the nurse when clients were admitted to the service. During the inspection we saw an example of where it had been assessed that a client did not have capacity to consent to treatment and so had not been admitted. Staff at Medwin Road could assume that all clients had capacity unless they were intoxicated. Staff would contact managers for advice if this occurred.

Equality and human rights

- The service supported people from all ethnic, cultural and religious backgrounds. Staff at the day service were able to give examples of how they had supported transgender clients.

Management of transition arrangements, referral and discharge

- Staff at Medwin Road supported clients to move to less supported accommodation provided by the service after their detoxification was complete and they were assessed as suitable. During our inspection two clients transferred to this alternative accommodation. This was discussed in handover prior to the move and staff fed back the following day as to how the transition had gone.

- Clients were discharged at the day service, PCP Clapham. On their last day at Medwin Road staff would support clients to get a taxi with their belongings to PCP Clapham where the discharge paperwork would be completed.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Staff supported patients to understand and manage their care and treatment. During handovers we observed staff discussing how they had supported clients during the previous evening.
- We observed that staff attitudes and behaviours were respectful and kind when interacting with clients. Client's feedback was consistently positive regarding how helpful the staff were.
- One client told us that staff at Medwin Road work very hard but that they are stretched and have to also cover another service. Two clients told us that weekends were very quiet and that there was not enough staff. There was one staff member to cover both residential services for part of the weekend.
- Staff maintained the confidentiality of information about clients. There was a record in client's notes that confidentiality had been explained and understood by clients who used the service. Clients signed confidentiality and information sharing agreements on admission.
- Clients were provided with emotional support during their treatment. During the evening clients were encouraged to attend local mutual aid groups such as alcoholics anonymous. They were encouraged not to isolate themselves in their bedrooms but to socialise in the communal area where they could discuss any concerns with peers or staff.

The involvement of clients in the care they receive

- Staff enabled clients to feedback regarding the service. Clients completed a daily diary sheet where clients could feedback how they felt their treatment was going and any concerns they had. Any comments relating to Medwin Road were discussed at handovers and with clients individually.

Substance misuse services

- Clients took part in weekly community meetings where they could discuss their care and treatment.
- Clients were encouraged to complete feedback forms before they were discharged once their treatment was completed.
- Staff gave clients information regarding advocacy.

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

Access and discharge

- Clients who stayed at Medwin Road were undergoing detoxification from alcohol, drugs or withdrawal from prescription medication. Clients usually stayed at Medwin Road for about two weeks before either moving to step down accommodation or being discharged from the service.
- When clients were assessed as ready to move from Medwin Road to step down accommodation this took place during the evening so that they had time to settle in their new accommodation before the night.

The facilities promote recovery, comfort, dignity and confidentiality

- Medwin Road had a communal kitchen, lounge and two shared bathrooms. Four bedrooms were available for clients. Three of these rooms were single occupancy and one was a shared room. Staff told us that they tried to minimise clients sharing this bedroom. We saw that the possibility of sharing had been discussed in a community meeting and one client had agreed to share. Clients had access to a small courtyard space at the rear of the property.
- The service was not well maintained and did not look warm and welcoming. We saw that the paint was peeling of the walls in places, none of the lights had lamp shades and the furniture was old and shabby looking. The service had received one formal complaint regarding the environment; one client had also feedback that the environment could be cleaner and nicer. Client community meetings frequently discussed the environment at Medwin road stating that the showers were cold or not working. Client's told us that

- Clients could personalise their bedrooms, however as they were at Medwin Road for a short period of time they usually chose not to do so. Clients had a secure safe in their bedrooms to store personal items in.
- Clients cooked their own meals in the communal kitchen and could make hot drinks and snacks at any time.

Meeting the needs of all clients

- Medwin Road was not suitable for clients who used a wheelchair. The service had steps up to the front door and the communal living areas including the kitchen were downstairs. The service would not accept people who needed to use a wheelchair.
- Staff told us that they supported clients from different cultures, religions and backgrounds. Individual cultural or religious needs were met as clients bought and cooked their own food.
- Clients who relapsed could be offered continued treatment elsewhere, if the service assessed this to be beneficial. An example of this was a client who had relapsed at another service who was transferred to PCP Clapham and Medwin to continue their treatment.

Listening to and learning from concerns and complaints

- One formal complaint had been received about the service in the 12 months leading up to our inspection visit. This had been fully investigated and responded to and was not upheld.
- Clients knew how to make a complaint and details about the complaints procedure and how to give feedback about the service was contained in the client welcome pack.
- Informal complaints were robustly documental and managed locally. Staff discussed these complaints and any improvements that could be made in response to these during staff meetings, and investigations and outcomes were fed back to the complainant verbally. Although the themes from informal complaints were not routinely fed up to the provider's head office, the registered manager was able to discuss informal complaints and identified learning during the organisation level clinical governance meeting.

Substance misuse services

- Clients were able to discuss issues as a group at community meetings. Clients were given feedback at the next meeting about issues they had raised previously.

Are substance misuse services well-led?

Leadership

- Senior managers were visible in the service and were approachable for clients and staff. The registered manager was on annual leave during our inspection. Senior managers and the senior counsellor had a good understanding of the service and how the service was working to provide care to clients.
- Senior managers did not have an understanding of the hours that the support workers were working above their contracted hours and how this was effecting the observation of clients undertaking detoxification treatment.
- Development opportunities were available for staff and clients. We saw examples of where clients had been through the service and then acted as volunteers. They had then applied for jobs within the organisation and had been supported within these roles.

Vision and values

- The service did not have a current model setting out its vision and values. Senior Managers told us that the service was in the process of developing its visions and values. Staff also told us that this was currently being discussed.
- The organisation had a clear definition of recovery. It followed the 12 step programme and used this as the foundation for the weekly activities, one to one counselling and encouraged clients to attend community mutual support groups that followed this process. All staff shared and understood this model of recovery.

Culture

- Staff told us that they felt able to raise concerns without fear of retribution.
- Managers told us that there had been no staff performance issues within the last year that had needed addressing.

- The provider did not keep a record of staff sickness levels within the service.

Governance

- Whilst some governance systems were in place, further improvement was needed as these were not always effective or embedded. The provider had an absence of clear policies and procedures in place to ensure the safe care and treatment of clients. This included procedures regarding the frequency of observations that should take place for clients who were undergoing detoxification treatment. There was no policy or procedures in place regarding adult safeguarding and a general lack of knowledge regarding this within the staff team.
- The provider had a lack of monitoring and auditing systems in place to adequately maintain the condition of the property to a suitable standard, this included hygiene, infection control issues and fire safety standards.
- The provider had not provided adequate staffing levels to ensure that clients were receiving safe care and treatment. The provider had not ensured that staffing cover was available when clients were not attending PCP Clapham, there was not a staff rota in place to indicate which staff member was working during the hours that clients were not at PCP Clapham.. The contracted hours of the staff at Medwin Road did not match the hours when they would be expected to be observing clients.
- The provider had not ensured that there were policies and procedures in place to ensure that there was adequate on call cover. This included support for lone workers in an emergency and support and advice that staff could obtain by telephone.
- The provider had not ensured that staff who were lone working had received adequate training to support them in their role. The provider did not have a list of mandatory or specialist training that they would expect staff to have undertaken. Not all staff had received training that was identified as needing to be completed in the lone working policy. One staff member had completed first aid at work training. Staff had not completed training in seizure awareness or management and the fire risk assessment identified that staff needed to be trained in fire procedures.

Substance misuse services

Management of risk, issues and performance

- An up to date local risk assessment was in place. This included both environmental risks such as slips trips and falls, and operational risks such as staff feeling under stress and lone working.
- The service did not have a business continuity plan in place. A business continuity plan details the arrangements that would be put in place to continue providing a service in the event of an emergency such as mass staff sickness or building failure.
- The service did not use key performance indicators or other management information to track and measure the performance of the staff team.

Information Management

- Staff had access to the equipment and information technology to do their work. Staff at Medwin Road had

access to a computer to be able to write their notes on and access client information. Staff had a mobile phone to contact senior managers or the registered manager for advice.

- Information was not always available in a timely manner. We saw that one client did not have their risk assessment completed until three days after being admitted. This meant that staff at Medwin Road who were lone working may not have had access to all the relevant information about this client.

Engagement

- Clients had opportunities to give feedback on the service they received, through different means. Managers and staff had access to this feedback although this had not ensured that changes had been made to the environment at Medwin Road. The service did not gather feedback from friends and families.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

Action the provider **MUST** take to meet the regulations:

- The provider must ensure that there is a safeguarding adult's policy and procedure in place. The provider must also ensure that staff have an appropriate understanding of safeguarding and know how and when to make a safeguarding referral.
- The provider must develop and implement an effective system to assess and manage risk; including comprehensive risk management plans for each client that address all potential risks. The provider must ensure that risk assessments and risk management plans are completed prior to clients spending their first night at Medwin Road
- The provider must ensure there is a policy regarding the observation of clients so that staff are aware what they are observing for and what to do if there are concerns raised from the observations.
- The provider must ensure that the environment at Medwin Road is maintained to an appropriate standard, maintaining cleanliness and infection control, including the provision of sanitary waste bins
- The provider must ensure that equipment is calibrated to ensure safe and effective use.
- The provider must ensure that the service meets fire safety standards. It must complete the actions identified within the fire risk assessment in a timely manner.
- The provider must ensure that it is following its own lone working policy guidelines.

- The provider must ensure that the mandatory training identified is sufficient to support staff to carry out their roles safely and effectively.
- The provider must ensure that systems and processes are in place to ensure the quality, safety and effectiveness of the service provided.

Action the provider **SHOULD** take to improve

- The provider should ensure that there is a search policy in place.
- The provider should ensure that each client has an early exit plan highlighting the risks of leaving treatment early.
- The provider should ensure that all clients have detailed care plans in place to ensure that the full range of clients individual needs are addressed or appropriately managed whilst they use the service.
- The provider should ensure that all staff receive specialist training to meet the needs of the client group, for example managing self-harm and seizures.
- The provider should continue to work on developing its vision and values.
- The provider should keep a record of environmental cleaning.
- The provider should develop a business continuity plan to ensure that ongoing care and treatment to clients can continue if the service is disrupted in the event of an emergency.
- The provider must ensure that the first aid kit is checked regularly to ensure that all equipment is present and up to date.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment must be provided in a safe way for service users.

The provider was not providing safe care and treatment.

The provider had not ensured that the environment at Medwin Road was maintained to an adequate standard to maintain cleanliness and infection control.

Regulation 12 (1)(2)(a)(b)(c)(d)(e)(h)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

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

The provider had not ensured that there were appropriate arrangements for safeguarding adults

Regulation 13(1)(2)(3)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had not ensured that there were systems and processes in place to assess, monitor, improve the service and mitigate the risks to clients and staff.

Regulation 17 (1)(2)(a)(b)(e)