

# Park View Project (Unity House)

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

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

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

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

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

### Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The provider had addressed concerns identified at previous inspections.
- The building was clean and well maintained, and there were appropriate infection control measures in place.
- There were adequate staff to provide the service. All clients had weekly one-to-ones with a member of staff as part of their recovery programme.
- Records were stored safely and securely. Records for former clients were archived or destroyed appropriately.
- Food was stored safely and hygienically.
- Staff and the fire services could quickly identify which area of the building a fire alarm had been activated.
- Clients were informed how to complain about the service. There were expected timescales for responding to and dealing with complaints, and these were monitored by the provider.

# Summary of findings

## Our judgements about each of the main services

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

# Summary of findings

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### Summary of this inspection

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# Park View (Unity House)

**Services we looked at:**

Substance misuse services

# Summary of this inspection

## Background to Park View Project (Unity House)

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

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

Following on from Unity House clients either move back into the community, or can go to a third stage of support

provided by The Riverside Group Limited. This offers accommodation and support for up to a year, but is not required to be registered with the Care Quality Commission.

Unity House and The Havens share a manager, policies and procedures. Staff are mainly based on one site, but work across both. The manager became the registered manager shortly after the inspection.

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

A comprehensive inspection of Park View Project (Unity House) was carried out in July 2016. There were breaches of four regulations, and we issued two warning notices and two requirement notices. We carried out a focused inspection in September 2016 and found that the warning notices had been complied with. We issued a further requirement notice.

## Our inspection team

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

## Why we carried out this inspection

We undertook this announced inspection to find out whether The Riverside Group Limited had made improvements at Park View Project (Unity House) since our inspections on 13 July 2016 and 30 September 2016.

Following the inspection on 13 July 2016, we told the provider that it must take the following actions to improve:

- The provider must implement policies and procedures that ensure that the premises and equipment are clean, safe and properly maintained.

- The provider must implement policies and procedures that ensure that service users’ records are stored and, when necessary, destroyed securely, confidentially, safely and in accordance with relevant guidance and legislation.
- The provider must ensure that there are sufficient numbers of staff to provide care and support for clients.

We issued the provider with a warning notice that affected Park View Project (Unity House). This related to:

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

# Summary of this inspection

- Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

We also issued the provider with requirement notices that affected Park View Project (Unity House). This related to:

- Regulation 17 HSCA (RA) Regulations 2014 Good governance
- Regulation 18 HSCA (RA) Regulations 2014 Staffing

We inspected the service on 30 September 2016, to check that the provider had taken action regarding the warning notices, and we found that this was the case.

However, following this inspection we told the provider that it must also take the following actions to improve:

- The provider must ensure that the building is clean and properly maintained, and that appropriate infection control procedures are followed.

We issued the provider with a requirement notice that affected Park View Project (Unity House). This related to:

- Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Following these inspections we also told the provider that it should take the following actions to improve:

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

## How we carried out this inspection

On this inspection, we assessed whether the provider had made improvements to the specific concerns we identified during our inspections in July and September 2016.

Before the inspection visit, we reviewed information that we held about the service.

During the inspection visit, the inspection team:

- looked at the quality of the physical environment
- spoke with the manager and senior staff
- spoke with three staff
- looked at three care records for clients
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We did not interview any clients during this inspection.

# 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 areas of good practice:

- The provider had addressed concerns identified at previous inspections.
- The building was clean and well maintained, and there were appropriate infection control measures in place.
- There were adequate staff to provide the service. All clients had weekly one-to-ones with a member of staff as part of their recovery programme.
- Food was stored safely and hygienically.
- Staff and the fire services could quickly identify which area of the building a fire alarm had been activated.

### Are services effective?

We do not currently rate standalone substance misuse services.

We inspected this domain at our previous inspection in July 2016.

### Are services caring?

We do not currently rate standalone substance misuse services.

We inspected this domain at our previous inspection in July 2016.

### Are services responsive?

We do not currently rate standalone substance misuse services.

We inspected this domain at our previous inspection in July 2016.

### Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had addressed concerns identified at previous inspections.
- Records were stored safely and securely. Records for former clients were archived or destroyed appropriately.
- Clients were informed how to complain about the service. There were expected timescales for responding to and dealing with complaints, and these were monitored by the provider.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

We did not review the use of the Mental Capacity Act at this inspection.



# Substance misuse services

|            |  |
|------------|--|
| Safe       |  |
| Effective  |  |
| Caring     |  |
| Responsive |  |
| Well-led   |  |

## Are substance misuse services safe?

### Safe and clean environment

Following our inspection in September 2016, we issued a requirement notice for breach of regulation 15 (premises and equipment). We found that areas of the premises were not clean and properly maintained. This included in the bathrooms and dining/group room. The provider had implemented infection control procedures, but there were still some gaps. For example, there were no dispensers or holders for hand towels or toilet rolls in the toilets, which meant they were placed on top of bins.

At this inspection, we found that the provider had taken action to address these concerns, and was now compliant. The inside of the building had been repainted, and looked clean and well maintained. Doors throughout the building had recently been replaced with improved fire doors, and were waiting to be painted. The bathrooms were clean and had been decorated, refurbished, and had hand towel dispensers and toilet roll holders installed. Cleaning and domestic duties were still carried out by clients as part of their therapeutic programme. There were completed cleaning schedules, which ensured that clients knew what they needed to clean, with what materials, and the standard required. This was overseen by staff, and supplemented by employed cleaning staff for eight hours a week. The service employed a full time maintenance person across Unity House and its sister service. The damp in the cellars had been addressed, and most of the piles of items stored there had been removed. The dining/group room had new chairs, which were clean and intact. The damaged fridge and toaster had been replaced. There were colour coded mops for cleaning different areas of the building to reduce the risk of cross-contamination.

Following our inspection in September 2016 we advised the provider that it should ensure that it was easy for staff

and the fire services to identify in which area of the building a fire alarm had been activated. At this inspection we found that the provider had taken action to address this. Maps of the building, which clearly showed the zone number for each area of the building, were in place above the fire alarm panels.

### Safe staffing

Following our inspection in July 2016 we issued a requirement notice for breach of regulation 18 (staffing). A key component of the recovery programme was to provide a weekly one-to-one session with clients. We found that there were not enough staff to provide one-to-ones with male clients, in accordance with the service's practices.

At this inspection we found that the provider had taken action to address these concerns, and was now compliant. The service had a manager, who was confirmed as the Registered Manager shortly after the inspection. The provision of staff across Unity House and its sister service had been reviewed. There were adequate staff to provide the service, and some posts were being recruited to. This included a service manager to support the Registered Manager across both services. At the July inspection, the practice had been for clients to only have weekly one-to-one sessions with a keyworker of the same gender, which had resulted in male clients not always having sessions. This practice was no longer followed. All clients had weekly one-to-ones. These were recorded in the electronic care records, and were monitored by managers.

### Assessing and managing risk to clients and staff

Following our inspection in September 2016, we advised the provider that it should ensure that dry food, such as cereals, were stored appropriately. At this inspection we found that the provider had taken action to address this. Cereals were decanted into resealable containers, and labelled with an expiry date. This was implemented and monitored by the chef.

# Substance misuse services

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

We inspected this domain at our previous inspection in July 2016.

## Are substance misuse services caring?

We inspected this domain at our previous inspection in July 2016.

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

We inspected this domain at our previous inspection in July 2016.

## Are substance misuse services well-led?

### Good governance

Following our inspection in July 2016 we issued a requirement notice for breach of regulation 17 (good governance). We found that clients' records were not stored securely, and personal information was accessible to

unauthorised staff. The storage of paper records put them at risk of physical damage. There was no policy for ensuring that records were stored and archived correctly, and securely destroyed when necessary.

At this inspection we found that the provider had taken action to address these concerns, and was now compliant. The provider had implemented a policy for the safe and secure storage of clients' records. This included archiving and when necessary the destruction of the records of clients who had been discharged. Secure archiving, retrieval and disposal of confidential documents was managed through an external data management company. Clients' records were only stored in the staff offices, and were not in other parts of the building. Clients' paper and electronic records were stored securely.

Following our inspection in September 2016, we advised the provider that it should ensure that all complaints received a timely acknowledgement and response, and that clients were given information about how to escalate their concerns if they were not satisfied with the response. At this inspection we found that the provider had taken action to address this. The provider had apologised and responded to a complainant who had received no response. The provider had implemented the Riverside group's policies, and was in the process of reviewing them. Complaints, which included timescales, were monitored through the provider's governance processes. There was information on display about how to make a complaint, and there were weekly meeting for clients to raise concerns.