

Helping Hands Essex

Quality Report

Helping hands Essex
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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?

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 environment was visibly dirty.
- Staff did not use SMART (specific, measurable, achievable, realistic and time limited) when creating care plans with clients. We checked three records and none of the care plans were SMART. Many goals were recorded as 'ongoing' and not always specific.
- Staff did not complete assessments and risk assessments in full. There were gaps in all records that we checked that staff had left blank; including the formulation of clients initial care plans.
- Staff used a social media application to record clinical notes. Staff did not have designated mobile phones to be used for work purposes; therefore they were using their personal phones to send sensitive information about clients accessing the service.
- Managers did not recruit staff in a safe way. Disclosure and barring checks were not completed in a timely way and managers did not keep records that

Summary of findings

references were checked prior to offering employment. Managers did not keep clear records regarding how staff were inducted to their roles when they began employment.

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

- Clients we spoke with told us staff were interested in their wellbeing and recovery. They identified that

this was due to the 'family' environment promoted by the service. Clients said they felt included in their treatment and everyone was working to the same goal. Clients said that there was always a member of staff available to talk to.

- The provider ran a structured programme but were able to adapt sessions in a flexible way to meet specific client needs.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		See Summary

Summary of findings

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Helping Hands Essex

Services we looked at

Substance misuse services

Summary of this inspection

Background to Helping Hands Essex

Helping Hands Essex was registered with the Care Quality Commission in November 2014 and is a residential substance misuse facility based in Chelmsford, Essex. At the time of inspection, the service had a registered manager and a nominated individual.

The service includes a five bedded residential house which is allocated to people who meet the accommodation requirements, mainly that they have been sober for seven days and have nowhere else to live. People must be committed to engaging with the treatment programme. Next door is the therapy centre where both residential and non-residential clients attend for daily therapy sessions. The five bedded house is not required to be registered with the Care Quality Commission

Helping Hands provides ongoing abstinence based treatment, which integrates psycho-dynamic therapy, counselling, transactional analysis, trauma therapy, art therapy and mindfulness.

At the time of inspection 25 people were accessing the service for treatment. Length of stay for clients in treatment was from weeks to two years or more, as the focus is around ongoing support.

The service provides care and treatment for male and female clients between 18-65 who are deemed mentally and physically capable for recovery. Helping hands takes self-referrals and referrals from other agencies from the local area of mid Essex.

Our inspection team

The team that inspected the service included CQC assistant inspector Josie Opal (inspection lead) and inspection manager Victoria Green.

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:

- visited the five bedded accommodation and the therapy centre and looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with eight clients

Summary of this inspection

- spoke with four staff members including the registered manager, counsellor, vice chair and chair
- looked at three care and treatment records for clients
- looked at all staff records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients we spoke with told us staff were interested in their wellbeing and that it felt like a family environment, that staff care about them as a person. Clients said they felt included in something and everyone was working to the same goal, that they had trust in the place. Clients said that there was always a member of staff available to talk to, that they could always tell them about any problems or concerns.

Clients told us that although the therapy was structured there was flexibility with the therapy. Although there was weekly one to one sessions they had never been turned down to speak with someone on top of this protected time.

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 was visibly dirty, including dust and stains. Staff required clients to clean the premises, but there was no written contingency plan in place to address this if it wasn't completed.
- Staff did not complete assessment paperwork in full, this included risk assessments. There were gaps in all three records we checked.
- Managers did not record mandatory training clearly. Not all staff and volunteers were included on the training records.

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

- All staff were trained in safeguarding and had access to a safeguarding lead for advice and support, who had received advanced training to support their role.
- Managers employed sufficient staff to support clients accessing treatment.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- Staff did not store client records in a safe way. Staff used a social media application to share sensitive client notes and information. Staff used personal mobile phones to do this as business phones were not available to them.
- Staff did not complete initial care plans with clients at assessment. The service policy was unclear as to when a care plan should start. Staff did not record time frames for completion of care plans and most were recorded as 'ongoing'.
- Managers did not record how staff were inducted to their roles when their employment started.
- Managers had not completed recent appraisals with staff and they were due. There was a plan in place to address this.

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

Summary of this inspection

- The service offered a variety of daily activities and therapies. Staff adapted the treatment programme, when necessary, to address individual client needs.
- Staff took lead roles within the service, so they could offer support to clients with issues such as housing, benefits and employment.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff treated clients in a kind, considerate and caring way.
- Clients we spoke with told us staff were interested in their wellbeing and that staff were respectful, polite and compassionate.
- Clients told us there was always enough staff to offer additional support.
- All clients we spoke with said they were involved in their treatment plan.
- Clients were able to give feedback on the service by using the suggestions board, during one to ones and during weekly house meetings.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service provided adequate space for clients to access group sessions and one to one sessions.
- The service had received no complaints in the last 12 months. Clients said that staff resolved any issues quickly and effectively.
- Staff involved clients in discharge planning to ensure goals were realistic and achievable.

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:

Summary of this inspection

- Managers had not considered all the implications of using a social media application to communicate within the team about client care. Managers did not complete a risk assessment prior to making this decision and did not provide staff with business phones.
- Managers did not recruit staff in a safe way. Managers did not record in staff files that all pre-employment checks were reviewed prior to staff starting work. The service did not include reference to Disclosure and Barring checks in the recruitment policy.
- Managers did not keep all records on site. Some documentation was kept 'at home' or 'somewhere else' and was not available to review as part of the inspection, this included records regarding staff induction and recruitment. The registered manager did not know the expected standard for staff files.
- The service did not have an incident reporting policy. Reference to incidents was included in the health and safety policy, but the focus of that section related to accidents.

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

- Staff were committed to supporting people to recover, in line with the organisations vision and values.
- Staff received regular supervision, internally and externally and were motivated about working with the client group.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The service accommodated up to five clients in a four bedroom house next door to the treatment centre. Both male and female clients lived at the property and had access to their own bedroom. Clients shared a bathroom and kitchen. The service did not complete risk assessments to ensure male and female clients were safe and appropriate to live together.
- The furnishings in both the residential house and the therapy centre were dirty, not well maintained and there were stains on the walls. The floors had not been hoovered and there were visible cobwebs throughout. Managers told us that clients were required to keep the residential house clean, but there was no written contingency plan or cleaning contract in place if this was not completed. The service did not record when areas were cleaned.
- The service ensured that electrical equipment was tested and safe to use.
- Fire exits were well signposted however, the service was in the process of ordering fire extinguishers as they only had fire blankets.
- The service did not have alarm call systems that staff or clients could use to summon help if required. Staff did not have access to personal alarms to wear.
- Managers made hand washing facilities available to staff and clients in the toilets and in food preparation areas.

Safe staffing

- The service employed eight members of staff. This consisted of a registered manager, two programme managers, a sessional counsellor, a support manager, an administrator, an art therapist and a group facilitator.
- The service also used volunteers to support the running of the service. The service had six volunteers and five trustees who also volunteered time at the service. Volunteers' responsibilities included premises support, health and safety, staff support and supporting the delivery of groups.
- Management estimated the number of staff required based on client need and the therapy programmes in place. No staff worked full time; there were a variety of part time contracts in place.
- The service did not use bank or agency staff. Absences were managed within the existing team and the group facilitator was used to cover staff annual leave.
- All clients had an allocated worker who provided one to one time alongside the group therapy programme.
- The service did not employ medical staff. If clients required medical input for physical health or mental health, the service would support clients to access a GP, or mental health professional.
- Training requirements and records were not clear. Managers did not record all staff, volunteers and trustee on the training record. Staff mandatory training requirements varied by role. Managers required all staff to complete information governance and safeguarding training. Staff listed on the training record were compliant with safeguarding and information governance. Managers decided that other training topics, such as first aid and lone working, were required depending on the role of the staff. The training provided

Substance misuse services

by the service showed that all nine staff required to complete lone working training had yet to do this and it was 'to be arranged'. We were not given a date as to when this would be completed.

Assessing and managing risk to clients and staff

- We reviewed three care records during the inspection. Staff did not complete paperwork in full. Information was missing from assessments and risk assessments. GPs undertook physical health assessments on admission to ensure there was no immediate risk.
- Staff referred clients to a local GP if there was deterioration in a client's physical health. If urgent, staff called emergency services. .
- All staff received updated safeguarding training by 1 April 2017. The service had an identified safeguarding lead who staff could go to for further support. The safeguarding lead completed advanced safeguarding training to support their role.

Track record on safety

- There were no serious incidents requiring investigation in the last 12 months.

Reporting incidents and learning from when things go wrong

- Staff we spoke with were aware of what would be an incident and how to report an incident using their incident form. Staff told us they could discuss an incident with a manager prior to submitting an incident report.
- The service did not have an incident reporting policy. The service referred to incidents in the health and safety policy. The policy included instructions on how to deal with an accident but did not provide clear information on incident definitions or the reporting process.
- The service did not have any recent examples of situations that were reported as an incident. We were told that situations were dealt with by talking to staff and clients and by updating the team through the use of an online messaging application for use on mobile phones.

Duty of candour

- The service complaints policy included reference to keeping clients updated on investigations, the progress of their complaint and apologising where appropriate when things went wrong.

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

Assessment of needs and planning of care

- We looked at three client files. Staff completed assessments with clients on the day of admission. However the assessment paperwork was not completed in full and there were gaps, for example recording initial client goals.
- The service did not set a standard for when a client's care plan should formally start. We were told it could be done 'at any point'. This meant that clients could be accessing treatment without an agreed care plan in place.
- Staff did not complete care plans that were SMART (Specific, Measurable, Achievable, Realistic and Time Bound). We checked three records and none of the care plans were SMART. Client goals were recorded as 'ongoing' and lacked realistic time frames for completion. Staff reviewed care plans with clients in one to one sessions.
- Staff did not store all client information in a safe way. Staff discussed client treatment via social media application.. Whilst the messaging application has a level of security encryption, staff had the application on personal mobile phones. The phones used were not solely for business use. Staff created a 'group chat' per client which staff would use to handover information about client care. The service was asked to stop the use of the messaging service immediately, due to data protection and confidentiality, which they did. Paper records were stored in locked cabinets in the staff office.

Best practice in treatment and care

- The service provided structured psychosocial support in the form of group sessions and one to one sessions. Staff did not provide any medical interventions to clients. Programme managers, who were qualified

Substance misuse services

counsellors, designed the programme in line with recognised substance misuse interventions. Staff adapted the programme if clients presented with specific needs.

- Staff and volunteers provided support for clients in housing, benefits and employment. One of the trustees took a specific lead on this area and had completed further training to support their role.
- Staff supported clients to access a local GP for physical health support. The GP completed physical health checks on clients during admission.
- Staff used outcome stars with clients throughout their treatment. Outcome stars can be used to measure client progress in a variety of areas including drug and alcohol use, mental health and relationships.

Skilled staff to deliver care

- The team had a range of experience both personal and professional. This included qualified counselling staff and volunteers that had completed extra training to support their role.
- Managers did not keep records of interview notes and application forms in staff files so we were not able to find evidence of qualifications and previous experience.
- Managers did not keep consistent records that showed how staff were inducted to the service. One HR file contained an 'induction checklist'. The service induction policy said this should be available in all staff files, including volunteers. Managers did provide staff with a staff handbook when they started their role. This included information about terms and conditions of employment, such as annual leave and sickness, as well as signposting staff to other policies.
- Staff received supervision every four weeks. The counsellors also received external supervision. Managers had not completed recent appraisals, although dates were planned to complete these.
- Training records did not demonstrate that staff had access to specialist training to support their role.

Multidisciplinary and inter-agency team work

- The service provided fortnightly online video team meetings as all staff were part time; therefore enabled all staff to attend. Programme managers met weekly to discuss service issues.
- Staff used a social media messaging application as a way to communicate between shifts and to update other staff on client issues
- Staff encouraged clients to attend local Alcoholics Anonymous meetings.
- Staff maintained positive working relationships with other local services to increase the support available to clients.

Adherence to the MHA

- The Mental Health Act was not applicable to this service; clients using the service were not detained.

Good practice in applying the MCA

- The service did not train staff in the Mental Capacity Act (MCA). Staff described how consent to treatment would be sought once clients were able to make this decision. For example, when no longer drunk or under the influence.

Equality and human rights

- The service had an equality and diversity policy.

Management of transition arrangements, referral and discharge

- The service provided 'move on accommodation' to clients that required housing support. Staff were trained in topics which helped clients to move on such as: benefits and housing.
- Staff worked with clients so discharge was a collaborative process. Staff and clients agreed jointly when discharge was appropriate.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed staff interacting with clients in a kind, considerate and caring manner.
- Clients we spoke with told us staff were interested in their wellbeing and they felt genuinely cared for.

Substance misuse services

- Clients said they were happy with the treatment they were receiving. They said there was always enough staff to offer additional support. Clients said that they had never been turned down to speak with someone at any time.
- Staff knew clients' on a first name basis and were able to discuss clients in depth. Staff had an awareness of clients' individual needs and preferences.

The involvement of clients in the care they receive

- All clients we spoke with said they were involved in their treatment plan. Clients signed their care plans to demonstrate that they agreed with the goals.
- Clients were expected to follow the rules and protocols in place, signed agreement forms indicating client's willingness to comply with the rules and protocols were present in all client files that we looked at.
- Staff offered support to families and carers, where appropriate and with permission from clients.
- Staff supported clients if they required an advocate.
- All client files contained a confidentiality and information sharing agreement, along with a signed copy of Helping Hand's contract and license to occupy.
- Clients were able to give feedback on the service by using the suggestions board or during weekly house meetings. Although the clients we spoke too said they hardly ever had reason to complain.
- In the results of the most recent client survey 100% of respondents reported they were involved in their recovery plan. The client survey had a total of 15 respondents.

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

Access and discharge

- The service accepted private referrals. There were no clients accessing treatment, funded by statutory agencies.
- A pre-admission assessment was completed by the registered manager and programme managers prior to

them being accepted to the service. Exclusion criteria included clients who were still drinking alcohol or using drugs, had mental health concerns or had physical health concerns.

- The service actively tried to engage with clients to support them to complete the programme. The service used a 'step away' period for people who relapsed, but kept in touch with them regularly and offered a return assessment once they completed seven days sober.
- The provider rarely cancelled appointments or groups due staff shortages or sickness. Clients we spoke with said they had not experienced any cancelled sessions or activities.
- Counsellors were assigned to clients as key workers at the point of admission. There was no waiting list to access the service.

The facilities promote recovery, comfort, dignity and confidentiality

- Helping Hands Therapy centre had a range of rooms available, including group rooms, rooms for individual sessions, a seating area for lunch and a garden.
- Facilities were available at the therapy centre so that clients could make a hot or cold drink when they wanted to.
- Clients had access to outdoor space and a smoking area at the therapy centre which was shared with the residential house.
- Clients were encouraged to take responsibility for therapeutic duties such as cleaning and cooking. Clients were also expected to keep the house clean. The house, and areas of the service, were not clean. The rota in place was not effective and there was no contingency plan.
- Clients living at the residential house prepared and ate their own meals.

Meeting the needs of all clients

- The service provided disabled access in the treatment centre, but could not accommodate disabled clients in the residential house, due to lack of bathroom facilities.
- The service did not display information in any other language than English.

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- Staff accessed external interpretation services, if required.
- Staff supported clients with religious and spiritual needs to access services in the community.

Listening to and learning from concerns and complaints

- The service had a policy and process in place for managing complaints.
- Clients knew how to complain; in addition there was a suggestions board in both the therapy centre and residential house. None of the clients we spoke with had made a complaint about the service and were not therefore able to reflect on how the service had handled their complaint. However the clients did say any issues raised were listened to and dealt with quickly.

Are substance misuse services well-led?

Vision and values

- The service supported clients to 'stay sober and live life'. Staff were committed to supporting clients achieve long term, sustainable, recovery from drugs and alcohol.
- Managers, volunteers and trustees worked in the service regularly and provided support to clients in the form of benefit advice, criminal justice support and housing support.

Good governance

- Managers did not keep clear records regarding mandatory training. The training spreadsheet did not contain all staff and volunteers. Some training topics had not been completed and dates were 'to be arranged'. Mandatory training included two topics; Information Governance and Safeguarding. Other topics were mandatory based on job role.
- Managers supervised staff regularly and qualified counsellors received external supervision. Staff appraisals were out of date; Managers were setting dates for this to be completed.
- The service did not store client records in a safe way. Staff used a social media application record and discuss client treatment. Staff created 'chat' groups per client and 'invited' other staff members to the group who were

involved in the individual's treatment. Staff discussed personal and confidential information via this route. Staff did not use business phones for this, personal phones were used. Managers made the decision that this was an appropriate way to record client information, without undertaking a risk assessment to assess suitability. The provider was told to stop using this immediately, which they have done.

- Managers did not recruit staff in a safe way. Staff files did not contain references or Disclosure and Barring Service (DBS) checks. The registered manager could not tell us what the required standard for staff files was. Managers kept some recruitment information at home and this was not available at the service. Managers could not ensure that staff were safe to work with vulnerable people. Managers undertook DBS checks on three staff after they began working at the service and in two examples, two years after staff started work. Managers had not renewed staff DBS to ensure there were no changes. Good practice says DBS checks should be updated every three years. Four staff DBS checks were last completed in 2011, 2012, 2013 and March 2014. Managers did not record if staff were risk assessed as appropriate to work with clients, if their DBS returned with previous convictions. The service recruitment policy did not outline the expectation regarding DBS checks.
- The provider did not use key performance indicators to monitor the service. Staff did not take part in audits about the quality of the service.
- The registered manager was not clear about all aspects of the service. They did not know the standard for recruitment files and there was no system in place for the storage of information relating to the service. Some staff information was kept 'elsewhere' and at managers homes.
- The service had a risk register that identified the key risks to the service and ways to mitigate them.

Leadership, morale and staff engagement

- Staff told us they enjoyed their jobs and felt well supported in the team. No staff were absent from work through sickness, in the last 12 months. No staff have left the service since it opened.

Substance misuse services

- There were no cases of bullying and harassment relating to staff at the service.
- Staff were confident in raising concerns if they needed to and were aware they could contact the Care Quality Commission if required.
- Staff took part in regular team meetings via video link, as this allowed all staff to attend due to part time hours.

Commitment to quality improvement and innovation

- The provider had recently signed up to PQASSO. PQASSO is a self-assessment tool that helps voluntary sector organisations to audit their service and to recognise good practise and any improvements required.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that client records are stored in a safe way that protects client data.
- The provider must ensure that appropriate checks are made prior to staff starting work to ensure they are safe to work with a vulnerable client group.
- The provider must ensure that the premises are safe and clean.
- The provider must ensure that records are completed in full to ensure clients have been assessed appropriately.

- The provider must ensure training records are accurate and record all staff training requirements and completion rates.

Action the provider **SHOULD** take to improve

- The provider should consider improving the quality of care plans to include time frames for clients to achieve goals.
- The provider should ensure there is a monitoring process in place to ensure staff appraisals are completed when due.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The service was not clean.</p> <p>Carpets were dirty; there were stains on the walls.</p> <p>Areas of the service were dusty and there were visible cobwebs in stairwells and corners.</p> <p>Areas of the service were not in good repair and required decorating to be finished.</p> <p>This was a breach of regulation 15 (1) a, e.</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have a system in place to store client records in a safe way.</p> <p>The provider put sensitive client information at risk by the use of a social media messaging application.</p> <p>The provider did not provide staff with phones for business use, which meant sensitive client information was stored on personal phones and could not be monitored.</p> <p>The provider did not have a policy in place for the use of social media messaging applications and this was not covered explicitly in staff training.</p> <p>Staff did not complete records in full. There were gaps in assessments and risk assessments.</p> <p>Training records did not include all staff working within the service.</p> <p>This was a breach of regulation 17 (2) a, b, c, d.</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p>

Enforcement actions

Managers did not have recent Disclosure and Barring (DBS) checks completed for staff.

DBS checks completed in 2011 had not been updated to check staff were still safe to work with clients.

Managers did not record if DBS checks returned previous convictions and how this was risk assessed.

Managers did not have all information relating to DBS checks available at the service.

The recruitment policy did not include guidance and the expectation regarding DBS checks for staff.

Staff files did not contain references, as outlined as a requirement in the recruitment policy.

This was a breach of regulation 19 (1) a, (2) a.