

Hope Worldwide 2nd Stage House

Quality Report

13 Donnybrook Road
London SW16 5AT
Tel: 020 7713 7655
Website: <https://www.hopeww.org/>

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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 issues that the service provider needs to improve:

- The service did not have formal written risk assessments to ensure that their volunteers were fit to work with the client group. A number of volunteers had commenced working at the service without a criminal records check or a written risk assessment of their suitability to work with the client group. The service did not have policies in place to routinely update the criminal records of the staff.
- The service did not have robust procedures to deal with the disposal of clinical waste
- The two fire doors were ill-fitting and there were no fire extinguishers in the property.
- The service did not have an adequate system to check that the residents cleaned the property properly and food hygiene was maintained to a satisfactory standard.
- The property had three first aid boxes. They contained out of date items and staff had not checked the contents.

Summary of findings

- There were low completions rates of all aspects of mandatory training for volunteers except professional boundaries.
- The provider did not offer specialist training relevant to the client group. Staff were not provided with training in substance misuse, mental health or domestic violence. These issues regularly presented themselves in this particular client group.
- The service admitted adults only. Staff were provided with safeguarding adults training but did not provide staff with training in safeguarding children. However, a number of the clients had children or had contact with children. The lack of training in safeguarding children meant that staff and volunteers might not identify possible child safeguarding concerns.
- Staff did not have a clear understanding of how the principles of the Mental Capacity Act were relevant to their role.
- Risks assessments were not robust, none of the risk assessments/care plans looked at the risks of overdose post opiate detox, which was a particular risk for this client group. Staff did not undertake contingency planning in a robust manner and did not plan in advance what action they would take place should a client leave the service unexpectedly.
- The provider's medicines policy was not robust and did not offer guidance on action to be taken in an event of a medicines incident out of hours or how to support clients who could no longer self-administer or what action should be taken before giving clients over the counter medication.

However we also found the following areas of good practice:

- The staff consistently modelled the values and visions of the provider. They were committed to ensuring that

the clients using the service were supported. A range of therapeutic interventions and activities that promoted health and recovery were provided by the service. Clients were encouraged to undertake activities to improve employability. The service liaised with other organisations when necessary and advocated for the clients when necessary.

- The service had implemented a buddying system for new clients. The system allowed new clients to receive informal support from other clients who were further along in the recovery programme. This peer support was helpful to new clients. The house had a senior peer, this was a client who was further along in their treatment and was able to offer additional support and guidance.
- The service supported staff to undertake additional studies and attend events to enhance their career development.
- The service had governance systems in place to ensure that learning was shared across the organisation as a whole. Staff were positive about the local management and felt supported.
- The provider had no waiting list and was able to admit clients without delay. The service provided free care and treatment (bursary) beds for clients who could not secure funding for treatment. Clients who successfully completed this aspect of the programme were supported to access the provider's third stage accommodation or were signposted elsewhere.
- The service had complied with housing legislation and had licensed the property as a house in multiple occupation. This meant that the property met government guidelines regarding the suitability of the accommodation for people to share and that the providers were considered "fit and proper" to manage this type of housing.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		

Summary of findings

Contents

Summary of this inspection

	Page
Background to Hope Worldwide 2nd Stage House	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	12
Outstanding practice	21
Areas for improvement	21
Action we have told the provider to take	22

2nd Stage House

Services we looked at:-

Substance misuse services

Summary of this inspection

Background to Hope Worldwide 2nd Stage House

The 2nd Stage House is a male only residential rehabilitation service for up to five men who have had substance misuse problems. It is the second stage recovery house and provides accommodation to clients who have successfully completed the first stage of the recovery programme. The provider is Hope Worldwide and 2nd Stage House forms part of their “One Day at a Time” programme. At the time of our inspection there were two clients using the service. Clients are funded either by the local authority, self-funded or through bursaries provided by Hope Worldwide. The programme

is based on a model of recovery that is used in the United States and has been running for over 10 years. As part of the programme, clients were offered therapeutic interventions at the nearby day service.

The service registered with the CQC in 2011. There was a registered manager in place at the time of the inspection

The service is registered to provide accommodation for persons who require treatment for substance misuse.

The service has recently moved to new premises. It has not been inspected previously.

Our inspection team

The team that inspected the service comprised of three CQC inspectors, one specialist adviser who was a nurse with experience of working in substance misuse services, one CQC pharmacy inspector and an expert by experience. An expert by experience is a person who has

personal experience of using, or supporting someone using, substance misuse services. This service was inspected at the same time as the service’s 1st Stage House and the team was split across the two locations.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people’s needs?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information.

During the inspection visit, the inspection team:

- visited the 2nd Stage house
- visited the day service based at premises nearby
- spoke with one client
- spoke with the members of the senior management team, including the registered manager, service manager and the chief executive.
- spoke with three peer support volunteers who were working at the service on the days of the inspection.
- attended and observed a community meeting, a therapeutic group and the weekly breakfast meeting

Summary of this inspection

- reviewed two care and treatment records, including medicines 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 spoke with one client who used the service. Their feedback was very positive about the service and the staff. They felt that the staff and volunteers were supportive and had a good understanding of their needs.

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 needs to improve:

- The provider did not have clear protocols and procedures to minimise the risks of infection. Their procedures for disposing of clinical waste were not robust.
- The service's medicines policy was not robust.
- The service did not have an adequate system to check that the residents cleaned the property properly and food hygiene was maintained to a satisfactory standard.
- The property had three first aid boxes. They contained out of date items and staff had not checked the contents.
- There were no fire extinguishers in the property. The provider stated that they had been asked to remove them as a result of a house in multiple occupancy licensing inspection, but was unable to provide documentary proof of this. During the inspection the service did try to contact the organisation who conducted the inspection to obtain a copy of their recommendations but was unable to do this. Two of the fire doors was ill-fitting and may not have performed correctly in the event of a fire. The ill fitting doors were brought to the provider's attention who stated that they would repair the doors.
- Not all staff and volunteers had criminal records checks prior to commencing employment. There was no evidence of the provider carrying out a risk assessment on these individuals to assure themselves that the prospective employee/volunteer was deemed safe to work with the clients.
- Not all volunteers adhered to the service's lone working policy.
- The provider trained staff in safeguarding adults only. The provider had made the decision not to provide staff and volunteers with training in children's safeguarding because they were an adults only service. However, a number of the clients had or had contact with children. The lack of training in safeguarding children meant that staff and volunteers might not identify possible safeguarding concerns.
- The staff did not undertake crisis planning with the clients and there were no contingency plans in place to support clients who wished to exit the service early.

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

Summary of this inspection

- The service had complied with housing legislation and had licensed the property as a house in multiple occupation. This meant that the property met government guidelines regarding the suitability of the accommodation for people to share and that the services were considered “fit and proper” to manage this type of housing.
- The service had a designated safeguarding lead, who was able to provide support and guidance to staff and volunteers who had safeguarding concerns.
- There were robust processes to review incidents and learn from them.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- The service did not keep a stock of naloxone for clients following opioid detoxification. This medicine is used to prevent death if a client relapses and uses drugs.
- Client care plans lacked clear recovery focused objectives with time scales and it was not always clear what progress they had made at the service.
- Staff not did have sufficient knowledge and were not able to explain how they would support clients who were experiencing the range of physical symptoms related to post detoxification and there was a risk that staff might not respond appropriately if clients displayed these symptoms.
- None of the staff had a clear understanding of the Mental Capacity Act and how it applied to their work with clients.

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

- Clients had access to individual and group therapy. Clients were given support to deal with cravings, anger management and relapse prevention.
- The service provided cognitive behavioural therapy groups for clients, which was recommended by the National Institute of Health and Care Excellence guidance CG51. The service encouraged clients to attend self-help groups and there was evidence of clients attending Narcotics Anonymous, Alcoholics Anonymous and Cocaine Anonymous.
- The service had improved their supervision arrangements and staff were receiving supervision regularly.
- The service supported staff to undertake additional studies and attend events to enhance their career.

Summary of this inspection

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The client was very positive about the support and kindness from the staff. They also told us that they felt safe and had been able to participate in their recovery planning.
- The service had regular forums for clients to feedback about issues that they wished to raise.
- Staff had a good understanding of the individual needs of clients. There were many examples of staff and volunteers supporting clients who were experiencing difficulties, which might have impacted on their recovery.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There was no waiting list for a place at the service. The service allowed clients who were moving to the 2nd Stage House to move out of the first stage house in a phased manner. This meant that clients still retained a level of support from peers who were at the first stage house.
- The service could offer free treatment to clients who had no access to funding.
- The service provided one to one counselling in other languages if English was not the client's first language.
- Therapy sessions and programmes were delivered throughout the week. There were a range of activities available throughout the week and weekend that promoted health and fitness. Clients were encouraged to undertake activities that promoted independence and employability eg volunteering.
- The service had a complaints policy that was easily accessible to clients. The client told us that they knew how to make a complaint.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff told us that they felt supported by the service management and the organisation.
- The staff and volunteers modelled the visions and values of the provider in the work they undertook with clients.

Summary of this inspection

- The organisations governance structures meant that there was oversight, sharing and learning of relevant information across the organisation.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- The service had a mental health policy, which was dated May 2016. It outlined the principles of the Mental Capacity Act.
- None of the staff had completed training related to the Mental Capacity Act and Deprivation of Liberty safeguards. None of the staff had a clear understanding of how the principles of the Mental Capacity Act would be relevant to their role. This meant that there was a risk that staff would not understand their own roles in assessing capacity when necessary.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The 2nd Stage House provided accommodation for the clients using the residential rehabilitation programme. Group work and other activities took place off site. Clients moved into the 2nd Stage House once they had completed the first stage of the recovery programme.
- The property was registered as a house in multiple occupancy. This meant that the property had met government guidelines regarding the suitability of the accommodation for people to share and that the providers were considered “fit and proper” to manage this type of housing. As part of the licensing process, the local authority had assured themselves that the landlords (service) had no criminal convictions and had not breached landlord legislation or codes of practice.
- The accommodation was over three floors. Clients were able to lock their personal belongings securely in their bedrooms. The staff had keys and could open the bedroom doors in an emergency. The lounge, dining room, kitchen and bathrooms were communal.
- Clients undertook the cleaning of the property on a rota basis. As part of their orientation to the service, the staff provided clients with information on basic food safety and hygiene. The service did not have an adequate system to check that the clients cleaned the property and that food hygiene was maintained to a satisfactory standard. The fridges were unclean and the door strips had food debris embedded in them. The microwave used by the residents was also unclean. This presented a risk of contamination and infection.
- The service undertook health and safety checks of the building. The electrical and gas appliances had been safety tested within the last 12 months.
- In response to advice from an inspector undertaking a licensing inspection to register the property as a

location of multiple occupancy, the service stated that they had removed all the fire extinguishers from the property. The service was not able to provide documentary proof of this advice and did not appear to have robust fire safety plans in place. After the inspection, the provider said that they would put a fire extinguisher in the property and provide training on how to use it. Monthly fire drills and alarm testing took place. However, the records did not document how long it took for the building to be evacuated and who was present during the fire drills. The service could not provide assurances that all clients had participated in at least one fire drill and were familiar with the evacuation procedures. The property had been fitted with fire doors. However, two fire doors were ill fitting and may not have effectively reduced the risk of smoke and fire from entering the room.

- The staff undertook urine screening tests to ensure that clients had not used substances that were prohibited by the programme. The service did not have robust processes to minimise the risk infection during urine screening and testing. There were no paper towels so that individuals could dry their hands thoroughly after urine screening tests. In addition, the service did not have robust processes to ensure that the used urine swabs and the pots used to collect urine were disposed of properly. The member of staff undertaking the tests brought the used clinical waste back to the day centre and disposed of the items in a normal refuse bin. The lack of proper processes to dispose of clinical waste presented an infection control risk.
- The property had three first aid boxes. They contained out of date items and staff had not checked the contents. The Health and Safety Executive (HSE) does not provide guidance on how often first aid box should

Substance misuse services

be checked but does recommend that items in first aid boxes should be checked and items replaced by the expiry dates given and expired items should be disposed of safely.

- The service emphasised the importance of safeguarding adults. Staff gave clients information on the importance of safeguarding and they were encouraged to report any safeguarding concerns they had. The service had a safeguarding lead who provided staff and volunteers with advice around safeguarding and liaised with the local authority. Not all staff had completed safeguarding training. However, all the staff and volunteers were aware that they could seek support from the safeguarding lead if they were concerned. They were aware of the types of incidents which would constitute a safeguarding adults concern

Safe staffing

- There were no staff vacancies at the time of inspection. In the past 12 months, the vacancy rate had been 17%, which equated to two members of staff leaving the organisation.
- Clients were supported by a range of staff and volunteers. There were four staff who worked Monday to Friday to support clients. There were a number of sessional staff that provided counselling and yoga. There were nine volunteers. The input provided by volunteers was significant. Volunteers provided out of hours support to clients and there was a paid member of staff on call to deal with any emergencies that occurred.
- The service was not staffed 24 hours a day. The volunteers and staff visited the house routinely every Monday and Friday to meet with the clients. Wherever possible the service tried to ensure that two volunteers visited the house on these days, which was in line with their lone working policy. On the occasions where volunteers were working in isolation in the house they were required to contact a member of the management team by phone when they arrived and when they left the house and sign the visitors' book with the times they arrived and left the house. Two volunteers we spoke with said that they sometimes went to the house on other days. They stated that they did not always telephone the management team to let them know they had visited the house.
- We checked the personnel files of 14 individuals who were employed or working as a volunteer at the service.

The service was still in the process of obtaining criminal records checks for four staff/ volunteers. These four individuals were working within the service and had day to day contact with the client group. The manager stated that due to some volunteers having had experience of homelessness it was sometimes difficult to get a criminal record check. There was no written evidence of what steps the service had taken to risk assess these four staff/ volunteers to assure themselves that they posed no risk to the clients using the service. This placed clients at risk of avoidable harm.

- Mandatory training included health and safety, safeguarding of vulnerable adults and prevention of blood borne viruses. The completion rate of all training for volunteers below 77%. Although training in blood borne viruses was mandatory none (0%) of the volunteers had been trained. A number of the volunteers had lived experience of substance misuse, however, the service had identified that they should still receive training in drugs and alcohol, at the time of the inspection 11% of volunteers had received this training.
- The completion rate for safeguarding adults training for both staff and volunteers was 71%. The completion rate for emergency first aid was 64%. The client group at the recovery house was particularly vulnerable and the poor completion of mandatory training amongst the staff and volunteer group meant that staff might not recognise and respond appropriately to issues affecting clients.

Assessing and managing risk to clients and staff

- Staff and volunteers undertook initial risk assessments of clients and ongoing assessment on a monthly basis. This was a new process and the service hoped that this would standardise the assessment process and ensure consistency.
- The service managed the risk of relapse by asking clients to agree to random drug testing as this was identified as potential risk to other clients in the programme. There were clear protocols that staff followed if a client tested positive for illicit drugs. This included re-administering the test and removing the client from the house and accommodating them elsewhere to ensure that their drug use did not present a risk to other clients in the house. Unexpected exits happened infrequently and were normally due to a client relapsing. Staff were reluctant to use crisis planning with clients, as they did not want to focus on the possibility of the client failing to complete the

Substance misuse services

programme. This meant that the staff did not have any contingency plans in place to support clients who were experiencing a crisis and there was a risk that staff might not respond appropriately. There were up to date risk assessments in the files. None the risk assessments/care plans looked at the risks of overdose post opiate detox, which was a particular risk for this client group.

- The service did not offer any pharmacological treatments for detoxification or substitute prescribing. Clients had undergone detoxification before being accepted into the service and had completed a minimum of three months at the first stage recovery house. The service did not employ staff that could prescribe medicines, which was in line with their management of medicines policy. There were no arrangements for the “bulk storage and dispensing of medicines” in the recovery houses. Clients self-administered their own medication. The medicines policy did not contain any guidance on what should happen if someone already admitted into the service was no longer able to self-administer. Staff told us that this had never happened. Staff were able to explain what they would do to ensure client’s safety if there was a medicines incident. However, the medicines policy did not contain any guidance on the action to be taken in the event of a medicines incident at the recovery houses if staff/volunteers were not on site. With the lack of policy and clear guidance, there was a chance that they would not respond appropriately if there was an incident or if issues arose regarding self-administration.
- Staff contacted the client’s own GP when they were admitted to the service. This allowed staff to find out about the client’s prescribed medication and any other health conditions that they might have. The staff supported clients to register with a local GP who would deal with any health issues the clients had.
- At the beginning of each week, each client provided a list of prescribed medicines to the service. At the end of the week, a member of staff reviewed this list to check whether people had managed to self-administer all of their medicines
- Clients who were prescribed medicines were supported to self-administer their medication by staff. The service gave each person a lockable container to store their medicines safely, as some of the rooms were shared.
- We reviewed the medicine list for the clients in the service. There was no information on what clients’ prescribed medicines were for. For one client the list of

medicines changed from week to week. No reason was recorded for the changes to their medicines, and why medicines had been stopped and others started. The medicines policy stated that clients should disclose changes of medication to their key worker or the house management team at the earliest opportunity. Staff said that clients did not always disclose changes to their medicines. This meant that staff were not always able to offer the best form of support to clients around their medication or to clients who had co-morbidities. The term “comorbidity” describes two or more disorders or illnesses occurring. Clients with comorbidities can require more complex clinical management.

- A small supply of non-prescribed over the counter (OTC) medicines for minor ailments was kept on site. The OTC medicines were kept secure in a locked box and the senior peer client held the keys. If a client felt unwell out of hours, the senior peer contacted the duty worker and would be authorised to give clients the OTC medicines. Some clients were already taking prescribed medicines. The medicines policy did not prompt staff or volunteers to seek advice from a pharmacist or doctor before these OTC medicines were supplied to clients, to ensure there were no negative interactions between the client’s prescribed medications and the OTC remedies.
- The service manager said that did not offer training to staff in safeguarding children because it was an adult service. However, a number of the clients were parents or had contact with children. The lack of training in safeguarding children meant that staff and volunteers might not identify possible child safeguarding concerns and leave child at risk.

Track record on safety

- There had been five incidents between July 2015 and February 2016. One of these incidents was categorised as a serious incident requiring further investigation. The staff had reported this incident to the police and the charities commission. Three more minor incidents related to the loss of small amounts of money or property.

Reporting incidents and learning from when things go wrong

- Incidents were a regular agenda item at the staff meeting and there was evidence of learning taking place as a result.

Substance misuse services

- The service had made changes as a result of these incidents. For example, they had reviewed their financial procedures and now had a more secure method of keeping the money safe. Clients were able to lock valuables in a safe at the house.
- The staff had an opportunity for a debrief after serious incidents. This included meeting with staff and separate meetings, if appropriate, with volunteers.

Duty of candour

- The service did not have a duty of candour policy. However, staff understood the requirements of the duty. There was evidence of the staff being open, transparent and apologising when things went wrong. For example, as a result of mis-communication, a client had not received an aspect of their therapy. The service had apologised and identified what they needed to do to ensure that a similar thing did not occur again.

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)

- Volunteers undertook key working sessions with clients. Key working sessions provided holistic support to clients. Each client's timetable included therapeutic and group work sessions. The service provided groups, which covered a variety of topics including dealing with cravings, anger management and relapse prevention.
- The service had paper based client records. All clients had care plans. Staff stored these files in a locked cabinet.
- We reviewed two care records in detail. The therapy manager completed the risk assessments and the keyworkers completed the care plans. The staff updated the care plans on a regular basis with some being updated weekly. There was evidence that staff discussed the risks of blood borne viruses with all clients.
- All care plans had objectives but they were not recovery focused or specific, measurable, achievable, realistic or time bounded, (SMART). SMART objectives allow clients and the support workers to identify realistic personalised goals, which can be reviewed easily to identify when progress has been made, which can help

with a client's motivation towards change. The lack of SMART objectives in the clients' care plans meant that it was not always clear what progress had been made. The therapy manager had identified that the care planning and setting of objectives was an area that required improvements.

- Some clients had recently undergone detoxification from drugs, which meant that they might experience physical symptoms of withdrawal, such as sleep disturbance. Staff were able to explain clearly, what they do to support people with sleep disturbance. People can also experience other symptoms such as diarrhoea, nausea, stomach cramps and pain. Staff were not able to explain how they would support clients who were experiencing other physical symptoms related to detoxification and there was a risk that they might not respond appropriately if clients displayed these symptoms.
- Where clients had additional health needs, the staff made referrals to secondary health care services such as mental health services.

Best practice in treatment and care

- The service based its model of care on a programme used in the United States, which emphasised the importance of peer support, personal accountability and 'tough love'. Additionally it used the empathic communication model, which was used in Norwegian health care settings. The model of communication enabled clients to release their emotions in a safe space, rather than use substances to self-medicate, build trust and respect and provide an environment for sharing and problem solving.
- In accordance with the National Institute of Health and Care Excellence (NICE) guidance CG51, the service also provided cognitive behavioural therapy groups for clients. The therapy manager ran these groups and received appropriate external supervision in line with NICE guidance. The service encouraged clients to attend self-help groups and there was evidence of clients attending narcotics anonymous, alcohol anonymous and cocaine anonymous. Clients attended these groups in the community, which gave clients the opportunity to receive support from individuals who were abstinent from drugs and alcohol and were positive role models.
- The service did not keep a stock of naloxone for clients following opioid detoxification. Naloxone prevents death if an individual relapses and uses drugs. National

Substance misuse services

guidance recommends, “all services working with drug misusers should have an emergency protocol in place that covers the management of drug overdoses. This should include rapid ambulance call and competent preservation of a clear airway, and include protocols for the emergency administration of interim naloxone while awaiting the arrival of the ambulance”. (Drug misuse and dependence: guidelines on clinical management, Department of Health [DH], 2007)”. However, staff gave clients advice about the dangers of overdose post opioid detoxification but this information was not noted in the care plans or risk assessments.

- Staff carried out audits, including financial audits and health and safety. A recent audit of care plans had identified that improvements were required and the therapy manager was in the process of identifying what training was required for the key workers. Additionally members of the senior management team had undertaken a number of quality assurance visits to the service.

Skilled staff to deliver care

- The service supported clients with a variety of needs and as a consequence needed a skilled workforce. The provider supported a number of volunteers to undertake qualifications in health and social care, which would enable them to improve their work performance. Three of the volunteers and staff group had training in substance misuse and mental health. However, there was no mandatory training related to substance misuse and mental health which were issues that regularly presented themselves in this particular client group. The lack of training, meant that staff and volunteers might not support clients appropriately
- Staff had not received supervision regularly until the beginning of 2016 due to changes in staffing. This had improved and the staff received regular one to one and group supervision. All staff had received an appraisal in the last 12 months except those staff who had been in post for less than one year.
- The service supported staff to undertake additional studies and attend events to enhance their career. The previous therapy manager had been supported to study at postgraduate level and the current service manager was undertaking a management qualification. The service manager had also attended the United Kingdom and European Symposium on Addictive Disorders,

which focused on current thinking around issues of substance misuse, care and treatment. A number of volunteers were undertaking national vocational qualifications in health and social care.

Multidisciplinary and inter-agency team work

- No medical care was provided directly at the service, but staff in the service liaised with secondary health care services as necessary. For example, when clients needed to attend appointments at local acute hospitals. The staff shared information with these services with the consent of the client. The service also liaised with referrers when necessary and other third sector organisations.

Good practice in applying the Mental Capacity Act

- The service had a mental health policy, which was dated May 2016. It outlined the principles of the Mental Capacity Act. None of the staff had completed training related to the Mental Capacity Act and Deprivation of Liberty safeguards. None of the staff had a clear understanding of how the principles of the Mental Capacity Act would be relevant to their role. This meant that there was a risk that staff would not understand their own roles in assessing capacity when necessary and be sure that clients had given informed consent to care and treatment.

Equality and human rights

- The service provided training in equality and diversity and emphasised the importance of accepting all individuals.
- The service was solely open to men but the service had a mixed gender staff group. The service said they would not exclude transgender men.

Are substance misuse services caring?

Kindness, dignity, respect and support

- The client we spoke with told us that they felt safe at the project and were aware that they were able to leave when they wished. They knew about the rules of their tenancy, which they agreed to on admission. For example, the service did not allow drugs and alcohol in the premises.

Substance misuse services

- Staff we spoke with had a good understanding of the individual needs of clients. There were numerous examples of the staff liaising with criminal justice agencies, solicitors and the benefits agency as a way of supporting clients who were experiencing difficulties.

The involvement of clients in the care they receive

- A number of clients were estranged from their families and friends due to their history of substance misuse. As a consequence, the service did not routinely provide support to families and carers unless expressly asked to do so by the clients. However, the service acknowledged the important role that families and friends provided to clients who were in recovery and held an annual family day.
- Staff met with clients weekly for key working sessions to discuss their progress and identify areas that might be posing difficulties. Clients also had one to one review meetings with staff quarterly. The review meetings had a standard agenda that included an item for clients to give formal feedback around their care and treatment. Clients attended a variety of therapeutic groups and had weekly key work sessions. Staff gathered feedback regarding the service by asking the clients to complete feedback forms and verbally at the end of therapeutic sessions. Additionally staff gathered feedback from community meetings, which were held at the service. The staff used the feedback to improve the service.
- The provider had recently set up a service user forum, which would include clients from the 2nd Stage House and the 1st Stage House, which was another of its services. The service intended to use the forum as a space to discuss how they could improve the care provided at both services. Recent feedback from the clients was that there was a need to improve communication when staff made changes to the therapy programme.

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

Access and discharge

- Funding for treatment came from a variety of sources, which included local authorities and self-funding clients. The service also provided free treatment to those who could not access funding through the provision of bursary beds.
- There was no waiting list for a place at the 2nd Stage house. The service admitted clients once they had been at the first stage house for at least three months. Clients moving from the first stage house to the 2nd Stage house could do so in a phased manner. This enabled them to continue to receive peer support from the clients who were at the first stage house.
- Staff tried to identify clients experiencing difficulties with remaining abstinent through regular key working sessions and daily contact with the clients. If a client relapsed through using non-prescribed drugs or drinking alcohol, staff asked the client to leave the house and provided them with temporary accommodation elsewhere, which was normally bed and breakfast accommodation. During that time, the service ensured that the client would be supported in the community by contacting other organisations including the local homeless persons unit.
- The provider had a third stage house, which clients could move into once they had completed their treatment at 2nd Stage House. However, at the point of the inspection, the third stage had no vacancies. Clients were concerned by this and the service was looking at alternative destinations for clients.

The facilities promote recovery, comfort, dignity and confidentiality

- There were limited facilities at the 2nd Stage House for clients to have therapy sessions. Clients had therapy sessions, one to one meetings or group work sessions at the day service, which was located in another building. The facilities available to clients at the house were a communal lounge, dining room, kitchen and garden, which were accessible 24 hours a day. The accommodation was a little shabby and needed redecorating.
- The service had a pay phone that clients could use to make calls. Staff allowed clients to have their mobile phones.

Substance misuse services

- The 2nd Stage House was non-smoking. If clients wished to smoke, they had to do this in the garden. The service did not offer smoking cessation sessions but supported clients who wished to stop smoking by signposting them to appropriate services.
- The volunteers were available to accompany clients if they had appointments or wished to go for a walk or shopping. However, the majority of clients did not require this level of support. The activities timetable was posted in reception area. The clients also had access to a range of activities and were encouraged to get fit and healthy as part of their recovery. Activities included yoga sessions and support to access a local gym. ODAAT also had an annual challenge, which involved staff, volunteers and clients getting involved in activities, which included mountain climbing.
- Clients' belongings were stored securely. Items of value could be stored in the service's safe. The service kept a log of the items that were stored in the safe.

Meeting the needs of all clients

- The service was a faith based organisation but supported clients from differing faiths and would accompany clients to places of worship if required. The service did not stipulate that the staff and volunteers had to be practising any particular faith.
- The service was not accessible to people who used a wheelchair. The service could not admit clients who used wheelchairs or had significant mobility issues as bedrooms and bathrooms were upstairs. There was no scope to adapt the rooms on the ground floor to enable the service to admit clients with mobility issues. The day service where therapies were provided was not wheelchair user friendly either. If a prospective client was identified as having mobility difficulties, they were signposted to other substance misuse services by the provider.
- The clients self-catered and there was a cooking rota. This meant that clients could eat food that was specific to their cultural and religious needs. The service celebrated the diversity of cultures at the weekly big breakfast meeting by providing food from around the world. This weekly meeting gave the clients the opportunity to meet others who were further along in their recovery and receive peer support and encouragement.

- Staff delivered group work and therapy sessions in English. However, the service was able to support individuals whose first language was not English. For example, they had paid for a therapist who spoke Polish for a client.

Listening to and learning from concerns and complaints

- Information on how to complain was readily available to the clients and there was evidence that they knew how to complain. Clients raised complaints initially with frontline staff and there was a three-stage process for reviewing and investigating. During the first stage, the service manager dealt with the complaint and there were clear time frames to investigate and respond to the complainant. If the complainant remained unsatisfied, they could escalate their complaint to the chief executive, who had to provide a response within 21 days. If the issue remained unresolved then the complainant could contact the parliamentary health service ombudsman (PHSO) or the housing ombudsman (HO).
- The service had received two formal complaints in the 12 months prior to inspection. The service did not uphold either complaint. The complaints were not referred to the PHSO or HO. Despite not upholding the complaints, the service had improved some of their processes. For example, staff made improvements in the procedures for keeping an inventory of the clients' items, which were kept in the safe.

Are substance misuse services well-led?

Vision and values

- The service's vision and values were rooted in their faith based ethos. The aim was to assist people who were in difficulty, to support clients to make changes in their lives and to help them make a new start. The service had reviewed their values and was in the process of implementing new values. The new values included striving for excellence, and being open and transparent in the work they undertook with clients. We observed staff modelling these values during the inspection. At the time of inspection, these new values were awaiting sign off. Although the new values were not on display, the service ensured that prospective staff were aware of

Substance misuse services

the new values and vision by including a mission statement in the recruitment pack. When staff moved away from the values of the organisation, managers said that they would address this in supervision.

Good governance

- The service was part of the one day at a time (ODAAT) services, which was part of Hope Worldwide, the registered provider. Hope Worldwide provided services to vulnerable communities in the UK and abroad. The provider did not have any other drug treatment services in the UK.
- The service had a two-tier leadership model, which consisted of a trustee board and a senior management team. Five people sat on the board of trustees and they came from a range of professional backgrounds. The service was currently recruiting more board members with other types of experience to enhance the work undertaken by the service. For example, the service was seeking to recruit an individual who was in recovery as a way of using their expertise by experience and ensuring that the voice of clients was reflected in the work of the organisation at all levels. There was an action plan for trustee members to become more involved in the work undertaken by the organisation. Attendees at the board meeting and senior management meetings discussed information relating to the running of the service, which included staffing, complaints and incidents. This meant that there was oversight, sharing and learning of relevant information across the organisation.
- Members of the senior management team provided feedback to the staff regarding incidents during the twice-weekly team meetings. This gave staff the opportunity to discuss the learning from incidents and review any actions that arose as a result.
- Staff had not received supervision regularly until the beginning of 2016 due to changes in staffing. However, this had improved following recent appointments to the management team. The service had ensured that there

were other forums (for example the team meeting) where staff could raise and discuss aspects of the work they undertook. For example, the therapy manager accessed external peer supervision.

- There was an organisational risk register, which covered both strategic and operational issues. Risks included what would happen if they lost the premises, for example. The service had a business continuity plan, which was updated May 2016. The plan addressed how to continue operating in the event of a disruption to service. The team reviewed the risk register during the six weekly management meeting and looked at how best to mitigate potential risks within the service. The management team also used this six weekly meeting to discuss strategic objectives. The board had just approved a new strategic objective to create targets and the process for monitoring these.

Leadership, morale and staff engagement

- There had been changes in the senior management team over the past 12 months. The previous service manager and therapy manager had left. The chief executive had covered the post of the service manager and this had allowed them to become more involved in the day to day running of the service. The service had recently appointed a new service manager and therapy manager. The senior management team were highly visible to the clients, staff group and volunteers and were located at the day service. The staff and volunteers we spoke with told us that there was strong morale amongst the team and that they felt fully supported by all aspects of management.
- The service had low levels of sickness. There had only been one member of staff who had been on long-term sick leave. The service had supported this individual in returning to work through a phased return and making reasonable adjustments.
- The service did not conduct a staff survey. However, all staff we spoke to stated that they could raise issues with the management team and felt that they would be listened to.

Outstanding practice and areas for improvement

Outstanding practice

- The service provided free beds for clients who could not access funding for treatment from other sources.

Areas for improvement

Action the provider **MUST** take to improve

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

- The provider must ensure that they have robust processes to manage infection control risks and dispose of clinical waste.
- The provider must ensure that staff complete their mandatory training
- The provider must ensure that staff have sufficient training and skills to provide care and support to client in respect of substance misuse and mental health concerns.
- The provider must ensure that there are criminal records checks for staff and volunteers prior to commencing employment and where there are difficulties in obtaining this that a robust written assessment of risk takes place to provide assurances that the individual does not pose a risk to the clients in the service. The provider must ensure that they have processes in place to ensure that those employed in the service remain fit and proper persons.
- The provider must ensure that ensure that staff and volunteers are aware of the legislation, procedures and processes in place that safeguard children.
- The provider must ensure that they have robust fire safety procedures and that the clients are aware of these procedures.
- The provider must ensure that all clients have risk and clear crisis management plans, which have the identified risks and wishes of the individual in the event of the crisis and liaise with support services such

as funding authorities, social care and local primary and secondary health care services to ensure that crises can be managed and planned for. The provider must ensure that the risk assessments/care plans outline the plans to minimise the risks of overdose post opiate detox.

- The provider must ensure that the medicines policy is robust and has guidance on how to support clients who can no longer self-administer. The provider must ensure that there is clear guidance as to what action should be taken if there is a medicines incident out of hours. The provider must ensure that they record why changes to client's medication have been made. The provider must ensure that the medicines policy outlines what action staff should take if they wish to give a client OTC medication.

Action the provider **SHOULD** take to improve

- The provider should consider keeping a supply of Naloxone in accordance with NICE guidance.
- The provider should consider providing training to staff on the principles of the Mental Capacity Act.
- The provider should ensure that there are robust processes in place to ensure that there is good food hygiene.
- The provider should ensure that staff and volunteers adhere to the Lone Working Policy. As some volunteers said that they did not always adhere to the policy.
- The provider should ensure care plans have clear and time bounded objectives in care plans.

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 18 HSCA (RA) Regulations 2014 Staffing

The provider had not ensured that all staff and volunteers who supported clients had completed their mandatory training. For example, there were low completion rates for safeguarding adults training and no child safeguarding training.

The provider did not provide training to staff in substance misuse awareness or the physical health symptoms that may occur in individuals who had undergone detox.

Regulation 18(1)(2)(a)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider had did not have processes in place to ensure that all staff and volunteers had a criminal records checks or had been risk assessed prior to employment. They could not provide assurances that all staff and volunteers working with clients did not pose a risk to clients. The provider did not have processes in place to assure themselves that staff and volunteers remained fit and proper persons to be employed in the service.

Regulation 19(1)(2)

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Accommodation for persons who require treatment for substance misuse

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

There was a lack of assessment of risks to clients in a crisis and associated crisis plans

Staff lacked Mental Health Awareness training.

The provider did not provide training to staff in substance misuse awareness or the physical health symptoms that may occur in individuals who had undergone detox.

Staff lacked appropriate skills and competence to support the client group.

There were poor infection control process

The provider's medicine policy did not provide clear guidance on how manage medicine incidents that took place out of hours. There was no guidance prompting staff or volunteers to seek advice from a pharmacist or doctor before giving over the counter medicines to clients.

Regulation 12 (2) (a)(b)(c)(h)

Regulated activity

Regulation

Accommodation for persons who require treatment for substance misuse

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

Fire procedures were not robust

Regulation 12 (d)