

# Park View Project (Unity House)

## Quality Report

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Date of inspection visit: 30 September 2016  
Date of publication: 21/11/2016

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

## Overall summary

This was a focused inspection relating to issues identified at a previous inspection.

We issued a warning notice following a comprehensive inspection in July 2016 relating to two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Breaches were for regulation 12 (safe care and treatment) and regulation 15 (premises and environment).

At this inspection, we assessed whether the service provider had put right issues identified in the warning notice. We found improvements in terms of safe care and treatment and that the provider had met the requirements of the warning notice. We found improvements in terms of premises and the environment, but there were still areas that the provider had not addressed, so we have issued a requirement notice for a breach of regulation 15 (premises and environment).

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

- Cleaning and maintenance of the showers had not thoroughly addressed the problems, and there remained dirt, ingrained mould, and decaying sealant.

- Dry foods, such as cereals, were not stored in sealed containers.

- The appliances in the kitchenette in the dining and group room were in need of cleaning or repair.

- There were no hand towel or toilet roll dispensers in some of the toilets, so they were placed on the top of general waste and sanitary product bins.

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

- The provider had implemented effective food hygiene procedures, which included the safe monitoring, preparation and storage of food.

- The provider had implemented cleaning schedules and guidance, and the provision of employed cleaning staff to work alongside clients.

- First aid boxes were new, and their contents complete and in date.

- Action had been taken to address an ongoing damp problem in the building, and the area affected was not accessible to clients.

# Summary of findings

- The provider had an ongoing programme of work, which had started at Unity House's sister service. This included the replacement or refurbishment of all the showers and bathrooms. New chairs were on order for the dining and group room, to replace the existing chairs which were dirty and stained.
- The provider had implemented colour-coded mops, to reduce the risk of cross contamination.

# 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

## Contents

### Summary of this inspection

	Page
Background to Park View Project (Unity House)	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	7
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	9
Outstanding practice	12
Areas for improvement	12
Action we have told the provider to take	13

# Park View Project (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 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.

The service does not have a registered manager. There is an interim manager in place, and recruitment is underway to the permanent post.

## 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 unannounced inspection to find out whether The Riverside Group Limited had made improvements at Park View Project (Unity House) since our last inspection, and had taken action to rectify the concerns identified in the warning notices.

We last inspected Park View Project (Unity House) in July 2016. Following this inspection we told the provider that it must take the following actions to improve Park View Project (Unity House):

- The provider must implement policies and procedures that ensure that the premises and equipment are clean, safe and properly maintained. Warning notices were served for a breach of regulation 12 (safe care and treatment) and regulation 15 (premises and

equipment). CQC told the provider that it must be compliant with these regulations by the 22 September 2016. The provider sent us an action plan and said that it was compliant by the 22 September 2016.

- We also told the provider that it 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. A requirement notice was served for a breach of regulation 17 (good governance). Compliance with this requirement notice will be inspected at a future inspection.
- We also told the provider that it must ensure that there are sufficient numbers of staff to provide care and

# Summary of this inspection

support for clients. A requirement notice was served for a breach of regulation 18 (staffing). Compliance with this requirement notice will be inspected at a future inspection.

## How we carried out this inspection

During this inspection, we assessed whether the provider had made improvements to the specific concerns we identified during our last inspection.

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

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the physical environment, including how it was cleaned and maintained
- spoke with the manager and the regional operational manager
- spoke with three other staff
- 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?**

On this inspection, we assessed whether the provider had made improvements to the specific concerns we identified during our last inspection. This was in relation to one of our key questions.

We do not currently rate standalone substance misuse services.

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

- Cleaning and maintenance of the showers had not thoroughly addressed the problems, and there remained dirt, ingrained mould, and decaying sealant.
- Dry foods, such as cereals, were not stored in sealed containers.
- The appliances in the kitchenette in the dining and group room were in need of cleaning or repair.
- There were no hand towel or toilet roll dispensers in some of the toilets, so they were placed on the top of general waste and sanitary product bins.

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

- The provider had implemented effective food hygiene procedures, which included the safe monitoring, preparation and storage of food.
- The provider had implemented cleaning schedules and guidance, and the provision of employed cleaning staff to work alongside clients.
- First aid boxes were new, and their contents complete and in date.
- Action had been taken to address an ongoing damp problem in the building, and the area affected was not accessible to clients.
- The provider had an ongoing programme of work, which had started at Unity House's sister service. This included the replacement or refurbishment of all the showers and bathrooms. New chairs were on order for the dining and group room, to replace the existing chairs which were dirty and stained.
- The provider had implemented colour-coded mops, to reduce the risk of cross contamination.



# 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

### Are substance misuse services safe?

#### Safe and clean environment

Following our last inspection in July 2016 we issued a warning notice for breach of regulation 12 (safe care and treatment). We found that food hygiene standards were not followed and food was not stored appropriately, which put clients at risk of food poisoning. At this inspection we found that the provider had taken action to address these concerns, and was now compliant.

The chef from Unity House's sister service (The Havens) now worked across both sites, and had implemented standard food hygiene procedures. This included templates from or based upon the Food Standards Agency's "Safer Food" guidance. Fridge and freezer temperatures were routinely recorded, and there were opening and closing checks for use of the kitchen. There were different coloured chopping boards and knives for different types of foods. There was information on display about how to prepare and store food safely. There was a mop and bucket identified for use only in the kitchen. There was information on display describing handwashing procedures.

We found no out of date food in the cupboards, fridges or freezers. There were dedicated fridges and freezers for meat and non-meat products. Cooked and uncooked meats were stored in different fridges, so there was no risk of cross contamination. Food was stored in cupboards, or on shelving that was raised above the ground. Rolls of different coloured labels with the days of the week were available, and these were used to indicate when food had been opened. The only minor issue we found in the main kitchen was that some dry goods, such as cereals, were stored in their original packets but were not sealed.

There was a kitchenette, separate from the main kitchen, in the dining and group room. At our previous inspection in July 2016 the fridge was full, and the food was not stored safely. At this inspection there were only a few items in the fridge - such as milk, butter and soft drinks - and these were stored correctly. There were still some areas of the kitchenette that required cleaning or maintenance. The internal freezer door was still missing, and there was some

minor damage to the plastic coating on the inside of the fridge which made it difficult to clean. The outside of the cooker was clean, but the inside was dirty. Staff told us that the cooker was not used, as clients used the cooker in the main kitchen. The toaster was rusty.

During our last inspection in July 2016 we found that first aid boxes were incomplete, and contained items that were out of date. At this inspection we found that the provider had taken action to address these concerns, and was now compliant. We checked five first aid boxes throughout the building, and a burns and scalds first aid box in the kitchen. All six boxes were new and contained a checklist of contents. Each box contained the items listed, and the items were all in date.

Following our last inspection in July 2016 we issued a warning notice for breach of regulation 15 (premises and equipment). We found that areas of the building were not clean or properly maintained, and appropriate infection control procedures were not followed. At this inspection we found that the provider had taken some action to address these concerns, but there were still areas of the building in need of cleaning or repair. This remained a breach of regulation 15 (premises and equipment). As the provider has taken some action, and there are plans in progress for further improvements, a requirement notice was issued in place of the warning notice.

The damp on the walls in the communal corridors had been addressed. There were still problems with damp in the basements, but remedial work was being undertaken. These rooms were locked and not accessible to clients. Damp paper records had been removed, and piles of haphazardly stored items had mostly been removed from the basements.

The shower screen in one of the men's showers had been repaired. However, another shower-head pole was detached from the wall at the top. New mastic had been applied to some of the showers. However, there was still visible black slime in the corners and lips of the showers, and ingrained black mould in the sealants, some of which remained poorly applied and deteriorating. The provider told us that there was a programme of work to refurbish all the bath and shower rooms, which has started at the sister service The Havens and would progress to Unity House in

# Substance misuse services

the near future. We inspected The Havens on the same day as Unity House, and saw that the showers there had been refurbished to an acceptable standard. There were 27 dead wasps in the fluorescent light fitting in one of the shower rooms. The provider had recently appointed a permanent maintenance person across Unity House and its sister service, who would address maintenance issues.

At the last inspection there were no colour coded mops and buckets, so the same mop may have been used for toilets and dining rooms. The provider had taken work to address this, but there were still some areas where infection control procedures could be improved. At this inspection we saw that there were now colour coded mops and buckets, and information about this was on display. However, we saw a green mop in one of the women's toilets, without a bucket, and it was not clear what this had been used for. Red was the designated colour for bathrooms, and green was for hallway and stairs. There were no dispensers for toilet roll or hand towels in the two

toilets in the female area. One toilet did not have any hand towels, and where available the toilet rolls and hand towels were stacked on top of the general waste and sanitary product bins. The chairs in the group/dining room were dirty and stained. The provider had ordered new chairs, in consultation with clients, and was waiting for these to be delivered.

The provider had brought in an external company to deep clean the kitchens, and implement working procedures for ensuring the building was cleaned appropriately, and this included an increase in the provision of cleaning staff. Clients still carried out cleaning duties, as this was part of their therapeutic programme. There was a schedule for client cleaning, and a list of what needed doing and the necessary cleaning materials (such as chemicals and protective clothing), and what was an acceptable level of cleanliness for each task. This was monitored by the manager. Clients were working alongside the cleaning staff, so that they could develop their skills.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

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

### Action the provider **SHOULD** take to improve

- The provider should ensure that dry foods, such as cereals, are stored appropriately.

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>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 suitable place for hand towels and toilet rolls in the toilets, which meant they were placed on top of general waste and sanitary product bins.</p> <p><b>Regulation 15(1)(2)</b></p>