1st Stage House

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate standalone substance misuse services.

This was a short notice announced, comprehensive inspection. However, also during this inspection we checked the progress the provider had made in addressing the breaches of regulations identified at the previous inspection in May 2016.

At this inspection we found the following improvements:

- The provider had made improvements on the issues found in the May 2016 inspection, which related to the safety of the service. At the last inspection in May 2016 the provider's medicines policy did not offer clear guidance on how to support clients who could no longer self-administer medicines. During this inspection, the provider's management of medicines had improved, the medicines policy now included guidance on monitoring and recording changes to client's medicines, action to be taken by staff if a client could no longer self-administer. The policy included what staff should do if there was a medicines incident out of hours. Staff no longer stored over-the-counter medicines and the provider's medicine's policy indicated this.
- At the last inspection in May 2016 we found that clients did not have appropriate risk assessments and crisis management plans. During this inspection the

Summary of findings

provider had improved clients' crisis planning and management, this included plans to minimise the risk of overdose when clients had completed opiate detoxification.

- At the last inspection in May 2016 we found the provider had not ensured safe staffing. During this inspection the provider had systems in place to ensure pre-employment checks were carried out and staff take up of mandatory training had improved. Staff received specialist training in substance misuse, mental health concerns and safeguarding children from abuse. The service now kept a stock of naloxone for clients at the recovery house and staff and volunteers were trained on how to use it. Staff had a good understanding of the Mental Capacity Act
- At the last inspection in May 2016 the provider did not ensure a safe and clean environment. During this inspection, the provider had improved fire safety procedures and the service had new carbon monoxide detectors installed. The service had an improved system for infection control risk.

In addition we found the following areas of good practice:

- Staff completed comprehensive risk assessments with clients on admission. Care records were personalised, holistic and recovery orientated. The service offered clients a range of psychological therapies recommended by the National Institute for Health and Care Excellence (NICE).
- Staff had a good understanding of clients' recovery needs. Clients reported staff treated them with dignity and respect. We observed good interactions between staff and clients and this impacted positively on client's recovery. The service offered treatment to clients who were in need with no access to funding through the provision of a bursary.
- Senior management were visible throughout the service. Clients and volunteers fedback that they knew who the senior management were and worked closely with them. Volunteers received regular supervision from management. Staff and volunteers had worked at the service for a number of years and turnover was low.

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

- At this inspection, we found the provider did not have appropriate systems in place to assess client's ability to self-administer their medication upon admission. Although, the provider had made effective changes to the management of medicines policy and procedures these had not been fully embedded yet.
- Although staff reported safeguarding concerns to the local authority, the provider did not have a policy in place for notifying the CQC of incidents. Managers and staff were not aware that they needed to notify the CQC of incidents.
- The service's admissions policy did not clearly describe the criteria for accepting a client with complex mental health needs.
- Staff did not conduct regular monitoring of the quality of care and treatment provided. This meant staff could not monitor and improve the running of the service.

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Background to 1st Stage House

1st Stage House is a male only residential rehabilitation service for up to nine men with a history of substance misuse issues. Clients must complete a detoxification programme prior to admission and be abstinent.

The service is provided by Hope Worldwide and the 1st stage house forms part of their "One Day at a Time" programme. At the time of our inspection there were five clients using the service. Client's treatment costs could be funded through a bursary from the provider, or funded by the client's local authority. The programme is based on a model of recovery which is being used in the United States of America. As part of the programme, clients are offered therapeutic interventions and appointments with their key worker at the day service which was located nearby.

There was a registered manager for the service at the time of the inspection.

The service is registered to provide:

- Accommodation for persons who require treatment for substance misuse.

This service was inspected at the same time as the provider's 2nd Stage House located at 13 Donnybrook road, Streatham SW16 5AT.

We last inspected 1st Stage House in May 2016. We found that there were concerns about the safety of the service and issued a number of requirement notices. During this inspection, we found that the service had addressed these concerns.

Our inspection team

The team that inspected the service comprised CQC inspector Hannah Wightman (inspection lead), one other CQC inspector, a specialist advisor, who was an addictions nurse 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.

Why we carried out this inspection

We undertook this inspection to find out if 1st Stage House had made the required improvements following our last inspection in May 2016. However, also during this inspection we carried out a short notice, comprehensive inspection at the same time.

Following our inspection in May 2016 we issued a number of requirement notices requiring the service to make the following improvements:

- 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 clients 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 staff and volunteers are aware of the legislation, procedures and processes in place that safeguard children.

Summary of this inspection

- 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 there are carbon monoxide detectors in the service, in line with the recommendations from the HSE
- 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.

These related to breaches of the Health and Social Care Act (Regulated Activities) regulations 2014:

Regulation 12 (safe care and treatment)

Regulation 18 (staffing)

Regulation 19 (fit and proper persons employed)

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 and asked other organisations for information,

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment, and observed how staff were caring for clients
- visited the day service based at premises nearby
- spoke with three clients
- spoke with the registered manager and the chief executive
- spoke with two other staff members employed by the service provider, including the therapy manager
- received feedback about the service from one care co-ordinator
- spoke with four peer support volunteers
- attended and observed a weekly breakfast club for clients
- looked at three 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

Clients' feedback about the service and staff was very positive.

Clients reported that staff treated them well and with compassion. A 'buddy' was allocated to clients when they first moved in. This helped clients feel safe and supported during their recovery.

Clients described how staff treated them fairly through the duration of their stay and they felt respected. Staff provided emotional support to clients to minimise their distress during admission. For example, the therapy manager supported a client at their home to pack their belongings ready for admission to the service.

Summary of this inspection

We saw staff spending time with clients in the communal areas during the day and speaking to clients in a friendly and respectful manner.

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 improvements:

- At the May 2016 inspection, the provider's medicines policy and management of medicines was not safe. The provider did not have effective systems in place to monitor client's mediation administration and to report medicines incidents out of hours. During this inspection the provider had implemented new systems to safely monitor client's medication.
- Since the last inspection in May 2016, the provider had improved clients' crisis planning and management, this included plans to minimise the risk of overdose when clients had completed opiate detoxification. The provider had clear systems in place in the event a client had an unplanned exit.
- At the last inspection in May 2016, we found the provider had not ensured safe staffing. During this inspection, the provider had systems in place to ensure pre-employment checks were carried out and improvements made for compliance with mandatory training. The provider had made improvements to ensure a safe and clean environment, there were improved fire safety procedures in place that clients were aware of and there was an improved system for infection control risk.

In addition we found the following areas of good practice:

- Staff safeguarded vulnerable adults and children from abuse. Staff demonstrated a sound understanding of safeguarding issues and their responsibilities to report abuse.
- The service had enough staff to safely care for the number of patients and their level of need.

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

- Although the provider had implemented changes to their management of medicines at the service, this was new and had not been fully embedded.
- Staff did not assess and record whether clients could self-administer their medicine during the admission assessment. We raised this with staff during the inspection who acknowledged that this was an area they needed to improve.

Are services effective?

We found the following areas of good practice:

Summary of this inspection

- At the last inspection in May 2016, the provider did not train staff to provide care and support to clients in respect of mental health concerns and the Mental Capacity Act. We also found low completion rates for staff training in substance misuse. During this inspection, we found improvements had been made and all staff had received training in substance misuse and the Mental Capacity Act.
- At the last inspection in May 2016, client's care plans did not contain clear and time bounded objectives. During this inspection this had improved. Keyworkers completed personalised care plans for clients with realistic objectives, and were reviewed regularly with the client.
- The service had an aftercare programme that clients could attend for as long as they needed.
- Clients' care plans were holistic, detailed and recovery oriented. Clients had personalised goals in their care plans.
- Staff received regular supervision and had annual appraisals.

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

- Staff did not conduct regular monitoring of the quality of care and treatment provided. This meant staff could not monitor and improve the quality of the care provided.

Are services caring?

We found the following areas of good practice:

- We received very positive feedback from clients that they were treated with respect, kindness and compassion. Clients received care, treatment and support that met their individual needs.
- We observed very positive staff interactions which were caring and respectful. Staff across the service, including the senior management team, had a good understanding of the individual needs of specific clients. Clients felt safe at the service. For example, staff assigned a 'buddy' to clients who were new to the service.
- Clients were involved in the planning of their care. Clients met every week with their key worker to discuss their goals and objectives for the week.

Are services responsive?

We found the following areas of good practice:

- The service could offer treatment to clients who had no access to funding through the provision of a bursary.

Summary of this inspection

- Therapy sessions and programmes were delivered throughout the week. There were a range of activities available throughout the week and weekend that delivered support for substance misuse and promoted health and well-being. Clients were encouraged to undertake activities that promoted independence.
- Staff supported clients from different faiths to practise their own religion.
- Clients knew how to complain and felt listened to when contributing towards improvements within the service.

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

- The service's admissions policy was not clear regarding the criteria for accepting a client with mental health needs. This meant there was no clear guidance for staff on how to assess new clients for admission.

Are services well-led?

We found the following areas of good practice:

- The service had clear vision and values to support clients to make positive changes in their lives. Staff shared and practised these values.
- Senior management met regularly to discuss incidents, complaints and improvements at the recovery service.
- The service had a risk register that was comprehensive and reviewed regularly by senior management.

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

- Although staff reported safeguarding concerns to the local authority, the provider did not have a policy in place for notifying the CQC of incidents. Managers and staff were not aware that they needed to notify the CQC of incidents.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

At the May 2016 inspection, none of the staff had completed training related to the Mental Capacity Act (MCA) and deprivation of liberty safeguards. During this inspection, the service had introduced MCA training as mandatory and 100% of staff had completed the training. Staff displayed a clear understanding of how the principles of the MCA would be relevant to their role.

The service had policies and procedures in place for staff to follow in relation to the MCA.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The service was visibly clean, comfortably furnished and well maintained.
- 1st Stage House provided accommodation for clients whilst they undertook psycho social therapies for their substance misuse issues. These therapies took place at a different site.
- During the previous inspection in May 2016, we identified that the provider did not have robust systems in place to manage infection control and dispose of clinical waste. At this inspection, we found that the service had made improvements. Staff followed good infection control practice and the service managed infection risk well.
- The provider had an infection control policy which highlighted the procedures for the prevention of spreading infectious diseases. It included bodily fluid spillages and hand washing techniques. Records confirmed that staff carried out monthly audits of infection control procedures. Handwashing facilities were available for staff.
- The provider had an effective clinical waste management system. Staff undertook urine screening tests to ensure that clients had not used substances that were prohibited by the service. Clients used disposable pots when providing urine samples. When testing the urine samples volunteers wore latex gloves and then disposed of the gloves and pots in yellow clinical waste bags. These waste bags were collected up by an external waste disposal company on a regular basis. This reduced the risk of infection within the service.
- A first aid box was kept on the premises and staff checked the contents regularly.
- At the last inspection in May 2016 we found that the service did not have processes in place to ensure that good food hygiene was maintained. At this inspection, we found that the service had made improvements. As part of the weekly health and safety checks, volunteers checked that the fridge in the kitchen was clean and food was in date. We found that food was labelled in the fridge and in date. Food was stored in air tight containers and cooked and uncooked foods kept in separate areas of the fridge.
- The service had a control of substances hazardous to health policy, which outlined how substances should be stored. Hazardous substances were kept in a locked cupboard which the senior resident had the key to.
- At the last inspection in May 2016, we found the carbon monoxide (CO) detectors had been removed and not replaced in the property. This was not in line with Health and Safety Executive recommendations. At this inspection, we found that the service had made improvements. Staff had fitted new CO detectors in the building and carried out regular checks to ensure they were working
- At the last inspection in May 2016 we identified that fire safety procedures were not clear and clients were not aware of the fire safety procedures. The service did not have any fire extinguishers in the house. At this inspection we saw improvement, the service had a fire extinguisher within the house and the registered manager checked these monthly. The provider's recent fire risk assessment was dated October 2016.
- As part of weekly health and safety checks, volunteers checked the fire doors were in full working order. We looked at the health and safety records for the last one month and found that staff had recorded when these

checks took place. Clients said they knew the fire safety procedures and took part in the weekly health and safety checks of the house. Clients took part in monthly fire drills to check they knew what to do in the event of a fire. The environment had clear fire exits and was free from obstructions.

- Electrical and gas appliances had been safety tested within the last 12 months. This was in line with formal guidance from the health and safety executive, and ensured the safety of clients.

Safe staffing

- The provider had enough staff to keep clients safe. The service had four full time staff and four volunteers working Monday to Friday. The input provided by volunteers was significant. Volunteers provided out of hours on call support to clients in emergencies. A paid member of staff was also on call for senior level support.
- Paid staff at the service provided therapy groups and management roles. Volunteers provided support to clients through regular key working sessions and support with household duties. The service did not use any agency or bank staff to cover shifts. Client groups were never cancelled due to shortage of staff. When the service was short of staff, due to sickness or leave, volunteer counsellors were contacted to facilitate groups in the service. This was only between office hours Monday to Friday and rarely happened. Sickness levels for staff were low for the period between July 2016- August 2017 at less than 1% and the service did not have any turnover of staff in the last 12 months.
- The house was not staffed on evenings and weekends. The volunteers and staff visited the house every week to carry out health and safety checks.
- At the last inspection in May 2016, we found not all staff had completed mandatory training. At this inspection, we found that the service had made improvements. All staff and volunteers had completed mandatory training for safeguarding vulnerable adults from abuse, prevention of blood borne diseases and emergency first aid. We checked training records and found there was still some training that had not been completed by all staff. Eighty nine percent of staff had completed safeguarding children from abuse, handling medication and avoiding drug errors and health and safety.
- At the last inspection in May 2016, we found staff did not always following the lone working procedure. During this inspection, we found that the service had made improvements. All staff knew the lone working procedure. Volunteers attended the houses in pairs. However, where volunteers attended the house on their own they informed their line manager and followed the lone working protocol. The service had a lone working log which all staff signed in when they were working on their own. When staff arrived for their duties they informed a staff member with a telephone call when they arrived and when they left their visit. The staff member was on standby if they did not receive a telephone call within a reasonable time.
- At the last inspection in May 2016, the provider had not completed Disclosure and Barring Services (DBS) criminal record checks for all staff and volunteers prior to commencing employment. At this inspection we checked the personnel files of eight staff and volunteers and found that each had appropriate checks in place. Although, no new staff had joined the organisation since the last inspection, the provider had systems in place to check that all paid and unpaid staff had received a criminal record check.

Assessing and managing risk to clients and staff

- We looked at the risk and crisis management plans for three clients at the house. When clients were referred to the service the therapy manager assessed the potential risks to the client and staff. A comprehensive risk assessment was completed upon admission to the service. It included a full risk history including risks of sex working, domestic violence and blood-borne viruses. A blood-borne virus is a disease that can be spread through contamination by blood and other body fluids. Staff updated risk management plans every six weeks. Risk was discussed weekly during key worker sessions. Risks such as physical health and exploitation were reviewed.
- At the last inspection in May 2016 we identified that the provider did not have clear risk and crisis management plans outlining the risks and wishes of the individuals in the event of a crisis. At this inspection, we found that the service had made improvements. Each client now had a crisis management plan and these were appropriate. For example, the plans gave information about who to contact in an emergency or in the case of a relapse or

overdose and who to call including care managers. The provider had a clear unplanned exit policy in place which outlined what staff would do in the event that a client breached the rules of the programme. This included, ensuring that the client would be supported in the community by contacting other organisations including the local homeless persons unit upon leaving the programme early. This meant that staff knew what to do in the event of an unplanned exit.

- At the last inspection in May 2016 we identified that risk assessments did not outline the plans to minimise the risk of overdose post opiate detoxification. At this inspection, we found that the service had made improvements. The provider had followed National Institute for Health and Care Excellence (NICE) guidance on opiate overdose and had a programme for delivering naloxone medication for clients. Naloxone reverses the effects of an opioid overdose if an individual relapses and uses drugs. We looked at the risk assessments for three clients' and found that staff had completed a section on what staff should do to minimise the risk of overdose.
- At the last inspection in May 2016, we found that the providers medicines policy did not clearly outline what would happen if a client could no longer self-administer their medication. During this inspection we saw that the provider had updated their management of medicines policy which included guidance on what staff should do if a client could no longer self-administer, but further improvements were needed to embed this into practice.
- The management of medicines policy was in accordance with best practice guidance from NICE. Two clients were self-administering their medication at the time of the inspection. We saw that one client was not taking their supplements as prescribed as there were full packets of some supplements in their locked storage cupboard. Records showed a supplement which should have been taken three times a day was only taken twice a day. Staff said they checked with clients on a regular basis when they were at the therapy offices on their medication. However, this was not recorded and it was not clear from the medicines sheets where staff checked this. Staff signed the sheets but it was not clear what they were checking for. This was escalated to the manager during the inspection and action was taken by them to ensure that staff knew what to do if a client was not managing their medicines. The recovery director ensured staff followed this updated policy by conducting a team meeting to discuss with staff and volunteers the new system to monitor clients managing their own medication.
- During the inspection the recovery director and chief executive developed a new medicines sheet for clients to use. This was in a clearer format and introduced a weekly stock count. Staff started using them during the inspection. The new sheets meant that each week volunteers would support clients to complete a stock check of their medication and this would then be given to the recovery director to scrutinise. At the time of the inspection the recovery director told us they would be taking the lead on medicines management to ensure the safe monitoring of clients medication.
- During the inspection, another client who was self-medicating, staff had co-ordinated with the GP and local pharmacist to commence weekly prescribing of medicines that were dispensed in a dossette box (container for storing scheduled doses of medication). This protocol was in line with the provider's policy and a good way of supporting clients to self-administer medication.
- At the last inspection in May 2016, the provider's management of medicines policy did not detail what would happen if there was a medicines incident out of hours. During this inspection, we found that the provider's management of medicines policy had improved. It offered clear and appropriate guidance for staff on what they should do in the event of an out of hour's medicines incident.
- At the last inspection in May 2016, the provider had not updated their policy to reflect what action staff should take if they chose to give clients over-the-counter (OTC) medication. We found staff storing a supply of non-prescribed OTC medication for minor ailments. If a client felt unwell out of hours the senior resident contacted the duty worker to authorise giving them to the client. At this inspection, staff told us they were no longer storing OTC medication and the new medicines management policy reflected this. Staff told clients they had to acquire their own OTC medication if they needed it and to store it in their own lockable containers. This reduced the risk of staff dispensing medication when they were not trained to do so.

Substance misuse services

- At the last inspection in May 2016 we found the provider did not monitor and record changes to client's medication. Client's medicines sometimes changed week to week and no reason was recorded for this change. When we re-inspected the service in August 2017 we found that the service had made improvements. We saw that changes to prescribed medicines were discussed in regular key working sessions and recorded in clients care and treatment records.
- When clients were admitted to the service staff did not assess whether a new client could self-administer their medication. Staff recorded what medication clients had with them when they first arrived, but we did not see evidence that staff had completed an assessment of client's abilities to self-administer their own medicine. This meant that staff may not respond appropriately if a client had a high level of support around their medicines management once they were admitted to the service. We raised this with the recovery director during the inspection. They acknowledged that an additional section on the assessment form would guide staff in determining what support a client needed to self-administer their medication. The recovery director explained that this was something they would implement immediately to appropriately assess new clients managing their own medicines.
- At the last inspection in May 2016 we found that staff were not trained in safeguarding children from abuse or knew the procedures that were in place to safeguard children. At this inspection we found all staff had completed training in safeguarding children from abuse. Staff understood the importance of safeguarding children who may have contact with the client's at the service. The provider had implemented a children's safeguarding policy which outlined how to identify signs of abuse in children. Staff said that children were not allowed to visit the service and if necessary volunteers could accompany clients to visit their own children in the community if they wished.
- Staff understood how to keep clients safe from abuse and the service worked effectively with other agencies to do so. Staff had good liaison with different health and social care professionals to adequately meet the needs of clients. All safeguarding alerts were reported through NHS systems or local council systems.
- All staff and volunteers completed training in safeguarding vulnerable adults from abuse. We saw an example of staff appropriately reporting a recent safeguarding concern to the local authority. Staff understood that client's with a history of substance misuse problems and mental health needs could be at risk of abuse from others.
- When clients were admitted to the service they verbally agreed to a number of restrictions as part of the therapy programme. Clients had limited contact with their family or friends during the early stages of treatment. They could not have mobile phones. They could not have a key to the house. Initially, clients were chaperoned by a buddy who accompanied them into the community and gave them access to the house. Clients provided urine samples for drug testing. These restrictions were in place for up to six weeks and assessed at regular intervals by the therapy manager. If clients used alcohol or drugs whilst in treatment, they were required to leave the service.

Track record on safety

- The service had reported no serious incidents in the last 12 months.

Reporting incidents and learning from when things go wrong

- The provider had an incident reporting system in place. Staff used incident reporting processes appropriately. Three incidents had been reported in the period January 2017 to August 2017. Incidents included an event where client's medication had not been stored correctly. Another incident involved client on client verbal discrimination.
- The service had a policy for reporting incidents. Staff knew what incidents to report and how to report them. Volunteers reported any incidents from the house to their line manager who then completed an incident form.
- Incidents were included as an agenda item at the team meetings and there was evidence of learning from incidents as a result. For example, we saw as a result of one incident staff reviewing their maintenance procedures.

Duty of candour

Substance misuse services

- Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. Staff were aware of the need to be open and transparent when things went wrong. The service had a duty of candour policy. Staff understood the importance of needing to be open, transparent and apologise to clients when things went wrong.

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

Assessment of needs and planning of care

- Staff completed comprehensive assessments for clients on their admission. The assessment included sections such as their medical, financial, blood borne virus status, domestic violence, mental health, physical health and social care needs. We reviewed three care records in detail. The therapy manager completed the risk assessments and the keyworkers completed the care plans. Staff and volunteers supported clients through regular key working sessions and daily contact with the clients. Key workers updated client care plans on a weekly basis. There was evidence that keyworkers discussed medication changes and recovery goals with clients.
- At the May 2016 inspection, staff ensured all care plans had objectives but they were not recovery focussed or specific, measurable, achievable, realistic and time bounded, (SMART). During this inspection, we found an improvement and care plans were SMART. Key workers and clients reviewed clients' objectives weekly and followed these with actions. Objectives were realistic and personalised to the client.
- The service had paper based client records. All clients had care plans. Staff stored these files in a locked cabinet. The client timetable included therapeutic and group work sessions; these included one to one counselling sessions, anger management, relapse prevention, reflection group and yoga.

Best practice in treatment and care

- The service based its model of care on a programme used in the United States called One Day at a Time (ODAAT). It was a structured programme with therapeutic input, which emphasised the importance of peer support and personal accountability. The purpose of the 1st Stage House programme was to provide a safe, closely managed structure for clients in their early days of recovery. After clients had completed three months at 1st stage house they continued their therapy programme at the provider's 2nd stage house.
- Staff understood the physical health needs of the client group. Shortly after clients were admitted to the service they were registered with a local GP. 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. Care plans included physical health needs of the client and addressed any physical health problems that clients with drug and alcohol dependencies may face. For example, supporting clients to attend a liver function test.
- At the May 2016 inspection, the service did not keep a stock of naloxone for clients following opioid detoxification, in accordance with National Institute for Health and Care Excellence (NICE) guidance. During this inspection, the service kept a stock of naloxone for clients at the recovery houses. The naloxone was clearly displayed in the house, was in date and appropriate for use. Staff, volunteers and clients had received naloxone training should they need to use it.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. In accordance with the NICE guidance, the service provided cognitive behavioural therapy and psychodynamic therapy for clients. The service provided a number of self-help groups, which included relapse prevention and anger management. The therapy manager ran these groups and received appropriate external supervision in line with NICE guidance. The service encouraged clients to attend external self-help groups and there was evidence of clients attending alcohol anonymous, narcotics 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.
- Staff had recently included the treatment outcomes profile (TOP) within clients' admission packs. TOP is the national outcome monitoring tool for substance misuse services.

- Staff carried out infection control audits of the service. However, staff did not conduct any other clinical audits, which meant the provider did not assure themselves of the quality of the service they provided for clients.

Skilled staff to deliver care

- At the May 2016 inspection, staff did not have sufficient training and skills to provide care and support to client in respect of substance misuse and mental health concerns. During this inspection, the service had improved. The service had introduced specialist training modules, each with a 100% take up by staff. The modules included drugs and alcohol (including relapse prevention and effects of detox), mental health, naloxone and overdose awareness. This training included a module on legal highs, which demonstrated staff received training on new drug culture. Staff had also attended a substance misuse training event at an external NHS provider.
- The service supported volunteers to enrol onto a level 3 diploma in alcohol and substance misuse. This supported volunteers to receive training to enable them to undertake their role and also supported with their professional development.
- Staff received one to one supervision each month. All staff had received an appraisal in the last 12 months. Volunteers were supported by management in group supervision. These happened a minimum of once every month, sometimes fortnightly.

Multidisciplinary and inter-agency team work

- Staff handed over information to each other about clients throughout the day. This was an informal handover rather than a standard meeting and was not recorded. The service was small and staff were able to update the rest of the team as and when situations arose. Staff said the on call manager was always available to handover information.
- Staff attended regular team meetings; we reviewed minutes from these meetings that demonstrated a standard agenda and covered topics such as staffing, complaints and incidents.
- The service had good multi agency working. We saw good communication with client's care managers. For example, regular meetings took place between care managers and staff to update on their progress.
- Staff supported clients who had mental health needs to get appropriate support. We saw an example where a client's mental health had deteriorated and the staff team liaised with the client's mental health care professional who was then able to provide the necessary guidance and support.

Good practice in applying the MCA

- At the May 2016 inspection, none of the staff had completed training related to the Mental capacity Act (MCA) and deprivation of liberty safeguards. During this inspection, the service had introduced MCA training as mandatory and all staff and volunteers had completed the training. Staff displayed a clear understanding of how the principles of the MCA would be relevant to their role. For example, staff explained the principles of presuming capacity and that every person has the right to make his or her own decision.
- The service had a mental health policy, which included the MCA. The policy provided guidance to staff on the principles of the MCA.

Equality and human rights

- The service provided training in equality and diversity with a 100% take up by staff. The service was solely open to men but staff would not reject a client based on their ethnicity, sexuality or religion.
- There was evidence that the provider supported clients around their sexuality, for example staff facilitated a group session on lesbian, bisexual, gay and transsexual (LBGT) rights.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Staff treated clients with dignity and respect. We observed the weekly brunch morning that was held at the main office which clients attended daily. Staff joined the clients in eating brunch and talking about the week's current affairs. This was a way for clients and staff to meet in a structured way outside of the therapeutic programme. We saw staff spending time with clients in the communal areas during the day and speaking to them in a friendly and respectful manner.
- Feedback from clients confirmed that staff treated them well and with compassion. We spoke with three clients at the house and one former client.

- Clients described how staff treated them fairly through the duration of their stay and felt respected. For example, the service subsidised an overnight stay if a client relapsed and did not have a home to go to after being discharged from the service.
- Staff provided emotional support to clients to minimise their distress during admission. For example, the therapy manager supported a client at his home to pack his belongings ready for admission to the service.
- Staff assigned a 'buddy' to clients who were new to the service. The buddy was already resident in the house, this was to orientate the client to the service and accompany them out into the community. Clients fed back positively about the buddy system and recognised that their buddy provided them with a safety net when they were in the first stages of their recovery.
- Staff understood the needs of the clients. Staff knew the importance of abstinence within this client group and supported them to maintain this. We saw evidence of staff liaising with criminal justice systems, social care and children services in order to support clients with their particular needs.

The involvement of clients in the care they receive

- On admission all clients signed consent to treatment and share information forms. This was included as part of their welcome pack. We saw in the records that each client had signed a confidentiality agreement with the service.
- Staff involved clients and those close to them in decisions about their care and treatment. For example, each week clients met with their key worker to discuss their progress and identify goals for the week. We looked at three clients key working sessions and saw evidence of clients discussing where they needed support and what they wanted to achieve, including support with their physical health. Staff provided training for clients in food hygiene and fire safety.
- Staff appropriately involved client's families in their care. Staff assessed client's family relationships at admission. During the first few weeks of admission clients were restricted access to family members, this was to support with the recovery process. However, staff understood the need to support clients with their families. For example, clients described when staff had supported them to maintain contact with their family and reconnect.
- Clients were able to feedback about the service they received. Staff gathered feedback regarding the service by asking the clients to complete feedback forms and verbally at the end of therapeutic sessions. Additionally clients could feedback in the monthly service user forums, which was led by the support manager at the day service. This had a standard agenda and the provider used the feedback to improve the service.

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

Access and discharge

- Staff were able to assess prospective clients in a timely manner. There were three people on the waiting list for a place at 1st Stage house.
- Funding for treatment came from a variety of sources, which included local authorities and self-funding clients. The service also provided treatment to those who could not access funding through the provision of a bursary.
- The service had an admissions policy that outlined it would only admit men aged 18 and over and who were abstinent from drug and/or alcohol. The policy outlined it admitted men with low support mental health needs only. Staff said they would not admit anyone who was actively suicidal or had chronic schizophrenia, but this was not outlined in their policy. Staff therefore were not guided in what low support mental health needs meant and may not have effectively responded to client's mental health needs.
- The provider had a 2nd Stage house which clients moved on to continue their recovery programme after they had completed their first three months at 1st stage house.

The facilities promote recovery, comfort, dignity and confidentiality

- Clients did not access therapy sessions at 1st Stage House. They had therapy sessions, one to one meetings or group work sessions at the day service, which was

located in another building. Clients used a local bus route to travel from the house to the day service. The facilities available to clients at the house were a communal lounge, dining room, kitchen and garden, which were accessible 24 hours a day.

- Clients did not have access to a private telephone. The service had a pay phone that clients could use to call emergency services and staff out of hours. This was in the main corridor of the house.
- The house was non-smoking. If clients wished to smoke, they could do so 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. The activities timetable was posted in the 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 local walks. The therapy programme included an annual challenge, which involved staff, volunteers and clients getting involved in activities, the next event was climbing in the Brecon Beacons. Staff had also arranged a workshop for clients with a local chef. Clients were able to learn about food hygiene, nutrition and had the opportunity to cook and try out different recipes. Clients said they found this workshop a positive experience.
- Client's 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. Clients were able to personalise their bedrooms. Clients shared bedrooms as part of the therapeutic model.
- Clients cooked together. Staff gave clients' credit on a supermarket card towards their food bill. Clients were expected to work together to provide food shopping for the entire house, this was part of their recovery programme.

Meeting the needs of all clients

- The service was a faith based organisation but supported clients from different faiths. They were flexible with their therapy programme to accommodate client's spiritual needs. For example, a patient who practised Islam was able to leave sessions early to attend Friday prayers.
- The day service was not accessible to people who used a wheelchair. If a prospective client was identified as having mobility difficulties, they were signposted to other substance misuse services by the provider.
- Staff supported clients with their dietary requirements. For example, at the weekly brunch volunteers cooked meals from various cultural backgrounds to cater for each client's needs.
- Staff delivered group work and therapy sessions in English. However, the service was able to access an interpreter when needed.

Listening to and learning from concerns and complaints

- Information on how to complain was readily available to clients; this information was contained in their admissions pack. Clients told us they knew how to complain. Staff encouraged clients to raise concerns, complaints and compliments during monthly service user forums. These forums included clients from the provider's 2nd Stage House. Staff responded appropriately to issues raised by clients. For example, in July 2017, clients fed back that they like to have a complaints box. We saw that the provider had responded by making a complaints box available in the day service.
- The service had not received any complaints in the last 12 months. The service had a complaints policy.

Are substance misuse services well-led?

Leadership

- The service had a two-tier leadership model, which consisted of a trustee board and a senior management team. The provider had recently recruited a specialist substance misuse nurse to their trustee board, who provided advice on medication.
- The senior management had remained stable and been with the service for a number of years. They had a variety of skills, knowledge and experience to perform their roles. Senior management had a good understanding of the service they managed.
- Senior management were visible in the day service and volunteers and clients said they were approachable. For example, a member of senior management was always on call.

Substance misuse services

Vision and strategy

- The service had clear vision and strategy that all staff understood and put into practice. 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 provider's senior leadership team had successfully communicated the service's vision and values to the volunteers at the service.
- Senior management held consultation groups with volunteers and clients when the service changed.

Culture

- The team was small and therefore staff were able to communicate with each other efficiently. The senior management had remained stable and been with the service for a number of years. All staff we spoke with told us how they had worked at the service for a long time and felt it was a supportive place to work.
- The service had a whistleblowing policy that detailed bullying and harassment. Staff told us they felt able to raise issues with their line manager or the director where appropriate. Staff did not report any bullying or harassment at the service.
- Staff appraisals included conversations about learning and development and how it could be supported. For example, we saw managers had supported volunteers to enrol onto a substance misuse diploma to assist with their career progression.
- The service had low levels of sickness and no staff on long term sick

Governance

- There were systems and procedures to ensure that the premises were safe and clean; there were enough staff; staff were trained and supervised; patients were assessed and treated well; referrals and waiting times were managed well; incidents were reported, investigated and learned from. However, further improvements were needed to ensure that changes in how clients were supported to manage their medicines were embedded.
- The chief executive of the service attended monthly trustee board meetings. We reviewed the meeting minutes from the last four months, which demonstrated they happened regularly. Topics of discussion included the operational running of the recovery service like staffing, complaints and incidents. This meant that there was oversight, sharing and learning of relevant information across the organisation.
- Senior management had regular weekly meetings. We reviewed senior management meeting minutes from the last two months that demonstrated they happened regularly. Staff discussed client outcomes, incidents and complaints.
- There was a clear agenda of what was discussed in team meetings to ensure essential information was shared. For example, complaints and safeguarding's were discussed and shared.
- Staff understood arrangements for working with external teams, such as the local authority and other health care providers to meet the needs of the clients.

Management of risk, issues and performance

- The service had a risk register in place. This was a comprehensive risk register that had a staff member accountable for the actions. For example, risk of infection was an item included on the risk register with checks put in place to mitigate these. We saw that volunteers carried out these checks.
- The service had a business continuity plan in place to support staff and clients in case of emergencies.

Information management

- Staff and volunteers had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well. Team managers had access to information to support them with their management role. This included information on staffing and client care.
- Information governance systems included confidentiality of patient records.
- The chief executive and director of recovery were unaware of the need to notify CQC of some incidents that may occur within the service. For example, this included one safeguarding alert in July 2017. The provider must notify the CQC of any abuse or allegation of abuse in relation to a client. We told the chief executive and director of recovery about this during the inspection and they said they were unaware that they needed to do this. Both of them assured us at the time of the inspection that going forward they would now submit notifications to the CQC.

Substance misuse services

Engagement

- Senior management actively engaged with staff and volunteers in regards to changes on the services policies and procedures. For example, the recovery director had led a meeting with staff and volunteers to discuss the new way of monitoring client's medication as a team.
- Staff, volunteers and clients had access to up-to-date information about the work of the provider and the service they used. For example, there were information leaflets about the programme in the day service.

Learning, continuous improvement and innovation

- The managers and staff embraced change and worked hard to improve the sustainability of the service. The provider had a vision and mission for recovery services. This set out objectives that the service wanted to achieve within three years. For example, objectives to increase awareness of the service and improve client experience. The provider wanted to bring in experts to help deliver career opportunities for clients by 2018/19. This was a clear document for staff to use and follow to drive improvement within the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must have appropriate systems in place to assess clients' ability to self-medicate on admission to the service and ensure that appropriate measures to manage and mitigate risks associated with self-medication area in place.
- The provider must notify the CQC of all notifiable incidents. The provider was unaware that any notifiable incidents' that occur must be notified to the CQC. We found an incident that should have been notified to the CQC but was not.

Action the provider SHOULD take to improve

- The provider should continue to embed the new polices and protocols for self-management of medicines at the service.
- The provider should ensure its admissions policy includes a description of the criteria for low mental health needs. Therefore, staff can identify whether the service can meet their needs.
- The provider should consider carrying out regular monitoring to improve the running of the service.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not assess client's ability to self-administer their medication when they were first admitted to the service. This was a breach of Regulation 12 (2)(a)(g)

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents Staff were unaware of the need to notify the CQC of all notifiable incidents. We found a safeguarding concern that was not notified to the CQC. This was a breach of Regulation 18 (1)(2)(e)(f)