

Ridley Villas

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

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

- Staff were not trained in and did not have an understanding of the Duty of Candour.
- Staff were not trained in and did not have an understanding of the Mental Capacity Act.
- The provider did not have a policy for the Duty of Candour or the Fit and Proper Persons requirements.
- The provider had not undertaken all necessary checks to provide assurance that all directors met the requirements of the fit and proper person's regulation.

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

- Clients received an initial risk assessment prior to admission and we saw that this risk assessment was updated regularly. Where risks were identified, risk management plans were implemented.
- Care plans were maintained on a secure electronic system and were regularly reviewed with clients. The package of support offered to clients from different services formed the care plans used at Ridley Villas.
- We observed positive interactions between staff and clients which demonstrated compassion, dignity and respect. Clients were very positive about the support from staff at the service, staff attitudes and behaviours.

Summary of findings

- The service had good working relationships with local partner agencies.
- The service had not received any formal complaints in the twelve months prior to inspection and clients told us they knew how to make complaints.

Summary of findings

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Ridley Villas

Services we looked at

Substance misuse services;

Summary of this inspection

Background to Ridley Villas

Ridley Villas is an abstinence based housing and rehabilitation service for women and their children aged up to ten years old. The service is based in the centre of Newcastle-Upon-Tyne. Clients are required to have a history of substance misuse but be abstinent at the point of admission before being accepted by Ridley Villas.

The registered provider for Ridley Villas are The Cyrenians Limited which is a registered charity. The Cyrenians Limited operates under the name Changing Lives. Changing Lives (The Cyrenians Limited) is a registered charity and a company limited by guarantee. As the

company is also a charity the directors are defined by law as charity trustees. The service is jointly commissioned by Newcastle and Gateshead City councils through 'Supporting People' funding.

Ridley Villas had a registered manager in place at the time of inspection. The service is registered to provide:

- Accommodation for persons who require treatment for substance misuse.

We have inspected Ridley Villas on one previous occasion. The last inspection on 18 June 2014 found no breaches of regulation and the service was deemed compliant with regulations.

Our inspection team

The team that inspected the service comprised CQC inspector Chris Storton (inspection lead), and two assistant inspectors.

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, and gathered feedback from staff members in response to an email we asked the provider to send to them.

During the inspection visit, the inspection team:

- visited Ridley Villas to look at the quality of the physical environment and observe how staff were caring for clients
- spoke with two clients
- spoke with the registered manager

Summary of this inspection

- spoke with four other staff members employed by the service or the provider.
- received feedback about the service from commissioners
- looked at four care and treatment 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 were entirely positive about the service. Clients told us that they felt safe in the service and that the rules

of the service were clear and well-understood. One client told us that the service was homely and welcoming. Another client praised the professionalism and kind attitude of staff.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

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

- Staff were not trained in and did not have an understanding of the duty of candour.

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

- Most areas of the service were clean and well-maintained.
- The service had only one staff vacancy, low sickness rates and no use of bank or agency staff.
- Clients received an initial risk assessment prior to admission and we saw that this risk assessment was updated regularly. Where risks were identified, risk management plans were implemented.
- Staff knew how to report incidents and there was a clear process for investigating incidents.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Care plans were maintained on a secure electronic system and were regularly reviewed with clients.
- All staff received regular monthly supervision. All staff who had been with the service for over a year had received an appraisal within the twelve months prior to inspection.
- The service had good working relationships with local partner agencies.

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

- We found that staff did not have an understanding of the Mental Capacity Act.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- We observed positive interactions between staff and clients which demonstrated compassion, dignity and respect. Clients were very positive about the support from staff at the service, staff attitudes and behaviours.
- We saw staff providing responsive practical and emotional support as appropriate. Staff showed concern for clients' wellbeing.
- Staff told us that client feedback at the house meetings had led to the development of a client-designed 'My Journey' booklet.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had clear criteria for admissions.
- The service had made reasonable adjustments for clients with accessibility issues which we saw in practice.
- The service had not received any formal complaints in the twelve months prior to inspection and clients told us they knew how to make complaints.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- Checks to ensure directors met the fit and proper person test had not been completed.
- The provider did not have a policy for the Duty of Candour or the Fit and Proper Persons requirements.

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

- The provider had a clear statement of vision and values and managers knew and understood the vision and values.
- Staff were positive about their service, their managers, and their work with clients.
- Systems were in place to monitor mandatory training, appraisals, sickness and vacancy rates.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received limited training in the Mental Capacity Act. We found that staff did not have an understanding of the Mental Capacity Act. The provider had a policy to support staff with the Mental Capacity Act, however staff were not aware of this.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

Ridley Villas was located in the centre of Newcastle-Upon-Tyne. Access to the premises was controlled through a locked front gate which required a fob key to access it and through a back door which required a key to open. The outside areas of the building were monitored by a closed circuit television system.

We found that most communal areas were clean and well-maintained. The service had a conservatory which was used as a play area and contained soft toys. We raised during the inspection that some areas of the conservatory including the some of the toys appeared to need cleaning.

The service had five individual flats which were maintained by the clients themselves. Individual flats had a living and kitchen area, bedrooms and a bathroom. Staff checked rooms once a week to ensure that they were being maintained to a high standard. Staff would support clients to clean flats if this was required however most clients maintained their flats without support.

The service had an up to date fire safety audit and an up to date health and safety audit. These were updated annually by Changing Lives group health and safety officer. Prior to the inspection the service stated that if the audits identified areas of non-compliance then these were added to the corporate risk register until corrective action has been taken.

Safe staffing

The service had four members of staff:

- one area manager who was also the registered manager
- one senior family support worker who was the team leader
- three support workers

Two members of staff had left the service in the twelve months prior to inspection. The service had a low annual average sickness rate of less than 1%. There was one vacancy in the service. There was no use of bank or agency staff in the service in the twelve months prior to inspection.

All staff in the service were required to complete fourteen modules of mandatory training. The service had a training record for all staff which noted the dates of completion for each module and designated which staff were eligible for additional training modules. Training records did not include an overall judgement of compliance with mandatory training. The Changing Lives training plan 2016-17 stated that all core training modules must be refreshed every three years. Only one module for one member of staff had a completion date which was outside of this target without a future course date booked. The service had five staff, including one who had recently joined the team. The new member of staff had not completed any mandatory training modules by the time of inspection although some were booked for January 2017. The four staff who had been with the service over twelve months had completed almost all modules. We reviewed the provider's training plan for 2016-17. This plan included a briefing for each training module. None of the mandatory training modules included specific training on the Mental Capacity Act.

Assessing and managing risk to clients and staff

Initial risk assessments were carried out at the point of referral which were then reviewed on admission to the service at a case management meeting. The case management meeting involved all agencies involved in the care of the family including social services. The decision to admit clients was jointly shared between the staff at Ridley Villas and the other partners in the multi-agency case management meeting.

Substance misuse services

We were told that the service managed risk to clients through a strict admission criteria. Each case was assessed on a case by case basis to ensure that the service could adequately manage the client risks. The service did not accept clients who had high risks as a result of active substance misuse, or where clients had a history of violent crime, arson, sexual offenses, or significant mental health issues. The registered manager explained that the service would not accept a referral for a client with mental health issues which posed a risk to the client or others, although they would accept clients with a history of mental health issues who did not have associated risks. We reviewed four care records and saw that clients received a risk assessment soon after admission and that this was updated regularly. Risk assessments included risks to self, to children and to others. Where risks were identified as medium or higher then a risk management plan was put in place which identified how the risks would be mitigated. The risk management plans included an option for clients to document their own personal insight and feedback for how the risk should be managed.

The senior family support worker told us that the service undertook police checks on potential visitors to the service prior to allowing them to visit. This included the partners of clients of the service.

The service had an out of hours system which gave clients a designated staff contact in case of emergency. Each apartment also had an emergency phone for clients to access 999 services if required. The service had a procedure to respond to clients in situations where they had relapsed. The senior family support worker told us that if a client returned to the project and they had relapsed, the staff member on duty would assess the situation and if the client was incapable of looking after her child then staff would call local authority's emergency duty team and police. If the client came back to the project and had relapsed however was in a position where staff felt she was able to safely take care of her child then staff would still ring emergency duty team and make a multi-agency decision regarding an immediate safety plan.

All staff undertook enhanced disclosure and barring service checks before they were allowed to start working at the service. The provider had a safeguarding vulnerable adults policy which was last reviewed in October 2016. The provider had a safeguarding children policy which was last reviewed in May 2016. Staff were required to undertake

basic safeguarding adults and basic safeguarding children training through the local authority. All staff with the exception of the new starter had undertaken basic safeguarding adults training. Three of the five staff had undertaken basic safeguarding children training. Staff were required to undertake higher level safeguarding adults training and higher level safeguarding children training. Four of the five staff had completed both higher level safeguarding training modules.

Track record on safety

There were no serious case reviews in the 12 months prior to inspection.

Reporting incidents and learning from when things go wrong

The service had an incident reporting procedure and all incidents were reported through the service's electronic incident reporting system. The service categorised 'incidents' specifically in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. Once an incident was logged it was given a seriousness rating based on a four point scale (crimson, red, amber or green). All 'red' incidents had to be reviewed by the area manager, the director and executive director of client services and all crimson incidents had to be sent to the executive directors for immediate attention including weekends and out of hours.

We saw an incident report categorised as 'amber' which had occurred the night before inspection where a client had expressed suicidal wishes. We saw that the service had responded appropriately and had contacted local mental health crisis services who assessed the client over the telephone. On the day of inspection the crisis services conducted a face to face assessment of the client and we saw that the staff supported the client through this assessment. We saw that staff had taken appropriate action during the incident and reported the incident correctly using the electronic incident reporting system.

The registered manager and the director for women and criminal justice were able to describe how learning from incidents was shared within the provider organisation. The provider's senior leadership team had four meetings a year specifically to review incidents. Staff involved in incidents were invited to the meeting to discuss the incident and the

Substance misuse services

learning from the incident. This meeting was attended by the registered manager who would then feedback the learning from incidents to the local staff team through team meetings.

Duty of candour

We found that staff did not have an understanding of the duty of candour. The provider did not have a policy on the duty of candour. Staff had not received any training in the duty of candour and none of the four staff interviewed recognised the term. When our inspection team explained the duty of candour staff felt that the service would demonstrate the duty of candour following incidents. One member of staff was able to give us an account of an incident where a client had received an open and honest explanation and apology following a situation where something had gone wrong.

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)

We reviewed four care records. Care plans were designed with input from the service users. These outcome-focused plans established goals and the service user could monitor their own progress. They also included setting objectives which were linked to the risk management plans and linked to statutory mandated plans such as Child Protection plans. Staff used 'outcome stars' to monitor clients' progress. These identified areas of need, and allowed clients to recognise their own strengths and set their own individual goals and targets.

We saw that care plans were regularly reviewed with clients. Clients had the opportunity to add or change information on their support paperwork. Staff completed written handovers at the end of each shift to help identify immediate support needs.

Care plans were maintained on an electronic patient record system. The system was secure and required a password to access patient records. The system was based on an online platform which meant that staff could access it from any computer in the service which was connected to the internet.

Best practice in treatment and care

We saw in care plans and heard from staff that the service at Ridley Villas was designed to provide accommodation for clients and support them to access services in the community to help clients maintain abstinence from substance misuse. We saw that staff supported clients with the logistics of attending appointments with other services.

Staff in the service did not provide recognised interventions relating to substance misuse although clients could access these were through alternative services. The service did not provide nursing care. Staff had a clear understanding of the purpose of the service. The service worked directly with multiple groups and agencies including drug treatment services, social care services, primary healthcare services and other voluntary organisations and groups. The package of support offered to clients from different services formed the care plans used at Ridley Villas. The purpose of the service was to provide accommodation for clients whilst encouraging and supporting clients to ensure that they felt able to access services in the community.

Skilled staff to deliver care

Staff attended individual supervision sessions monthly, and provided an opportunity for professional reflection and review. The service reported that it achieved 100% compliance with monthly supervision for all staff. Staff also held weekly meetings for case review and peer support. We reviewed supervision records and saw that staff received regular supervision. The service had a supervision policy which stated that supervision should be offered to staff every four to six weeks. Whilst we saw that supervision was regularly offered to staff the service did not maintain a log of supervision which allowed them to monitor compliance with the supervision policy. Staff had the opportunity to feedback in the annual staff survey whether they received regular supervision.

Three of the four staff had received an annual appraisal, although one of the three had not received an appraisal in 2016 due to maternity leave. The registered manager explained that the fourth member of staff had been with the service for less than 12 months and as such was not due their first annual appraisal.

All staff received training in drug awareness and overdose which trained staff specifically to work with people with a history of substance misuse. Staff in the service had access to additional non-mandatory training including registered

Substance misuse services

manager and the senior family support worker who had received additional leadership training from an external provider. The registered manager was also trained to deliver level 4 multiple and complex needs training.

Multidisciplinary and inter-agency team work

The service worked directly a number of external agencies including drug treatment services, social care services, primary healthcare services and other voluntary organisations and groups. Staff undertook early help assessments with multi-agency partners for clients who did not have any prior involvement with children's social care agencies. Staff were often identified as the lead practitioners in this process. We saw that staff ensured that clients consented to have their personal information shared with partner organisations. The service provider carried out an annual stakeholder survey which included commissioners, grant makers, councillors and all who had an overview of the service. The last survey indicated that over 80% were 'very satisfied' with the service and service responsiveness with no respondents stating they were 'dissatisfied'.

Good practice in applying the Mental Capacity Act

During the inspection we raised concerns about staff understanding of the Mental Capacity Act. Training in the Mental Capacity Act was not mandatory for staff nor was it available as an additional optional module for staff to undertake. We found that staff did not have an understanding of the Mental Capacity Act and were not able to describe how the Act influenced practice in the service. Staff were not able to describe the circumstances which would require a capacity assessment or a best interest decision. The registered manager stated that this was an issue which would be reviewed by the provider and that staff would receive additional training in the Mental Capacity Act.

Equality and human rights

Changing Lives had an equality, diversity and inclusion policy which was introduced in May 2015. The policy was not due for review until May 2017. The policy committed the service to 'promoting equality and valuing diversity, ensuring accessibility and respecting human rights for all our employees, services users and volunteers'. The policy included reference to the nine protected characteristics; age, disability, gender assignment, marriage and civil partnership, pregnancy and maternity, race, religion and

belief, sex, and sexual orientation. Staff had received equality and diversity training in the provider's corporate induction. Changing Lives was in the process of introducing a new mandatory training module for staff on equality and diversity. Protected characteristics were also referenced in the Changing Lives recruitment and selection criteria. Staff undertaking recruitment were advised to 'include only criteria that will genuinely affect job performance' in job specifications to avoid unlawful discrimination.

Management of transition arrangements, referral and discharge

Support plans were reviewed on a three month cycle as a minimum. The service worked closely with a number of agencies including social and housing support services to support clients' transition from the service into managing their own tenancies. Between December 2013 and January 2016 the service had 18 referrals. Referral and discharge data indicated that six former clients had transitioned to private or supported accommodation. Eight were deemed unsuitable for the service and were not accepted by the service.

Are substance misuse services caring?

Kindness, dignity, respect and support

We observed positive interactions between staff and clients which demonstrated compassion, dignity and respect. Clients were very positive about the support from staff at the service, staff attitudes and behaviours. Clients told us staff were very approachable, they could speak with staff in the office or during key work sessions easily and it felt like speaking with a friend. Clients told us they felt confident to trust staff at Ridley Villas. One client said this was really important, as she usually took a long time to trust anyone.

We saw staff providing responsive practical and emotional support as appropriate. Staff showed concern for clients' wellbeing, for example one staff member had stayed past the end of her scheduled shift, to support a client in crisis, until professional mental health support was received.

Staff were compassionate and adaptive, for example staff described how a client had been supported to maintain her attendance at a community class, despite some challenges arising from a literacy issue which staff had been unaware of at referral.

Substance misuse services

Staff were caring and kind, for example, one client told us staff had arranged a baby shower for her and staff described festive activities they were planning for clients' children. Clients told us staff respected their privacy including by knocking before entering a client's flat. If there was no answer, staff would come in only after two knocks. Clients told us staff were respectful, for example, a client told us staff would ask them beforehand if a student was going to come in to a key work session.

The involvement of clients in the care they receive

Clients told us they had been involved in care planning. One client said she had written her own plan, and another said her mother had been able to attend meetings with her, for support. Clients told us they had an opportunity to give feedback on the service at the clients' weekly house meeting and if they did not like something, they could say so. Staff told us clients took turns in leading house meetings.

Staff told us that client feedback at the house meetings had led to the development of a client-designed 'My Journey' booklet. Clients had felt that the existing support/outcome plans were not relevant to them as they did not show how much progress clients had made. The 'My Journey' booklet was designed by clients instead to log and record progress in a way that was more accessible. It provided a more visual tool for use during key work sessions and had received positive feedback from clients.

Staff described how some clients gained confidence from becoming involved in the clients' weekly house meeting. For example, a client with very limited external social support and who was fearful of becoming involved in activities in the community, began to input into discussions about planning the monthly timetable for the service. Over time, she increased her involvement and became able to take turns leading the meeting. This client was now studying for a qualification at an adult education college and had offered to return to Ridley Villas to lead an activity session for clients.

Staff told us clients had recently been invited to attend a Board meeting and spoke positively about the staff team.

Each client had a named keyworker at Ridley Villas. Staff supported clients in a practical way to access services e.g. accompanying clients to travel to attend counselling

sessions. Staff told us they supported and advocated for clients e.g. in child protection conferences. Staff told us that formal advocacy for example, for support for clients in court, could be accessed for clients.

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

Access and discharge

The service had a clearly documented admission criteria and would only accept women who were either pregnant or had children and required abstinence-based support for substance or alcohol misuse. The service would not accept referrals where the client was still actively misusing substances, or had a history of violent crime, arson, or had a risk to others due to significant mental health issues or sexual offences. The service explained that the exclusion criteria were in place to reduce the risk to client and children in the service. The registered manager told us that the service had a standard to respond to all initial contacts within 24 hours and to arrange an initial case management meeting within 7 days of initial contact.

The service was commissioned by Newcastle Council and Gateshead City Council, through 'Supporting People' funding. The expected average length of stay was between 6-12 months. However, women and their children were able to stay at the service for up to two years. At the time of inspection the service had four clients who were staying with the service and all four had been with the service for over a year. The service had a procedure to respond to clients in situations where they had relapsed and wished to leave the service. Staff would make contact with the local authority's emergency duty team and, if necessary, the police. A multi-agency decision would be taken to ensure the safety of the child in the client's care. Between December 2013 and January 2016 the service had 18 referrals. Referral and discharge data indicated that six former clients had transitioned to private or supported accommodation. Eight were deemed unsuitable for the service and were not accepted by the service.

The registered manager told us that the service had a variable waiting list as demand for the service fluctuated. At the time of inspection there was one empty room available for a client and the service had received three referrals.

Substance misuse services

The facilities promote recovery, comfort, dignity and confidentiality

The service accepted only female clients. The facility was a large shared house with five individual self-contained flats. Clients were expected to maintain their own flats although staff would assist if support was needed. There was a communal lounge and dining room which was clean and homely. Clients shopped for and prepared their own meals. The service had a number of leaflets available with information for local services and events.

Meeting the needs of all clients

Not all areas in the facility were accessible to clients requiring disabled access. However, we saw that the service had made reasonable adjustments. There was a one flat available to clients on the ground floor which was accessible to clients in a wheelchair. One client who had mobility needs had been allocated the ground floor flat and given a key to the back door of the service which was more accessible than the main entrance.

Listening to and learning from concerns and complaints

The provider had a complaints procedure which was last reviewed in July 2015. In the twelve months prior to inspection the service had received no formal complaints. The service had a weekly house meeting which was a forum for clients to raise issues and make suggestions. Staff told us that they would encourage and support clients to make formal complaints if required. Both clients told us that they knew the complaints procedure, although they would normally approach the senior family support worker in the first instance. The service logged complaints using an electronic management information system.

Are substance misuse services well-led?

Vision and values

Changing Lives had a mission statement and a list of values. The mission statement for Changing Lives was:

- “Our aim is to help more people change their lives together”

Each value had a statement which explained why the value was important to the organisation. Together the values formed the acronym “PEOPLE”. The values and explanatory statements were:

- **Passionate** - we are passionate about and committed to delivering caring, enthusiastic and inspiring support that empowers individuals to change their lives for the better.
- **Empowering** - we know that the most effective changes will come from, or be made by, individuals themselves. We empower and support people to take on challenges and pursue their goals.
- **Opportunity-driven** - we pro-actively seek and provide opportunities for people to develop and make positive changes in their lives.
- **Positive** - we are positive and strongly believe that with the right support, everyone can lead fulfilling lives.
- **Listening** - we actively listen and seek views so that we can deliver high quality services for people who need us, in the right way at the right time and in the right place.
- **Equality-focused** - we all contribute to our culture of fairness, dignity and respect and actively promote an environment which is inclusive to all and free from discrimination.

Both the director of addiction services and the registered manager knew and understood the values. Staff were positive about their local senior family support worker and the area manager. Staff knew who the more senior managers in the organisation were and told us that they visited regularly. The provider was able to give us two dates in the twelve months prior to inspection where either the chief executive officer or the chief executive officer and the executive finance director had attended team meetings.

Good governance

Ridley Villas was managed by a senior family support worker and an area manager. Within the provider's organisational structure the service was one of several designated within 'health and addictions' which was itself a sub-level of a wider 'client services directorate'.

The service used the policies and procedures of the provider organisation, The Cyrenians Limited.

Systems were in place to ensure that staff received mandatory training. The service had only five members of staff and so monitored individual mandatory training dates rather than total percentages of mandatory training

Substance misuse services

compliance. Mandatory training compliance was also monitored centrally by the provider. All current members of staff who had been with the service for over a year had received an appraisal within the twelve months prior to inspection. Staff told us they received monthly supervision. The service monitored sickness and vacancy rates and both were low. There was no use of bank or agency staff in the twelve months prior to inspection.

The provider had a risk register which designated for review every six months. The last review of the risk register was in September 2016. The risk register had 11 identified risks although none of the risks specifically related to Ridley Villas.

The fit and proper persons regulation applies to all providers' directors, or equivalent who are responsible and accountable for delivering care. The aim of this regulation is to ensure that all directors of registered providers carrying on a regulated activity are responsible for the overall quality and safety of that care, and for making sure that care meets the existing regulations and effective requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we reviewed the personnel files of four of the provider's directors. Three of the files did not have evidence that the provider had obtained two references for the director and the fourth file contained only one reference. There was no evidence in any of the four files that the provider had undertaken checks of the directors on the insolvency and bankruptcy registers or the disqualified directors registers of Companies House and the Charity Commission. The director of human resources confirmed that the provider had not undertaken these checks and that this was because the provider was not aware of the requirement to do so.

Leadership, morale and staff engagement

There were no reported incidents of bullying or harassment in the service. Staff told us that there was a manageable level of stress and that they were supported through supervision sessions. We found that morale was high in the service and that staff appeared to enjoy their work with the clients. Staff were positive about the service and were keen to tell us about their work. Staff told us that they felt they could raise concerns without fear of victimisation. The provider had a whistleblowing policy which was reviewed November 2015 and was due for review after two years.

Both the registered manager and the senior family support worker had undertaken management training.

Commitment to quality improvement and innovation

The provider had introduced a process for internal inspections led by area managers to produce a quality and standards audit report. Ridley Villas had not yet received a quality and standards audit inspection however this was planned. The service had been reviewed by commissioners in January 2016. The review included six standards:

- assessment, care and support planning
- security, health and safety
- safeguarding and protection from abuse
- fair access, diversity and inclusion
- client involvement and empowerment
- organisation, management, privacy & confidentiality

Both the service's self-review and the subsequent visit to the service by commissioners indicated that the service had successfully met all six standards at the last monitoring visit.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

The provider must:

- ensure that all relevant directors are compliant with fit and proper persons requirements.
- ensure all staff have an understanding of the Duty of Candour and that a policy is implemented to support staff

Action the provider **SHOULD** take to improve

The provider should:

- ensure that all staff have an understanding of the Mental Capacity Act

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 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors</p> <p>How the regulation was not being met:</p> <p>The provider had not undertaken checks on directors in line with the requirements of the fit and proper persons regulation.</p> <p>This was a breach of Regulation 5(5)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 20 HSCA (RA) Regulations 2014 Duty of candour</p> <p>How the regulation was not being met:</p> <p>The provider did not have a duty of candour policy and procedure in place to support a culture of openness and transparency. Staff did not know the duty of candour.</p> <p>This was a breach of Regulation 20(1)</p>