Hope 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 independent standalone substance misuse services.

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

- Medicines were not appropriately managed. In the two months prior to the inspection there had been 19 occasions where the actual medicines available did not correspond with the medicines tally recorded by staff. The provider had identified medicines administration and management as an area for improvement prior to this inspection and was reviewing its policy and procedures in this area at the time of our visit.
- Whilst overall the care and treatment provided to clients was safe, a range of records relating to the safe care and treatment of clients were not appropriately maintained. Potential risks for individual clients were not readily identified in client records and there was no plan in client care and treatment records to show how potential risks were managed or mitigated. Unexpected exit or discharge plans did not highlight to clients the increased risk of overdose associated with drug or alcohol misuse after a period of abstinence. Not all care plans were reviewed and updated in accordance with the provider's policy and procedure. Some care plans were not holistic. A record of daily contacts by staff with clients was not maintained. Individual or group

Summary of findings

supervision sessions where decisions regarding client care and treatment could be made were not recorded. Employment records for staff did not include a record of staff previous employment records including an explanation of any gaps in employment history.

- The provider had not carried out some of their planned fire alarm checks. Whilst the provider had a lone working policy and procedure in place, staff did not take personal alarms with them when meeting with clients in interview rooms and it was unclear who would respond to the lone night relief workers alarm if activated.
- Not all staff had received training in areas such as mental health and eating disorders which could impact upon their ability to meet the needs of some clients.

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

- There were safe and consistent staffing levels. We observed that the staff were caring and supportive towards clients. All clients we spoke to commented on the positive nature of the staff input towards their treatment.
- The service promoted the importance of physical health within client's recovery programmes and ensured that clients physical health needs were met.
- The service had a structured treatment and activity programme with clear expectations for clients on how to structure their time to help promote recovery. There was an additional aftercare programme that clients could attend after successful completion of the residential programme.
- The service had good links with the local community and other organisations. This included local authorities, the local mental health team and local community groups. This ensured that the clients were well supported both through Hope House and within the wider community.

Summary of findings

Contents

Hope House

Services we looked at
Substance misuse services

Summary of this inspection

Background to Hope House

Hope House provides both a residential rehabilitation service for women who require treatment for substance misuse and an aftercare programme for those no longer requiring the residential service. The provider is Action on Addiction which is a national charity. They support women to recover from drug and alcohol dependency and also receive additional support for other compulsive disorders. The service provides treatment to women aged 18 years and over, who have undergone detoxification from drink and/or drugs, and have been free from mood-altering substances for at least two weeks. The service has 23 beds, at the time of inspection there were nine women receiving treatment. Individual funding is provided through different funding streams: privately funded , a bursary from the charity or through health or social care. There can also be a combination of these funding sources.

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

At the time of our inspection a registered manager had been in post since the previous month and had just received their registration from CQC

The service was registered in October 2010. We previously inspected this service in July 2013; at the time of this inspection, the service was meeting the essential standards, now known as fundamental standards. This most recent inspection was undertaken using CQC's new methodology and was an announced, comprehensive inspection.

Our inspection team

The team that inspected the service comprised of a CQC inspector manager, an inspector, a CQC pharmacy inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

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 and asked other organisations for information.

Summary of this inspection

During the inspection visit, the inspection team completed the following:

- visited Hope House, looked at the quality of the physical environment, and observed how staff were caring for clients.
- spoke with seven clients.
- spoke with both the registered manager and treatment director.
- spoke with five staff members employed by the service provider, including counsellors, a relief worker and house keeper.
- received feedback about the service from two care co-ordinators and commissioners.
- attended and observed two hand-over meetings, a morning meeting for clients, a food group and a mindfulness session.
- reviewed five care and treatment records for clients, including medicines records for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke to seven people who were using the service at the time of inspection. The feedback was very positive about the service, treatment they received and how the staff supported them. They told us they felt listened to and supported. Clients felt that the staff were very caring and they could approach them at any time. One woman reported feeling both physically and emotionally safe for the first time in her life.

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 need to improve:

- Medicines were not appropriately managed. There was no system to routinely check medicine expiry dates. An appropriate fridge to store medicines that required refrigeration was not available, however there were no medications which required refrigeration at the time of inspection. In the two months prior to the inspection there had been 19 occasions where the actual medicines available did not correspond with the medicines tally recorded by staff. The provider had identified medicines management as an area for improvement and had taken steps to address concerns in this area at the time of our inspection. The provider informed us that they were taking advice from an external pharmacist and a nurse from another service to ensure they were complying with national guidelines. In addition they were implementing a new medicines recording system and increasing their own internal audits whilst changes were being implemented. A sutable fridge for storing medication had been ordered following the inspection.
- Potential risks for individual clients were not readily identified and there was no plan in client care and treatment records to show how potential risks were managed or mitigated. Unexpected exit or discharge plans did not highlight to clients the increased risk of overdose associated with drug or alcohol misuse after a period of abstinence.
- Employment records did not include a record of staffs previous employment including an explanation of any gaps in employment history. Some required fire alarm checks had been missed. Whilst the provider had a lone working policy and procedure in place, staff were not able to access personal alarms when meeting with clients in interview rooms. It was unclear who would respond to the lone night relief workers alarm if activated.

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

Summary of this inspection

- The premises were comfortably and appropriately furnished. The environment was well maintained and visibly clean and tidy. It was undergoing a refurbishment programme to improve the decoration and to ensure the reduction of ligature risks where possible.
- There were positive and consistent staffing levels. This ensured that therapeutic activities for clients were never cancelled and that agency workers were rarely used.
- Clients reported feeling both physically and emotionally safe within the service.

Are services effective?

We do not currently rate stand alone substance misuse services.

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

- Not all care plans were reviewed and updated in accordance with the provider's policy and procedure. Some care plans were not holistic.
- A record of daily contacts by staff with clients was not maintained. Individual or group supervision sessions where decisions regarding client care and treatment could be made were not recorded.
- Not all staff had received training in areas such as mental health or eating disorders.

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

- Clients were encouraged and supported to ensure their physical health needs were managed. Physical health was seen as a priority area as part of their recovery and clients were encouraged to see the doctor and dentist.
- Staff had good understanding about the treatment process and the 12 step treatment programme which the service followed. Clients were expected to structure their free time and were given clear guidance on how to do this. The service had a structured aftercare programme which clients could access after discharge. The service had developed and maintained good working relationships with other agencies that could support clients during their treatment and after discharge.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- All the clients we spoke to were positive about the service stating how supportive, caring and compassionate the staff were. We also observed this during our inspection.
- The service promoted self-advocacy and advocating on behalf of others. All staff we spoke to knew how to support clients to access advocacy.
- Clients had access to family therapy if appropriate to support their treatment and recovery.
- Clients had a named worker identified on admission. The service operated a buddying system to support new clients to settle in.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a thorough assessment process in place prior to admission.
- Clients received a comprehensive admissions pack on arrival. This included information about the service, their rights, making complaints and consent to share information.
- The service was comfortable with a large garden. The environment promoted recovery.
- Where clients had specific communication needs staff tailored their communication methods to meet these.
- The service had a structured treatment plan with additional activities for clients to attend.
- All clients felt able to raise concerns and there was the structure in place for them to do this.

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

- Care plans did not contain an active discharge plan for when the client left the service.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a strong focus on recovery and treatment which all staff were committed.
- There had been a recent change in senior management. Staff felt the new changes were positive and that management supported them.

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

Summary of this inspection

- Some staff felt that they were isolated from the rest of the team due to their role and lack of supervision. However they could see that changes were being made to this which they felt were positive.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had completed training in the Mental Capacity Act. In addition the management team had completed deprivation of liberty and Mental Capacity Act training for managers.
- Capacity was assessed at the point of referral. Clients signed a consent form to agree to their treatment there were rarely concerns identified regarding capacity. However we were given examples when staff had identified concerns regarding capacity and the actions that had been taken.
- Any concerns regarding a client's capacity would be discussed at the counsellor's weekly group clinical supervision.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Hope House was a residential rehabilitation programme which accommodated up to 23 clients. The environment was well maintained being visibly clean and tidy. There was a housekeeper on site each weekday to co-ordinate cleaning duties. Each client was involved in therapeutic cleaning duties each day with a rota in place to allocate tasks, there were prompt cards for each task. These were effective in helping maintain a clean environment.
- There was no clinic room on site. Physical examinations took place in health care settings away from the premises by external healthcare professionals. Treatment at Hope House was based on the 12 step abstinence model. Any relapse during clients stay would lead to an automatic discharge from the service.
- There were two first aid boxes for the service, one in the kitchen and one in the counsellor's office. These were checked monthly to ensure that all the contents were present and up to date.
- Weekly checks of fire equipment such as alarms and fire extinguishers were logged. However whilst most checks were occurring regularly we found that there were gaps in the checks on the fire alarm points. This meant that the provider had not ensured that all checks were carried out as scheduled to ensure client and staff safety.There was a planned site evacuation every three months which had been completed regularly and documented. A fire safety assessment had been carried out and an action plan completed. There were three outstanding actions from this which needed to be completed; we brought this to the attention of the provider who informed us that these were being completed.
- A recent ligature audit had taken place where ligature risks had been assessed throughout the building. This was a comprehensive assessment. Hope House was undergoing refurbishment to mitigate some of these risks.
- Clinical waste bins for urine drug screens (UDS) were available in each bathroom. These were emptied by a contractor on a four weekly basis. The bathrooms also had fixed sharp bins for the disposal of razor blades. These were intrusive and the provider may wish to review the need for the razor blade bins and there placement. The service had an infection control policy which included managing spillages. There were spillage kits available in the bathrooms and kitchen to help mitigate risks from blood born viruses.
- The service had personal alarms but did not use these effectively and had not ensured the safety of staff and clients. The relief workers were lone workers; they carried an alarm and a mobile phone. If they needed support and pulled the alarm it sounded within the building, however there were no other staff to come to their aid. There was an expectation that clients would support them, we asked if clients were aware of this expectation and they were not. In addition the counsellors saw clients for one to one sessions in meeting rooms which were upstairs. They did not carry personal alarms and we were concerned that if they called out other staff may not hear them.

Safe staffing

- At Hope House there was sufficient staff to provide safe care and treatment to clients. There was a registered manager who was a qualified counsellor. Two

counsellors worked full time, two part time and two bank counsellors. Each client had a named link counsellor. There were also four relief workers and one volunteer. In addition the service employed six sessional workers who attended as part of the timetable. At the time of our inspection there was one vacancy for a lead practitioner and one for a part time counsellor. The counsellor post was being advertised and the lead practitioner post was being discussed prior to the recruitment process beginning. Due to the occupancy levels at the time of inspection, these vacancies did not impact upon safe staffing levels.

- The service was staffed 24 hours every day. Counsellors worked Monday to Friday between 9am to 5pm and the relief workers covered the evenings, weekends and night time which was a sleep in shift.
- Counsellors each had clients who they were key worker for. This included one to one sessions and completing work associated with that client's needs, they also led group work. Relief workers duties included medication, client observations and a sleep in duty. Clients could call for support during the night if they needed it. There was an on call rota which the counsellors and registered manager were on. This ensured that the relief workers could call for support if needed. There was an expectation that the on call staff member would go to the service if support was needed.
- The relief workers informed us that between the hours of 8am and 9am it was very busy ensuring that everyone was up, completing notes for handover and that medication was given out correctly.
- Agency staff were rarely used by the service. When used this was to cover sickness or annual leave for relief workers. Agency staff had a full induction which the manager completed with them. This included a checklist of information relating to client needs, duties that needed to be completed and relevant policies. The checklist was signed by both the manager and the agency staff member on completion. This ensured that agency staff were fully inducted to the service.
- Activities, one to one sessions and group work had not been cancelled due to staff shortages. On weekdays between 9am and 5pm the service was always covered with a minimum of two counsellors except Mondays when there were three.
- We checked the employment records for six staff members. The service did not have an effective recruitment process and was not able to ensure that only staff with suitable skills and experience had been employed as there were no completed application forms or other documentation that included previous employment history. Therefore there was no record of employment history along with a written explanation of any gaps in employment on file for any staff. This meant that the provider could not ensure the staff had suitable experience or an explanation for unexplained gaps in employment histories. However, each person had evidence of a current disclosure and barring service check. This was to ensure that staff did not have a criminal record. The provider requested renewal of disclosure and barring service checks periodically where staff had been employed for a number of years. Staff had two references on record except for one staff member who had been transferred over from a previous provider.
- Overall mandatory training was up to date. Mandatory training included; fire safety, fire marshal, health and safety, DATA protection, safeguarding, mental capacity and deprivation of liberty, lone working, manual handling, first aid and control of substances hazardous to health. At the time of our inspection there were five mandatory training sessions which staff had not completed, these included fire marshal, safeguarding and mental capacity training. However, the staff concerned all had these booked in the near future. Human Resources ensured that mandatory training was updated.

Assessing and managing risk to clients and staff

- The service did not have an effective approach to identify and manage risk appropriately. Whilst comprehensive information had been gathered prior to admission staff would need to look through all of this information to gain an understanding of potential risks. No potential risks were pulled through onto a risk management plan, the treatment plan or any other care and treatment record and there was no record of how potential risks would be mitigated or managed. However, risks were discussed within the staff team on a daily basis.
- We checked five sets of records four of which were current clients and one for a client who had recently left

the service. Risks were being assessed on admission by a brief screening tool with some key headings and a score awarded. Following admission a further brief screening tool was completed on a daily basis with the records being destroyed at the end of the week. There was no guidance for this tool for staff to follow to ensure consistency.Following the inspection the provider informed us that they were reviewing their risk assessment processes to ensure that they captured historical and ongoing risk and clearly identified the measures in place to manage and mitigate these. The provider sent us a copy of their proposed risk assessment form which clearly outlined potential risks and how they could be mitigated so that client and staff safety could be more effectively managed.

- The service had clear protocols in place for unexpected exit or discharge, client's care and treatment records included plans for unexpected exit or discharge. Clients were only admitted if they had had a period of at least fourteen days of abstinence prior to admission. There was a clear policy that stated that clients who relapsed would be discharged. However unexpected exit or discharge plans did not outline to clients the increased risk of overdose when using some illicit substances after a period of abstinence. This meant that there was a risk that clients could have an increased risk of overdose after an unexpected exit from the service.
- Clients were tested on admission for drug and alcohol use through breath testing, swab tests and urine testing. When clients had overnight stays these were repeated, they could also be carried out at any time during the clients stay at Hope House if staff felt that they were necessary.
- On admission clients signed an expectation form of what to expect whilst living at Hope House. Part of this outlined that staff could search client's rooms when it was felt necessary. We saw that this was done during our visit where there were concerns expressed both by staff observations and other clients. In this instance evidence of illicit substances was found and the client was asked to leave as per the provider's protocols.
- Staff were able to identify signs of abuse and outline appropriate actions to take if abuse was suspected. Staff had all received safeguarding adults and children from abuse training. Two members of staff were booked to attend the refresher course. The staff knew and understood what safeguarding was and how to report it. There had not been any safeguarding alerts made in the last 12 months. The registered manager was building a relationship with the local safeguarding team and knew that she could discuss concerns with them.
- The service supported client's recovery through family therapy. The provider had a policy and procedure in place regarding child visits. Children were allowed supervised visits to communal areas at weekends.
- We checked medicines storage, supplies and medicines administration records (MAR) of three clients. All prescribed medicines were stored securely within a medicine cupboard in the services medication room. Clients came to the medication room for their medication which relief workers administered to clients. We found that staff used separate measuring pots for medicines to prevent cross contamination, and did not touch the medicines themselves. We found that the provider did not monitor the expiry dates of medicines. Whilst during this inspection we did not see any medicines that were out of date, this lack of monitoring of expiry dates meant that there was a risk of clients being given a medicine that was out of date.
- When clients were issued with prescriptions they handed these in to staff. The staff team then ensured that the medication was managed under their medication policy and procedures. We saw that this arrangement could be flexible as one client had their medication delivered as there had been a previous risk of overdose.
- The provider did not keep any controlled drugs on site, in accordance with their policy and acceptance criteria. Medicines that were disposed of were placed in the appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by a pharmacy.
- The provider did not have a suitable pharmaceutical fridge to store medicines. This meant that there was a risk that the provider was not able to store medicines that required refrigeration to keep them effective. However there were no medications which required refrigeration at the time of the inspection. Since the inspection the provider informed us that they had ordered a suitable pharmaceutical fridge.

- Staff did not administer medication safely. We looked at three out of nine MAR charts and found six instances on these sheets where there was a discrepancy between the running balance of medicines and the actual total of tablets present. The service manager told us there had been 19 reported incidents of discrepancies of this nature that had occurred in the past two months. Medicine training was included in the mandatory training of staff however there was no competency testing for staff to ensure they were safe to administer medication. This meant that overall, we could not be sure that people received their medicines safely, consistently and as prescribed. The provider was aware of the discrepancies and informed us that they were due to implement a new medicines management procedure imminently and had sought the expertise of an external pharmacist. They informed us that since the inspection they had taken immediate steps to improve their medicines management.

Track record on safety

- In the previous 12 months there had been one serious incident reported by the service. A client had slipped on the stairs after coming out of the bathroom and required hospital treatment. CQC was notified at the time of this incident. Since this incident the service had used community meetings and one to ones to remind clients that appropriate footwear was worn within the house.

Reporting incidents and learning from when things go wrong

- Staff we spoke to understood how to report an incident. However we found that some staff were unclear about how learning from incidents was shared within the team. Staff were unable to tell us about incidents from other parts of the service. One staff member, who had recently completed an online incident report, told us that they were unsure of what had happened as a result of making the incident report.

Duty of candour

- 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 an up to date duty of candour policy which the registered manager was aware of. There had been no incidents where this had needed to be implemented. However we saw that the service was open and transparent in its communication with clients through issues raised in the complaints book and community meetings.

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)

- Referrals were taken by counsellors and discussed with the staff team, usually on the same day. If appropriate the person was asked to attend an assessment, this was usually at Hope House but on occasions was done via a telephone conversation if the person could not attend. There was an established assessment pathway in place and counsellors we spoke to were clear about the pathways to access the service.
- Comprehensive assessments were completed in a timely manner prior to admission. In an emergency the assessment could be completed within three to five days. The service ensured that they gathered all the relevant information prior to admission regarding substance misuse history, physical health including blood born viruses', history of mental health including any psychiatric reports, personal background information including housing and family and any forensic history including prison and probationary reports where relevant.
- We looked at five care plans. However out of the five care records we looked at we found two that did not have a six week care plan and those that did were not holistic. For example, care plans were recovery focused in terms of goals that the client needed to complete during treatment, however they did not consistently contain information around the clients other holistic needs such as physical health, mental health, housing, education or employment. Care plans did include the client's strengths and views, all clients received copies of them.
- The service did not complete individual daily records for clients. Whilst weekly one to one sessions with

counsellors were recorded, daily contacts with counsellors or relief workers were not recorded in individual client records. This meant that staff could not readily access information to see what had occurred daily with the client, their progress or any concerns and incidents. Care records were stored both in paper files and electronically. Paper files were stored in a locked cupboard within the staff office.

- There was good management of physical healthcare. There was an emphasis on clients obtaining good physical health whilst being at Hope House. The service requested any information regarding physical health as part of the referral process, including blood borne virus status. Health screenings were not done on site, all clients who used the service were referred to the local general practitioner (GP) surgery where physical health needs were assessed and monitored. The service recognised that physical health was an area which clients often had neglected whilst in addiction, that there were increased risk of blood born virus's and risks to physical health if they have just come out of detoxification.
- Physical and mental health needs were discussed in weekly one to one sessions. The registered manager informed us that where clients had additional mental health needs they could be referred to the local mental health team or wellbeing team and we were given examples where this had happened. Time was given to clients to be able to contact the GP and attend appointments as necessary. Clients had a buddy allocated on admission who was another client who had been at the service for longer. They supported clients to make and attend appointments. On occasions staff would accompany clients to appointments where it is felt not appropriate for another client, an example we saw on inspection was when someone's mental health was deteriorating and staff supported her to see the GP.

Best practice in treatment and care

- The service followed the 12 step treatment programmes. They used psychosocial interventions to support and maintain an abstinence based recovery. This was an established, evidenced way of supporting people with addiction. Staff in the service were clear about the model used and this was part of the service standard operating procedure.
- The service worked in line with formalised standards such as Quality in Alcohol and Drugs Services (QUADS) which is an assessment tool to help develop standards in drug and alcohol services. Drug and Alcohol National Occupational Standards (DANOS) which guides skills and competencies for people working in drug and alcohol services.
- The service ensured that internal audits were carried out for medicines management, care records and database records. Recent medication audits by the registered manager had led to the service requesting an independent pharmacist audit due to the discrepancies found in the medication management. This had resulted in planned changes to the medicines management which were due to be implemented the week following our inspection.
- Clients were expected to attend at least three fellowship meetings a week such as alcoholic's anonymous, narcotics anonymous, over eater's anonymous, gamblers anonymous or other community support organisations. This gave the clients an opportunity to receive support from individuals who were abstinent from drugs and alcohol and have a positive role model
- The service used the treatment outcome profile tool to measure outcomes for clients who were funded by the local authority. They did not use this screening tool for other clients.
- The service used both electronic and paper records. Client's one to one counselling sessions were recorded on the electronic notes.

Skilled staff to deliver care

- The staff team consisted of counsellors, relief workers, and support staff.
- All staff were required to complete an induction when they started work at Hope House. This included a structured check list which was signed off at the end of the induction period.
- The counsellors at Hope House were qualified professionals with different counselling qualifications in areas such as psychodynamic counselling and cognitive behaviour therapy. All counsellors maintained their professional counselling registrations.

Substance misuse services

- Substance Misuse and Mental Health including eating disorders were not part of the regular training programme . We saw evidence that some individual staff had attended training regarding working with people who had eating disorders, substance misuse, group working and testing for substance misuse through breath and urine testing. Individual staff members had requested to attend these courses. Some staff had not received training in these areas, therefore may not have the skills needed to work with complex needs.
- Staff had equality and diversity training as part of their induction however this is not part of the regular training programme. This meant there was a risk that staff may not be fully aware of equality and diversity issues.
- The Registered Manager had been recently appointed. They had completed a one day leadership course and had requested funding to complete the Health and Social care level five qualification.
- The service offered management supervision to all staff. Relief workers had recently started receiving one to one line management supervision; this was seen as a positive addition to the supervision structure. We looked at the line management supervision records and one counsellor had not received this for a year, this was due to management changes within the service.All counsellors received weekly group clinical supervision; this was facilitated by an external facilitator. A staff support group was held every other week which all staff could attend, the focus of this meeting was on staff's emotional health. No minutes of the group clinical supervision or the team support meeting were taken which meant there was no audit trail of discussions or actions taken with regard to clients.
- We looked at six staff records; all had an appraisal in place for the current year. These were detailed and included relevant objectives and training needs.

Multidisciplinary and inter-agency team work

- Hope House worked closely with the local GP surgery. If clients needed to talk to their GP or make an appointment they were able to call at 8am, there was an arrangement with the surgery that the GP would call back if needed. Clients completed a consent form on admission in which they agreed that information could be shared. Hope house staff contacted the GP or other medical professions on behalf of the women if needed.
- The service manager described good links with local mental health teams and liaised with them to support the needs of people who used the service. Mental Health support was sought from the local community mental health team, the wellbeing team or the home treatment team if there was a crisis.
- The service had good links with other organisations. Staff worked with local authority social services where clients or their children were known to them. One social worker feedback that the communication around planning for discharge for their client was very positive. During our inspection we heard of liaison with maternity services and saw evidence within client records of liaison with criminal justice services through probation and prison discharge information.
- People who used this service accessed external activities and support in addition to the therapy that was part of the treatment programme. There were outside agencies that attended the service such as yoga, art therapy, shiatsu, mindfulness and reflexology. The clients could choose which of these programmes to access.
- The service had good local community links. This included groups such as alcoholic's anonymous, narcotics anonymous and young person's anonymous amongst others. They also have links with the local church, drama groups and gym.
- At the beginning of each shift a handover between staff was completed. This was supported by the completion of a handover sheet. This contained a brief summary of any concerns to hand over; these were all discussed within the staff team.
- The service held a team business meeting every other week. Staff and clients both attended these. This meeting responded to any points that had been raised in the clients community meeting as well as discussing other issues such as staffing. We saw that the community meeting fed directly into the business meeting.

Good practice in applying the MCA (if people currently using the service have capacity, do staff know what to do if the situation changes?)

- Mental Capacity Act (MCA) training was mandatory. Staff at Hope House had a basic understanding of the MCA

and the rights of clients to have choice and make informed decisions around their care. The management team had also attended an additional deprivation of liberty and mental capacity act training for managers to ensure that they had a more in depth knowledge of how to apply the mental capacity act. Issues of capacity were considered by counsellors during the assessment and admission processes and if needed a decision specific capacity assessment would be completed.

- Staff recognised that clients' capacity could fluctuate due to mental illness or if they were under the influence of drugs or alcohol. The manager was able to give examples of when clients had been assessed as lacking capacity regarding specific decisions regarding their treatment and care. For example, a recent client experienced short term memory loss and there were concerns regarding their ability to retain information. The service adapted their approach to ensure she understood and could participate in the treatment programme by using a note book and post it notes.
- Any concerns regarding capacity were discussed by the counsellors in weekly group supervision sessions.

Equality and human rights

- All the bedrooms in the service were upstairs; there was no access for people with a disability who were unable to manage the stairs. They could take people with disabilities who could manage stairs. During our inspection we saw that the service did ensure that people with mobility issues were given bedrooms on the first floor to avoid climbing a second set of stairs.
- All clients had to agree to terms and conditions of their treatment on admission. This was clearly stated in the admission pack and consent forms were given for them to sign.
- There was a blanket restriction which ensured that if a client was found to be using alcohol or illicit substances they were discharged immediately. This was agreed on at admission.

Management of transition arrangements, referral and discharge

- When ready for discharge the service referred to the most appropriate services for that person. This included services such as step down housing where there was still some support but it was less structured, community drug and alcohol teams for monitoring and mother and baby units.
- Hope House offered an aftercare programme which clients could access for twelve weeks following their residential treatment. Funding for this could be secured in the same ways as the residential programme. The aftercare programme had a gradual reduction in the number of sessions the client attended .The first four weeks was for three days a week, the second four weeks was two days a week and the last four weeks was one day a week. The clients were monitored for alcohol and drug use on each occasion they attended. This was seen as a positive way for clients to gradually adapt to life in the community away from dependency on illicit substances.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We spoke to seven clients who used the service. They were very positive about the setting, interventions and staff support. Clients all reported as to how supportive, caring and compassionate the staff were. All the clients we spoke with told us that they felt safe both emotionally and physically at Hope House. We observed clients being treated with kindness, dignity and respect during interactions with staff. During our discussions with staff they demonstrated an understanding of individual client needs.

The involvement of clients in the care they receive

- A comprehensive admission pack was worked through with clients on admission, covering all aspects of their care and treatment. There was a buddy system operating at the service. Clients were buddied with another client on admission. The buddies role was to support the new client into the service by orientating them to the building, the activity timetable and supporting them to register with the GP and any other relevant services. This helped the clients feel welcomed and orientated to the service.
- Clients were supported to build and maintain their own recovery. This was encouraged by taking part in the treatment and by structuring their free time in a positive

way during the evenings and weekends. Clients met with their keyworker once a week where they discussed their treatment plan. Clients felt involved with the care and treatment they received and were able to discuss openly in their one to one sessions, morning meeting and group meetings any issues or concerns. Clients had copies of their treatment plans.

- Community meetings took place weekly. Clients discussed any concerns they had about the service at this meeting. These were then fed into the team business meeting which staff attended. Any concerns raised at the community meeting were discussed at this meeting. Feedback or actions taken were given at the next community meeting.
- Clients were encouraged to advocate for themselves and where appropriate, for each other. They could also access local advocacy services if they wished. Clients we spoke to felt they were supported to be able to advocate for themselves and each other. Clients were given the name and contact details of local advocacy services on admission.
- Friends and family were involved if clients wanted them to be. We heard of an example of where clients had established connections with their family. There were also opportunities for clients to receive family therapy where appropriate.
- The service had an annual reunion event every summer. Ex clients completed a questionnaire at last summer's event. The results we saw were very positive. 26 people had completed questionnaires out of these only two had had relapses however they had continued in recovery. 15 said they had since gone into education, voluntary or paid work and all had said their treatment at Hope House had improved their life in every way.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Access and discharge

- The service took referrals from clients that had completed a detoxification programme for drugs or alcohol. In addition, at the point of admission clients must have maintained a period of abstinence for two weeks. The residential rehabilitation programme was designed to run for a period of twelve weeks. Clients could extend this if it was considered to be beneficial and there was funding available. The service received referrals from various sources. This included drug and alcohol teams, the probation service or prison service, mental health teams as well as self-referrals or via family members. Referrals came from all over the country and from abroad. This ensured they had a good background history of the person prior to admission. Funding was available from three sources; local authority, bursary or private. There could also be a combination of these.
- Time between referral and admission differed on an individual basis. The service could take people as soon as the referral and assessment paperwork was completed. As a minimum this could take three to four days.
- Clients were encouraged to visit the service if possible as part of the assessment process, prior to admission. The referral, assessment and admission processes were staggered to enable clients to reflect on each stage of the process and to be sure that the service was right for them.
- At the time of our inspection there was not a waiting list for the service. Staff, clients and one social worker told us that discharge was planned for during their stay;

The facilities promote recovery, comfort, dignity and confidentiality

- Hope House had started a refurbishment programme. Decoration and refurbishment had been completed in some communal areas, interview rooms and all bedrooms. The service had scheduled outstanding decoration work however we are unclear as to the timescale of when this work will be completed. .
- Clients were expected to share bedrooms during their stay at the service. The bedrooms were designed to be shared between two to four people. The bathrooms were also shared. Sharing of space was seen as part of the ethos of the community as clients had to learn how to share their lives with others. We saw that the furniture had been spaced out in the bedrooms in a way to promote some privacy within a shared environment.

- There was a large garden with a sensory area and additional therapy room which was used for mindfulness and yoga groups. There was also an additional staff office within the garden.
- The facilities promoted recovery, comfort, dignity and confidentiality.

Meeting the needs of all clients

- Clients were encouraged as part of the 12 steps programme to engage with their spirituality. We heard examples of clients attending local church services where they wanted to. We also saw that any cultural dietary needs of clients could be met through the menu planning. There was a cook who prepared fresh food on site during the week and was able to cater for dietary or cultural needs.
- The service was solely open to women and all counsellors and relief workers were women. This was part of the ethos of the service in providing a safe environment for the clients to explore the reasons behind their dependency on illicit substances. There was a male cook who had recently been employed. Clients felt comfortable in this environment.
- Leaflets were not available in other languages as it was felt that clients needed to be able to engage with the service in English to be able to ensure their treatment plan was effective. This was due to the in depth work that needed to be done to assist them in their recovery during the therapy and counselling sessions.
- The service adapted their communication methods where possible to meet the needs of the clients. An example that was given was when staff had adapted a client's treatment that had had short term memory loss. The client had written prompts and a note book to support their engagement. The service admitted clients whose first language was not English however to be able to take part in the treatment programme they needed to be able to understand and communicate verbally in English.

Listening to and learning from concerns and complaints

- There was information about how to make a complaint displayed within the house**.** There was a complaints and suggestions book available in the communal area of the house. This was reviewed regularly by staff and written responses were provided in the book. This fed into the weekly community meeting. Issues and feedback relating to the programme could also be discussed, if appropriate in some of the therapy group. Clients who wished to make a formal complaint could do so using the services complaints procedure. Information regarding this was given on admission. All clients we spoke to were aware of how to make a complaint, they felt listened to and able to discuss any concerns.
- The service had received no formal complaints in the twelve months leading up to our inspection.

Are substance misuse services well-led?

Vision and values

- The service vision and values focussed on recovery and treatment. We saw that staff demonstrated this vison and value in their work and that a positive therapeutic environment was promoted by all staff. .
- There had been a change in the Senior Executive Team within Action on Addiction. The new chief executive had visited the service recently on several occasions. The treatment director was also visible within the service having an office at the location. Staff felt able to approach the director with any concerns which we saw occurring during our inspection. The senior management changes were seen as positive by the staff team.

Good governance

- The service was ensuring that the culture of reporting and learning from incidents was positively changing to ensure transparency; this was being led by the chief executive. Systems had been introduced to ensure that information regarding incidents, staffing, safeguarding, health and safety, quality reports, complaints and the risk register were discussed at both the clinical and health and safety governance board. The managers from all the services attended these meetings six times a year. This information was then fed back down to managers from all the services on a monthly basis. We saw minutes which had been fed down to the registered manager containing this information during the inspection. This meant that senior managers in the organisation had oversight and that learning could be

shared across the organisation. The registered manager of Hope House had started to share this information with the staff team; this would ensure learning from incidents and complaints was completed.

- Systems were in place to ensure that standards were adhered to. Mandatory training was being completed by all staff, the supervision structure had changed to include all staff. Safeguarding and mental capacity procedures were being followed and understood by staff.
- The registered manager had sufficient authority to carry out their role. The team were able to access appropriate admin support through the onsite project administrator.
- The service maintained a risk register. At the time of our inspection there were 9 risks identified on the most up to date available risk register, dated November 2016.The highest risks were regarding serious harm or death to clients, staff or members of the public, not meeting regulatory standards and financial implications from possible fall in revenue .These risks all had mitigating actions to manage them.

Leadership, morale and staff engagement

- There had been recent significant changes within both the local management structure and the senior management team. A new chief executive had been appointed last year and there had been changes to the clinical governance and management structure of the service. This change in leadership had bought in significant changes to the service, which were seen as positive by the staff team.
- Staff told us that they felt able to raise concerns without fear of victimisation. Staff were aware of the provider's whistleblowing policy and procedure, although none of the staff we spoke to had used this.
- Counselling staff spoke extremely positively about the team and the support available to them from their colleagues and manager. Relief workers felt that they were not always fully integrated into the team but felt that the changes within the senior management team were leading to positive developments in this area.
- The service reported low sickness rates of 2.1% within the permanent staff team as of July 2016. There were no concerns raised regarding bullying and harassment during our inspection.
- Counsellors fed back that morale and team support was generally good. Relief workers who were lone workers in the evenings and weekend's fedback that they could feel isolated from the rest of the team, however they felt that changes with the management structure and supervision were positive and would help to address this.The registered manager had identified that the intensity of the workload could be stressful for staff and that the relief workers could be isolated due to their role and was implementing systems to help improve this.

Commitment to quality improvement and innovation

- The service ensured it followed national standards and used two tools to do this. Quality in Alcohol and Drugs Services (QUADS), these are quality standards that have been developed which are available to be used as a guide and review tool for substance misuse services. Drug and Alcohol National Occupational Standards which were developed by skills for health and provide guidance on good practice.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that medicines are appropriately managed, stored and administered.
- The provider must ensure that potential risks for individual clients are identified and that appropriate plans to mitigate and manage potential risks for individual clients are in place.
- The provider must ensure that care plans are reviewed and updated in line with the service's policy and procedure and that care plans are holistic.
- The provider must ensure that an accurate, complete and contemporaneous record of the care and treatment provided to each client is maintained, including decisions taken in forums such as individual or group supervision that relate to the clients care and treatment.
- The provider must ensure that there is a complete record of employment history for all staff that includes an explanation of any gaps in employment history for each staff member which is kept in the staff file.
- The provider must review their management of personal safety by reviewing their use of personal alarms, to help ensure the safety of staff and clients.

Action the provider SHOULD take to improve

- The provider should ensure that they are compliant with fire safety standards by ensuring all required checks are regularly completed and recorded and that any outstanding actions from the fire safety assessment are completed.
- The provider should ensure that individual client unexpected exit and discharge plans appropriately highlight the risks associated with the misuse of substances following a period of abstinence.
- The provider should ensure that specialist training appropriate to the needs of the client group is provided, for example, mental health and eating disorders.

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 9 HSCA (RA) Regulations 2014 Person-centred care **Care and treatment must be designed to ensure individual service uses needs are met.** The provider had not ensured that care plans were reviewed and updated in line with their policy and procedure and that care plans were holistic. **This is a breach of regulation 9(1) (2) (3) (b).**

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Care and treatment must be provided in a safe way for service users.** The provider had not ensured that medicines were appropriately managed, stored and administered. **This is a breach of regulation 12(1) (2) (g).** The provider had not ensured that potential risks for individual clients were identified and that appropriate plans to mitigate and manage potential risks for individual clients were in place. **This is a breach of regulation 12(1) (2) (a) (b).**

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The establishment and operation of effective governance systems and processes.** The provider had not ensured that an accurate, complete and contemporaneous record of the care and treatment provided to each client was maintained, including decisions taken in forums such as individual or group supervision that related to the clients care and treatment. **This is a breach of regulation 17(1) (2) (c).** The provider had not ensured that they had assessed , monitored and mitigated the risks relating to the health, safety and welfare of service users and others by ensuring that personal alarms were always available and used effectively. **This is a breach of regulation 17 (2) (c)**
Accommodation for persons who require treatment for substance misuse	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The provider must have available the information contained in schedule of the regulations for persons employed in the carrying out of the regulated activity.** The provider had not ensured that there was a complete record of employment history for each staff member that included an explanation of any gaps in employment history. **This is a breach of** **Regulation 19 (3)(a)**