

# St Stephens

## 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

### Ratings

#### Overall rating for this location

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Good



#### 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.

# Summary of findings

## Overall summary

We rated PCP St Stephens as **requires improvement** because:

- The facilities did not promote dignity, recovery and comfort of clients. There were no quiet areas in the accommodation, other than in client's own bedrooms. There were not enough seats in the lounge area for all clients. There was no dining table and only three clients could sit at the small breakfast bar at any one time. The service had not provided adequate cooking facilities for clients who were expected to be self catering. Clients told us they had to wait a long time to cook their evening meal. The lighting in the property was dim, especially in bedrooms. The provider had not supplied any additional lighting to improve this.
- Supervision had not always taken place as required by the provider's policy. The provider's policy stated that staff should receive supervision quarterly. We reviewed the files for five staff who worked at St Stephens and only one had received regular supervision. In addition, managers did not formally supervise new starters they had been post for three months, the impact of this could be that new staff may encounter skills deficits or develop poor practice before they were formally picked up through the supervision process.

- The provider only had one dose of Naloxone available at the house. Naloxone is an emergency medication used to reverse the effects of an opiate overdose. National guidance suggests that it is good practice to have at least two doses available.

However:

- The service provided safe care. The accommodation where clients stayed during the evening and weekends was safe and clean. The service had enough staff to keep clients safe. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- We heard positive examples of staff providing exceptional care and support to clients. Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Requires improvement 	Residential substance misuse service

# Summary of findings

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Requires improvement 

# St Stephens

## Services we looked at

Residential substance misuse services

# Summary of this inspection

## Background to St Stephens

St Stephens is a location registered with the Care Quality Commission as the accommodation for Perry Clayman Project (PCP) Leicester, which is an independent residential substance misuse service for clients with an alcohol or substance addiction. St Stephens provides accommodation for up to seven clients undergoing alcohol and substance detoxification. There are further properties providing shared accommodation for clients who have moved on from the detoxification phase of treatment, but these are accommodation only and therefore did not fall under the remit of this inspection.

St Stephens was registered with the CQC in March 2018. The service has a registered manager and a nominated individual. PCP (Clapham) Limited is the registered provider.

The regulated activities at St Stephen's are accommodation for persons who require treatment for substance misuse. Individual and group therapy treatments are offered to clients at the nearby treatment centre, known as PCP Leicester. There is a separate inspection report relating to PCP Leicester that should be read alongside this report.

We inspected St Stephens in July 2018. At the time of that inspection we did not rate substance misuse services, therefore the service was not rated. We issued requirement notices for breaches of the following regulations:

### Regulation 12 Safe care and treatment

- The provider had not ensured a safe and clean environment for clients. The provider had not completed a ligature assessment for the property. There were no ligature cutters on the premises. The property was not clean on the day of our visit. The kitchen cupboards were dirty, we found a dirty chopping board, there was mould around the bath in the ground floor bathroom and a build-up of lime scale around some of the taps. Not all clients were aware of fire safety procedures. Clients had not participated in a fire drill.
- There were infection control issues at the accommodation. There was only one mop in the

property for cleaning kitchens, bathrooms and bodily spills. The worktop had been covered in a badly fitted laminate, the trim was coming away and tiles in the kitchen around plug sockets and switches had rough edges, which created areas which were difficult to keep clean. There were wooden utensils in the kitchen, these were visibly unclean.

- Clients had no means of summoning help from their bedrooms. There was no procedure in place for the observation of clients undergoing detoxification at the property. Staff told us they would check on clients as and when they thought it necessary. This posed a risk to clients not receiving emergency care if they were to suffer side effects from the detoxification treatment, for example, seizures.
- The stairs in the property were not safe. Two stair treads were loose, and one carpet gripper was exposed. The carpet was loose in places. This posed a risk to clients tripping and falling whilst using the stairs.

### Regulation 17 Good governance

- Governance of the service was poor. The provider did not have monitoring systems in place to ensure processes were being followed or key performance indicators to gauge the performance of the team. For example, the provider did not know that the new cleaning schedules were not being followed, that there were maintenance issues at the property and some staff were not being supervised.
- Recruitment procedures were not robust. Staff had been appointed to specialist roles with no previous experience or skills and had not received an induction or training to enable them to fulfil the role.
- Staff did not receive regular supervision. The provider's policy stated that staff should receive supervision quarterly. We reviewed staff files of two staff who worked at St Stephen's. One staff had received one supervision in the last year and the other had received none.

We told the provider to take the following action:

- The provider must ensure a safe and clean environment for clients.

# Summary of this inspection

- The provider must ensure clients safety is maintained throughout their stay at the accommodation.
- The provider must ensure effective governance of the service.
- The provider must ensure the correct recruitment procedures are in place to ensure a competent and skilled workforce.
- The provider must ensure all staff receive supervision in line with their policy.
- The provider should review client's access to a doctor during the initial stages of their detoxification treatment.
- The provider should regularly review the use of blanket restrictions.
- The provider should review staff working patterns to ensure hours worked are not excessive.

- The provider should review facilities at St Stephens to ensure the comfort and dignity of clients.
- The provider should ensure the registered manager is able to fulfil their responsibilities.

We found that the provider had addressed most of the issues. We have identified the issues which remain later in this report.

At the time of our inspection, seven people were accessing the service for treatment. The service provides care and treatment for male and female clients, all of whom were self-funded.

To be noted: Since writing this report the provider has deregistered this service with the Care Quality Commission. This means that the service has closed and no longer exists.

## Our inspection team

Team leader: Debra Greaves

The team that inspected the service comprised the team leader (CQC Inspector), one other CQC inspector and one specialist advisor.

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. The inspection was unannounced.

## 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.

During the inspection visit, the inspection team:

- visited St Stephens, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with four current clients and three clients who had previously used the service
- spoke with the registered manager and the health and safety advisor
- spoke with three other staff members employed by the service provider, including two counsellors and one housing liaison officer
- collected feedback using comment cards from six clients.

# Summary of this inspection

- looked at six care and treatment records, including medicines records, for clients
- reviewed five staff files
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with four current clients and three clients who had previously used the service. All were positive about the support they had received from the service, telling us that it had saved their life, helped them get their life back and helped them to see that there was life after addiction.

Clients told us that staff were available 24 hours a day, and that they felt safe and supported.

Clients were involved in their care plan and all their needs were met.

Clients who had left the service told us that the aftercare support was really useful.

However:

Some clients told us that the property was cramped and they had to wait to use the cooker to prepare their evening meal.

One client told us they had not received much information before starting the treatment programme.



# 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 rated safe as good because:

- Premises where clients received care were safe and clean. The provider had implemented new health and safety procedures. We saw evidence of issues being identified and addressed.
- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm.
- Staff screened clients before admission and only admitted them if it was safe to do so. They assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's physical health.
- The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

However:

- The provider only had one dose of Naloxone medication to counteract the effects of opiate overdose at the house. It is good practice to have at least two doses available.

Good



### Are services effective?

We rated effective as requires improvement because:

- Supervision had not always taken place as required by the provider's policy. The provider's policy stated that staff should receive supervision quarterly. We reviewed the files for five staff who worked at St Stephens and only one had received regular supervision. In addition, managers did not formally supervise new starters they had been post for three months, the impact of this could be that new staff may encounter skills deficits or develop poor practice before they were formally picked up through the supervision process.
- Managers were not able to locate copies of staff inductions.

Requires improvement



# Summary of this inspection

However:

- Staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. Staff at St Stephens referred to care plans that were informed by the regular use of outcome measures such as the Severity of Alcohol Dependence Questionnaire (SADQ) and the Clinical Opiate Withdrawal Scale (COWS).

## Are services caring?

We rated caring as good because:

- Staff provided good care and support to clients. We heard positive examples from clients about the care they had received. Examples included staff providing additional support and encouragement to a client who wanted to leave on their first day at the service, the client decided to stay, and how staff had liaised with a client's employer to keep their job open for them whilst they underwent treatment. Other examples included how staff had supported a client to regain contact with their estranged children, and how the provider had extended a client's stay free of charge because of hardship.
- Staff treated clients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.
- Staff informed and involved families and carers appropriately.

**Good**



## Are services responsive?

We rated responsive as requires improvement because:

- The provider did not ensure that facilities promoted the recovery, comfort, dignity and confidentiality of clients. There were no quiet areas in the accommodation, other than in

**Requires improvement**



# Summary of this inspection

client's own bedrooms. There were not enough seats in the lounge area for all clients. There was no dining table, and clients had to eat meals on their laps in the lounge or sit on one of three stools at the breakfast bar in the kitchen.

- The provider had not supplied adequate cooking equipment. There was only one standard size cooker and microwave. Clients told us they often had to wait a long time for the cooker to be available to cook their evening meal.
- The provider had not ensured lighting was sufficiently bright or functional. Lighting was dim, especially in client bedrooms. The provider had not supplied any additional work lamps to improve the lighting. Clients were required to complete written work in the evenings as part of the treatment programme, we were concerned that the dim lighting may cause eye strain and make this difficult.

However:

- The service had a clear inclusion and exclusion criteria. The service did not use a waiting list when we visited and did not accept emergency admissions, only admitting clients when the doctor was at the service and available to complete initial assessments. The service responded promptly to referrals usually arranging admission within a few days.
- Staff were proactive in helping people access local support groups when they moved on from the service.
- Clients told us they felt comfortable to raise concerns in the weekly community meetings and that any concerns raised were responded to quickly. Clients were provided with information on how to complain on admission and could complain at community meetings, individual sessions or directly to the registered manager.

## Are services well-led?

We rated well led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

**Good**



# Summary of this inspection

- Our findings from the other key questions demonstrated that governance processes operated effectively at service level and that performance and risk were managed well. Governance of the service had significantly improved since the last inspection. The provider had recruited to new senior governance roles and had implemented monitoring systems to ensure processes were being followed.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect. The provider had invested in an electronic record system for staff information. This enabled the registered manager to monitor their team's performance, for example, supervision and training compliance.

However:

- The provider had not embedded the management out of hours on call support system. Staff were still providing telephone support to colleagues outside of their working hours. Although staff did not complain about this, we were concerned about the potential impact on staff wellbeing.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards






All staff were trained in and had a good understanding of the Mental Capacity Act.

There was a Mental Capacity Act policy in place that staff could refer to if necessary.

There was evidence in care records that capacity had been assessed and consent to treatment had been

gained. Clients signed a treatment contract on admission to the service. Staff told us that clients could temporarily lack capacity due to being intoxicated, in these situations they would wait until the client was sober. There were no clients subject to Deprivation of Liberty Safeguards.

# Substance misuse services

Safe	Good 
Effective	Requires improvement 
Caring	Good 
Responsive	Requires improvement 
Well-led	Good 

## Are substance misuse services safe?

Good 

### Safe and clean environment

The provider had ensured a safe and clean environment for clients. The provider had completed a ligature assessment for the property. There were ligature cutters available on the premises.

Emergency medicines to counteract the effects of opiate overdose were available and accessible at the property and staff had been trained to use them. However, there was only one dose of Naloxone at the property and no additional doses held in stock. It is good practice to have more than one dose available, in the event that one dose is damaged, or two clients require the medication.

The property was clean on the day of our visit. The provider had implemented daily cleaning checks, which staff had mostly completed. The housing officer audited these weekly and the provider's health and safety lead audited monthly. We saw evidence of cleanliness issues being identified and addressed.

Clients were expected to be self catering at the house. There were shared kitchen facilities including a cooker, fridge's and a freezer, for clients use. Most opened food items in the fridges had been labelled with the date of opening. Staff checked the fridges daily and disposed of any out of date food. There was a notice on the downstairs fridge detailing the temperature at which food should be kept and a record of fridge temperatures.

There were signs displayed prompting handwashing and appropriate use of coloured chopping boards in the kitchen.

Electrical equipment had been tested.

Cleaning records were up to date and evidenced that the environment had been regularly cleaned. The provider contracted an external cleaning company to keep the property clean. Clients completed weekly therapeutic cleaning duties. There was a cleaning schedule displayed.

The provider had fire safety procedures in place. There were smoke detectors and fire extinguishers on each floor, and clear signage showing where to go in case of fire. There was an induction process for new clients which included information about fire safety procedures.

The provider had fitted call bells in client bedrooms following the last inspection. However, the system did not alert staff to the location of the call alarm, meaning that staff would have to check each bedroom to locate the source of the alarm.

Staff were provided with personal alarms to summon help if needed.

The provider's on call rota included a clinician that staff were able to contact out of hours for clinical advice.

In the hallway of St Stephens there was information displayed on what to do in case of emergency including a reminder to call 999 in the event of medical emergency. There was an out of hours number for staff to call for PCP management support.

### Safe staffing

# Substance misuse services

The provider had increased their staffing cover following the previous CQC inspection to eliminate staff working excessive hours. There was no staff lone working at the property.

There was a nurse based at the treatment centre who was available to provide clinical advice and support to clients and staff between 9am-5pm, Monday to Friday.

Staff told us there was an additional support worker who could be called upon to cover shifts when substantive staff were off sick or on planned leave. The housing liaison officer or support workers from another location were also available to provide cover.

Staff and clients spoken with told us that planned therapy sessions were never cancelled due to staffing shortages. The provider reported low sickness and turnover of staff.

All staff were up to date with mandatory training. Mandatory training was provided by an external agency as a one-day face to face training covering key elements. There was additional e-learning to enhance the face to face training.

## Assessing and managing risk to clients and staff

Staff completed detailed risk assessments of clients on admission to the service and updated these regularly. We reviewed six of the current client records and all had a detailed risk assessment.

The service had introduced individualised levels of observation to manage changing risks to clients. The clinical team set and reviewed the levels of observation required for each client.

Clients agreed to restrictions being in place during their first week of treatment. The provider locked the clients' phones and other items, for example, keys and bank cards in the safe at the treatment centre. However, staff at the accommodation told us they could ring one of the on-call managers for the code to the safe, should a client wish to leave. The manager would reset the safe code the next working day.

## Safeguarding

There had been no safeguarding concerns raised for the period 01 July 2018 to 30 June 2019.

Staff had completed safeguarding training and knew how to raise a safeguarding alert. Staff at St Stephens worked closely with the staff at the treatment centre to ensure any safeguarding concerns were not missed.

## Staff access to essential information

Information needed to deliver care was stored securely and was accessible to staff. Staff at St Stephens had access to a tablet device to access records electronically.

## Medicines management

The provider had robust procedures in place for medicines management at the property. Staff transported medicines for the evening and night time from the treatment centre to the accommodation in a solid, locked case. Staff locked the medicines in a locked cupboard in the clinic room at the property. Clients had lockable storage facilities in their bedrooms to keep certain medications following a risk assessment. The service had an annual medicines audit carried out by an external organisation.

The provider only had one dose of Naloxone medication to counteract the effects of opiate overdose at the house. It is good practice to have at least two doses available.

## Track record on safety

St Stephens had not reported any serious incidents in the last twelve months.

## Reporting incidents and learning from when things go wrong

Staff were aware of the need to report incidents and safeguarding's internally via the electronic recording system, and the need to escalate concerns to the manager.

Staff were open and transparent and explained to clients when things went wrong.

Staff we spoke with told us they received feedback from investigations both internal and external to the service. This occurred in team meetings and in managerial supervision. We reviewed minutes of team meetings which confirmed this. The registered manager attended monthly clinical management meetings with peers where incidents across the organisation would be discussed and learning shared with staff.

Staff told us they were a supportive team and always debriefed after incidents.

# Substance misuse services

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

Requires improvement 

### Assessment of needs and planning of care

Staff had completed comprehensive and timely assessments for all clients at St Stephens.

Staff had completed a physical health assessment of clients on admission and ongoing monitoring of physical health problems was in place where needed. Staff supported clients to live healthier lifestyles by promoting better diets.

Staff completed recovery focused plans with clients.

### Best practice in treatment and care

Staff at St Stephens were not responsible for prescribing medication but followed doctor's instructions on administering medication and had been trained using Royal College of General Psychiatry online medication management training. The nurse at PCP Leicester treatment centre completed staff medication competency assessments.

Staff supported clients to keep their accommodation whilst at St Stephens; interventions included signposting to other organisations for issues such as housing, benefits and employment.

Staff at St Stephens referred to care plans that were informed by the regular use of outcome measures such as the Severity of Alcohol Dependence Questionnaire (SADQ) and the Clinical Opiate Withdrawal Scale (COWS) which was used by the nurse at PCP Leicester treatment centre, although they did not routinely use these scales themselves as this was not part of their role.

Staff supported clients with monthly therapeutic cooking sessions. Staff supported clients to plan, purchase and cook a meal, which they would eat together.

### Skilled staff to deliver care

Support workers and counsellors provided care at St Stephens although they could access support from the out of hours on call manager.

The staff we spoke with told us that they received an appropriate induction. However, we were unable to locate copies of inductions in staff files. One recently recruited staff member had shadowed ten shifts as part of his induction.

The provider's policy stated that staff should receive supervision quarterly and appraisal annually. Managers had not ensured all staff received supervision in line with policy. We reviewed staff files of five staff who worked at St Stephens. Three of the staff had started working at the service less than three months ago and had not received supervision, we saw that dates had been booked. The manager had supervised the other staff member in line with policy. The remaining staff member who worked at the service for longer only had one supervision record in his file and no appraisal. We discussed this with the registered manager who advised that prior to her taking up her post recently, supervisions had not been happening, but she had implemented a new process to ensure these were booked in. Staff also accessed monthly group supervisions. Staff were happy with the level of support they received.

We were concerned that of the five staff only one had previous professional experience of working in a substance misuse service. However, staff had received training and informal peer support.

In addition, managers did not formally supervise new starters they had been post for three months, the impact of this could be that new staff may encounter skills deficits or develop poor practice before they were formally picked up through the supervision process

Staff received specialist training for working with people who have misused substances. Staff had also completed training in observation, diabetes awareness, suicide prevention, motivational interviewing, food hygiene, preventing radicalisation, complex needs and dual diagnosis, risk assessment, care planning, epilepsy and self harm.

Staff knew how to access emergency physical and mental healthcare treatment for clients via the local NHS walk in clinics, A&E or Mental Health Crisis Team.

### Multidisciplinary and inter-agency team work



# Substance misuse services

Staff attended monthly team meetings at PCP Leicester treatment centre. Support staff from St Stephen's completed a daily handover each morning and each evening treatment centre counsellors and nurses.

Staff worked with external agencies to support clients, for example, mental health teams and probation services.

## Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Provider responsibilities under the Mental Health Act were not applicable to this service.

## Good practice in applying the Mental Capacity Act

All staff were trained in and had a good understanding of the Mental Capacity Act.

There was a Mental Capacity Act policy in place that staff could refer to if necessary.

There was evidence in care records that capacity had been assessed and consent to treatment had been gained. Clients signed a treatment contract on admission to the service. Staff told us that clients could temporarily lack capacity due to being intoxicated, in these situations they would wait until the client was not under the influence of substances.

## Are substance misuse services caring?

Good 

## Kindness, privacy, dignity, respect, compassion and support

We saw staff speaking with clients in a caring manner and treating them with kindness, dignity and respect.

Clients reported that staff treated them well and respected their wishes.

A peer support buddy system was in place for clients to support them through their recovery.

The service used a rule of three people being together whenever they left the accommodation to prevent clients from being tempted to relapse.

We heard positive examples from clients about exceptional care and support they had received from staff. These included staff providing additional support and

encouragement to a client who wanted to leave on their first day at the service, the client decided to stay; staff liaising with a client's employer to keep their job open for them whilst they underwent treatment; staff supporting clients to regain contact with their estranged children and the provider extending a client's stay free of charge.

Staff supported clients with children to keep in contact with them by providing access to their mobile phone.

The nurse included the views of the primary carer or clients next of kin on the pre-assessment form, if the client had given written permission for this in their application form. The provider sought consent from clients on the treatment contract, which included what information they were happy for the staff to share and who with.

## Involvement in care

Clients were actively involved in the planning of their care. Support staff were available to support and encourage clients with their evening diary work.

Clients had copies of their care plans and these were reviewed regularly.

Clients could give regular feedback about the care they received via community meetings and client feedback sessions.

Staff advised that the service did not access any local advocacy services and that clients were expected to self-advocate.

The provider offered a monthly facilitated friends and family support group.

The provider invited clients and family members to give feedback about the service through end of treatment surveys and an annual feedback survey.

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

Requires improvement 

## Access and discharge

# Substance misuse services

The service had a clear inclusion and exclusion criteria. The service did not accept referrals from people who had mobility difficulties due to the building not being suitable.

The service did not use a waiting list when we visited and did not accept emergency admissions, only admitting clients on one of the three days a week that the doctor was at the service.

There were clear pathways for managing transition through the service and for managing client's changing needs.

Access to the service and discharge from the service was well planned. The provider had recently strengthened the admissions process to ensure as much information as possible was gathered at the pre-assessment stage.

Staff planned for early exit from treatment at the assessment stage including taking details of who should be contacted if a client relapsed or discharged themselves from treatment early.

Staff made efforts to contact support groups local to the client so that they could continue their recovery on discharge.

The service provided an aftercare group that was open to clients for as long as they needed.

## **The facilities promote recovery, comfort, dignity and confidentiality**

The provider did not ensure that facilities promoted the recovery, comfort, dignity and confidentiality of clients. There were no quiet areas in the accommodation, other than in client's own bedrooms. There were not enough seats in the lounge for all clients and there was no dining table at the property. Clients would have to eat meals on their laps in the lounge or sit at one of the three stools at the breakfast bar in the kitchen.

The provider had not supplied adequate cooking equipment. There was only one standard size cooker and microwave. Clients we spoke with told us they often had to wait a long time for the cooker to be available to cook their evening meal.

The provider had not ensured lighting was sufficient in the property. Lighting was dim, especially in client bedrooms. The provider had not supplied any additional lamps to

improve this. Clients were required to complete written work in the evenings as part of the treatment programme, we were concerned that the dim lighting may cause eye strain and make this difficult.

The provider had supplied each bedroom with a heater and a fan allowing clients to control the temperature of their bedroom.

Clients had their own bedroom whilst staying at St Stephens and had a key to their bedroom. Clients shared bathroom, kitchen, lounge and garden facilities.

## **Patients' engagement with the wider community**

Staff had a good awareness of local services available to meet patient's needs. Staff supported clients to attend community based support groups and facilitated activities in the local area, for example, cinema trips and shopping.

## **Meeting the needs of all people who use the service**

Due to the nature of the building the accommodation was not suitable for people experiencing physical disabilities. The accommodation was provided over three floors with seven bedrooms on the two upper floors and one bedroom on the ground floor. The kitchen and bathroom facilities were accessed via steps making them inaccessible for physically disabled clients. However, the provider made it clear that the service was not suitable for clients with a physical disability and would signpost any referred client with a physical disability to one of their other services.

There was limited information readily available in other languages. Staff told us they could arrange for leaflets to be printed in other languages. Interpreters could be arranged at additional cost to the client.

Staff had supported clients to access support for their spiritual needs through attendance at places of worship.

## **Listening to and learning from concerns and complaints**

The provider reported that St Stephens received zero complaints from 01 July 2018 - 30 June 2019.

Staff told us they would try and resolve complaints locally, if this was not possible it would be escalated to the registered manager and head office to be investigated.

Clients told us they felt comfortable to raise concerns in the weekly community meetings and that any concerns raised were responded to quickly.

# Substance misuse services

Staff told us they received feedback on the outcome of investigation of complaints in team meetings. Clients were provided with information on how to complain on admission and could complain at community meetings, individual sessions or directly to the registered manager.

## Are substance misuse services well-led?

Good



### Leadership

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff. Staff spoke highly of the registered manager and the support provided to them. Senior managers were visible and accessible. Staff told us that senior managers visited regularly, and they could contact them via telephone or email.

### Vision and values

The provider had recently developed a clear set of vision and values. Staff were able to describe these in relation to their practice.

### Culture

Staff reported that it was a supportive team; there were no reports of bullying or harassment. Staff spoken with told us they knew how to use the whistle-blowing process. Staff spoken with told us that morale was high and they gained a great deal of job satisfaction from supporting people with their recovery.

### Governance

Governance of the service had significantly improved since the last inspection. The provider had recruited to new senior governance roles and had implemented monitoring systems to ensure processes were being followed.

The provider had invested in an electronic record system for staff information. This enabled the registered manager to monitor their team's performance, for example, supervision and training compliance.

Recruitment procedures had improved. The provider was now recruiting externally, and this had broadened the experience and skills of the team at the service.

The registered manager had enough authority, autonomy and time to carry out their role effectively. They were not required to work in any other role, this ensured they were able to focus on their registered manager responsibilities.

The registered manager had access to a full-time administrator.

### Management of risk, issues and performance

Leaders managed performance and risk well. The provider had implemented new assurance systems since the last inspection to ensure risks were identified and acted on, for example, auditing of health and safety records. However, the provider had not addressed concerns raised following the last inspection in relation to the lack of facilities.

### Information management

We saw effective arrangements to ensure information was acted on, for example, the health and safety audits included an action plan which was reviewed and updated weekly.

The provider had used technology to improve care by introducing an online consent form which clients were able to sign remotely. This ensured timely access to the service for clients.

### Engagement

Staff told us they were given opportunities to give feedback and input into service development.

### Learning, continuous improvement and innovation

The provider had invested in external training and development resources for staff. Staff spoken with told us they were encouraged to continually improve, for example, the creation of a new clinic room in the service.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure that the new supervision process is embedded and that staff receive supervision in line with their policy.
- The provider must ensure that all new starters receive formal recorded supervision during their first three-month probationary period. The provider must improve facilities and equipment at St Stephens to ensure the comfort and dignity of clients.

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

- The provider should ensure additional supplies of emergency medication to treat opiate overdose are available.
- The provider should ensure copies of staff inductions are kept in staff files.
- The provider should ensure that all actions following CQC inspections are addressed.

## 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
Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The provider did not ensure that facilities promoted the recovery, comfort, dignity and confidentiality of clients. There were no quiet areas in the accommodation, other than in client's own bedrooms. There were not enough seats in the lounge area for all clients. There was no dining table at the property. Clients would have to eat meals on their laps in the lounge or sit on one of three stools at the breakfast bar in the kitchen.</p> <p>The provider had not supplied adequate cooking equipment. There was only one standard size cooker and microwave. Clients spoken with told us they often had to wait a long time for the cooker to be available to cook their evening meal.</p> <p>The provider had not ensured lighting was sufficient in the property. Lighting was dim, especially in client bedrooms. The provider had not supplied any additional lamps to improve this. Clients were required to complete written work in the evenings as part of the treatment programme, we were concerned that the dim lighting may cause eye strain and make this difficult.</p> <p>This was a breach of regulation 15.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

## Requirement notices

The provider's policy stated that staff should receive supervision quarterly. We reviewed the files for five staff who worked at St Stephens and found supervision had not always taken place as required by the provider's policy.

In addition, managers did not formally supervise new starters they had been post for three months, the impact of this could be that new staff may encounter skills deficits or develop poor practice before they were formally picked up through the supervision process

This was a breach of regulation 18.