

The Haven

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



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

Letter from the Chief Inspector of Hospitals

Start here.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

We rated The Haven as Requires Improvement because

- There was no record of calibration of equipment such as blood glucose machines, scales and blood pressure monitoring units.
- We reviewed 11 medication administration records for completeness, legibility and inclusion of relevant client-specific information, such as allergies. Two medication administration records had not been signed by staff after medicine had been administered.
- At the previous inspection the service did not have efficient governance processes to ensure the management of medicines was safe. In this inspection, the service had made a degree of improvement in its governance of medicines. The governance overall was not robust to sufficiently provide oversight of the service performance, quality and safety. This included low mandatory training, medication management, cleaning of clinic room, handover records and learning lessons.

However:-

- The service provided safe care. The clinical area where clients were seen was safe and clean. The service had enough staff. 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. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included, or had access to, the full range of specialists required to meet the needs of clients under their care.
- Managers ensured that staff had access to appraisals, and supervision. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- Some staff had received mandatory training and the team manager kept records of training and compliance figures. The overall compliance for mandatory and statutory training courses was at 77%.

Summary of findings

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Requires improvement 

The Haven

Services we looked at

Residential substance misuse services

Summary of this inspection

Background to The Haven

The Haven is provided by the West London Mission. The service provides accommodation and support for up to 26 men with long-term alcohol dependency. The service registered with CQC on 23 April 2012. The service operates a harm minimisation strategy that allows clients to drink agreed amounts of low strength alcohol. The service specialises in providing accommodation for those who, in addition to their alcohol addiction, have a cognitive impairment and are dually diagnosed with Korsakoff's syndrome, Wernicke's encephalopathy or other mental health diagnosis. The service receives referrals from organisations nationwide.

The Haven is registered to provide the following regulated activities:

Accommodation for persons who require nursing or personal care; and accommodation for persons who require treatment for substance misuse.

There was a registered manager in place at the time of the inspection.

The CQC has previously inspected this location four times; during this period CQC did not have the power to rate substance misuse. The last inspection was on 31 August 2016. At the last inspection The Haven was in breach of two regulations: Regulation 12 safe care and treatment; and regulation 13 safeguarding service users from abuse and improper treatment.

At the inspection in 2016, we found that the provider had not stored medicines at a safe temperature and staff administering medicines did not have regular updates and training. The service did not have efficient governance processes to ensure the management of medication was safe. Twenty five percent of staff had not completed training in food hygiene training or in managing behaviour which challenged. Staff did not demonstrate a sound understanding of safeguarding adults and safeguarding training was not mandatory. The service also did not offer safeguarding children training to staff. During this inspection we found that most these issues had been resolved.

Our inspection team

The team that inspected the service comprised two CQC inspectors, one specialist advisor and one expert by experience. The specialist advisor was a nurse and an

addictions specialist in substance misuse. Experts by Experience are people who have personal experience of using or caring for someone who uses health, mental health and/or social care services that we regulate.

Why we carried out this inspection

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

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- 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.

During the inspection visit, the inspection team:

Summary of this inspection

- visited the service, looked at the quality of the environment and observed how staff were caring for clients
- spoke with three clients who were using the service
- spoke with the service manager
- spoke with one carer
- spoke with five staff members, including project workers and housekeeping staff
- looked at six care and treatment records of clients
- observed a medication round for five clients
- observed a staff handover
- carried out a specific check of the medication management and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with three clients and one carer who described staff as approachable and helpful. Clients said that they enjoyed living there and saw improvements in their quality of life. They gave us positive feedback about the staff as they felt supported by them whenever they

needed assistance and they appreciated this. Clients and carers told us that their project workers were always available to speak to when needed. Clients felt that staff encouraged them to be independent.

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 good as requires improvement because:

- There was no record of calibration for blood glucose monitoring machines, scales and blood pressure monitoring units.
- We reviewed 11 medication administration records for completeness, legibility and inclusion of relevant client-specific information, such as allergies. Two medication administration records had not been signed by staff after medicine had been administered.
- The service did not maintain cleaning records for the clinic area.

However,

- All clinical premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- 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. Some staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- The service used systems and processes to safely administer, record and store medicines. We spoke to staff regularly reviewed the effects of medication 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.
- Some staff had received mandatory training and the team manager kept records of training and compliance figures. The overall compliance for mandatory and statutory training courses was at 77%.

Requires improvement



Summary of this inspection

Are services effective?

We rated effective as **good** because:

- 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 participated in clinical audits to measure outcomes and identify improvements.
- The service had access to the full range of specialists required to meet the needs of clients under their care. Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- The team had effective working relationships with other relevant teams outside the organisation.
- Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Good



Are services caring?

We rated caring as good because:

- Feedback from people who use the service and those who are close to them were continually positive about the way staff treat people. Clients said that staff went the extra mile and their care and support exceeded their expectations.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted clients' dignity. Relationships between clients, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- Staff recognised and respected the totality of clients' needs. They always took clients' personal, cultural, social and religious needs into account.

Good



Summary of this inspection

- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They said that clients were active partners and staff were fully committed to working in partnership with them and making this a reality for each person.
- Clients were able to give feedback about the service at community meetings and made presentations at staff away days.

However,

- Although the service made efforts to maintain client confidentiality, we found that telephone calls about individuals were answered by staff during medication round in the presence of other clients. This meant that discussions were not always confidential.

Are services responsive?

We rated responsive as good because:

- Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.
- The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity. Each client had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The service met the needs of all clients, including those with a protected characteristic.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team.

Good



Are services well-led?

We rated well-led as requires improvement because:

- The governance overall was not robust to sufficiently provider oversight of the service performance, quality and safety. This included medication management, cleaning of clinic room, handover records and learning lessons.

However

- 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 to clients and staff.

Requires improvement



Summary of this inspection

- 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.
- Our findings from the other key questions demonstrated that governance processes operated effectively, and that performance and risk were managed well.
- Staff had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had access to training on the Mental Capacity Act, which included training on capacity and consent.

Staff referred clients to a memory service if a mental capacity assessment needed to be completed. Staff understood mental capacity and were aware of how substance misuse can affect capacity.

The service had a policy on Mental Capacity Act. Staff ensured that clients consented to their care and treatment.

Staff demonstrated that they understood deprivation of liberty safeguards. Staff ensured that clients consented to their care and treatment. Staff completed consent agreements with clients during their initial assessment.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Residential substance misuse services	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Residential substance misuse services

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

Are residential substance misuse services safe?

Requires improvement 

Safe and clean environment

Safety of the facility layout

Staff did regular risk assessments of the care environment and recorded these. When concerns were identified staff took action to address them. Weekly health and safety audits were completed by housekeeping staff and recorded. Any findings from these were communicated at staff meetings. A legionella audit was completed in August 2019.

Staff had easy access to alarms and had additional radios. Staffing levels were adequate to appropriately respond to alarms and manage risks to patients, staff and visitors.

The service used closed circuit television (CCTV) in all communal areas. There were television screen monitors in the office that staff could view covering some communal areas. The manager used CCTV for reviewing incidents that occurred as part of their investigations. Clients were aware of the use of CCTV and consented to its use.

Staff had completed a fire risk assessment. The risk assessment identified key risks. For example, it identified a lack of emergency lighting in the garden which the service had a plan to address. We saw that a fire drill had taken place within the previous 12 months prior to inspection and all staff, clients and visitors had been evacuated safely. Staff also had grab bags that contained personal emergency egress plans for all clients.

Maintenance, cleanliness and infection control

Areas clients had access to were clean, comfortable and well-maintained. The service had a housekeeping team, their work was overseen by a housekeeping team leader and the service manager. The service also maintained electronic cleaning schedules that were easily accessible to all staff on the shared drive. The premises were visibly clean during the time of our inspection.

Staff adhered to infection control principles, including handwashing and wearing personal protective equipment such as disposable gloves. Staff disposed of sharps appropriately. Clinical waste was collected by an external company.

The service had a clinic area to dispense medication and undertake physical examinations. This clinic area was based in the main reception of the service. The reception had doors that were secure and locked and had blinds to maintain the privacy of clients if needed. This clinic area was visibly clean and clutter free. It contained equipment including a blood pressure machine, weighing scale and blood glucose machine. However, there was no record of calibration of this equipment. We found one blood glucose machine that had not been cleaned and we discussed this with the staff who responded promptly and cleaned the equipment. The service did not keep up-to-date cleaning records for the clinic area.

Staff had an updated portable appliance testing (PAT) list for portable appliances that had been re-tested in August 2019. However, the list did not include a fridge that was used to store clients' alcohol in the office or the blood pressure machine. A sticker on the fridge showed that

Residential substance misuse services

appliance testing was due for a re-test in July 2019, but there was no record of this happening. Portable appliance testing is necessary to ensure that electronic appliances are safe to use.

Staff completed monthly environmental audits. The audits were completed by the housekeeping team and discussed in their team meeting. Minutes of the housekeeping team were also shared and reviewed by project workers in team meetings to ensure continuity and communication.

Staff had access to first aid kits located on each floor of the building, that staff checked on a weekly basis. We checked one first aid kit and noted that the emergency foil rescue blanket was past its expiry date. This meant that the efficacy could not be guaranteed if used in an emergency. We discussed this with staff who promptly replaced this with a new emergency foil blanket that was within date. Staff explained that first aid kits were checked on a weekly basis but the check was limited to choosing three items in each box to check for expiry dates.

Safe staffing

The management team consisted of a service manager, a deputy manager and a senior project worker. There were six project workers, two weekend project workers, 10 non-contracted locum project workers, four housekeeping staff, a chef and nine volunteers.

The service had a staff vacancy rate of 7%. They had recently recruited to the posts of project worker and part-time weekend worker and were awaiting a start date. In the past 12 months prior to inspection, 134 shifts were covered by West London Mission bank staff and one by agency. Bank staff who worked at the service were familiar with clients which promoted continuity of care.

Sickness and absence rates were monitored by the service manager. Staff sickness absence was at 1% during the 12 months prior to inspection. There had been four staff leavers in the past 12 months prior to inspection.

The service ensured robust recruitment processes were followed. The provider had carried out the appropriate checks to ensure the fitness of staff to work with clients including interviews, criminal disclosure and barring checks and a minimum of two previous employer

references. We reviewed four records for staff who worked at or for the service. Records showed that the service had undertaken the necessary checks and that the person had suitable experience to meet the needs of the client group.

During the inspection the service manager, deputy manager and senior project worker were on annual leave. There were no arrangements made at the time of the inspection for senior managerial support for staff.

Two key project workers were on duty for each shift. The service manager, deputy manager, senior chef and housekeepers worked 9.00am - 5.00pm during the week. A typical shift for a full-time project worker started at 2.00pm and finished at 3.00pm the following day. It included eight hours of sleep in duties. The night-time and weekend shifts included additional sleep-in staff. Sleep in staff are staff available on a night shift, who sleep at the workplace so that they are available to support people during the night. The main role of the project workers was to manage day to day duties, support clients and dispense medication to clients. Staff felt that they had adequate time off from work.

The service delegated each key project worker as either a first duty officer or second duty officer whilst on shift. The first duty officer was responsible for administering medication and completing handover notes. Handover notes were accessible to staff on all shift patterns on the shared drive with information pertaining to each shift. However, we reviewed day and night shift handovers notes for three months and saw night shift handover notes were not always completed in full. Two out of the three months we reviewed did not have completed and uploaded handover notes for the night shift. Staff we spoke to were not aware that these had not been completed. Staff felt that this may have been due to a technical error. We requested evidence of recovery of these notes from the provider, but the service was unable to supply these.

Mandatory training

Some staff had received mandatory training and the team manager kept records of training and compliance figures. The overall compliance for mandatory and statutory training courses was 77%. Mandatory training included, basic life support, health and safety, infection control and prevention, food safety, prevention and management of violence and aggression, mental health, person centred care, personal protection equipment, emergency first aid at work, complaints and conflicts.

Residential substance misuse services

The service manager kept training records and explained that there was no organisation target for compliance with mandatory training. There was an expectation that training would be completed by staff by 31 December 2019.

Completion rate for training included safeguarding and protection of adults 79%, moving and handling 79%, fire awareness 71%, equality and diversity 0%, control of substances hazardous to health 43%, mental capacity act and deprivation of liberty 78%. The equality and diversity training module had not been submitted to staff for completion that was due by March 2020.

Housekeeping staff were trained in food safety, managing conflict and safeguarding.

Assessing and managing risk to clients and staff

Assessment of patient/service user risk

During the inspection, we reviewed the risk assessments in six client records.

Staff had completed risk assessments on admission for each client. Staff screened for common risks associated with alcohol misuse and other substance misuse, such as blood borne virus status, any injecting history and risks concerning family and children. Staff also completed risk assessments for day trips for clients, these risk assessments included details of clients' mobility difficulties, abuse of alcohol, medication, risk of memory loss, clients' physical health concern and details of the nearest local accident and emergency department.

Staff had reviewed each risk assessment on a regular basis and updated clients' risk assessments following a new risk incident as appropriate. Client records had evidence of the most recent incident and link to a care plan to address that risk. There was evidence that staff had reviewed these risk plans with clients and included the client's view.

Staff had a good understanding of the risks related to alcohol misuse and increased monitoring of a client if they appeared intoxicated. Staff managed incidents of alcohol withdrawal seizures by comforting the client, monitoring them and contacting emergency services. Staff explained that alcohol related seizures often involved clients whose drinking pattern was still unmanaged and those who had not consented to staff support with managing finances.

All clients were registered at one GP surgery on admission. Staff supported clients to have regular physical reviews and assessments of their physical health completed at the GP surgery.

The service used the GP service for out-of-hours medical cover and phoned 111 for medical advice. In an emergency they called 999.

If a client needed access to specialist health care, staff requested this via the GP or on call emergency teams at the local hospital. Staff discussed contact with external health teams in their handovers.

Staff discussed any physical health concerns at handovers and follow-up appointments were booked at the GP surgery. In the records we reviewed, staff had updated information about clients' visits to the GP or any other health care specialist. Any changes to physical health were also highlighted in client care plans.

Staff maintained regular contact with the GP surgery, community mental health team, social work and other social care agencies involved in clients' care. This was evident in their handover notes and clients' records.

Staff gave crisis plans in place for clients, especially when clients left the accommodation to attend activities on their own. They included making contact with the staff at the office, providing emergency numbers and contact details of organisations that offered emotional support to people in distress if required.

Management of patient/service user risk

Clients were made aware of the risks of continued substance misuse and harm minimisation safety planning was an integral part of care plans. There was evidence in client records of staff having regular conversations about the impact of alcohol use when risk assessments were reviewed.

The service provided location devices for clients who were at risk of getting lost. Staff completed risk assessments in relation to clients with poor memory. Staff also knew and documented areas that clients with memory difficulties would tend to visit. In the event that a client did not return staff followed local policy and alerted the police immediately, as well as their family and other care teams involved in their care.

Residential substance misuse services

Clients were free to consume an agreed amount of alcohol. Agreed amounts were discussed at assessment and reviewed with project workers. Agreed amounts of alcohol were documented in clients' care plans and adherence to the agreement was monitored closely by staff. Staff identified alternative accommodation if they felt they could not meet a client's needs and discussed this with carers as appropriate.

Staff monitored clients at night by carrying out regular checks and completed records of observation of clients.

Safeguarding

The overall training compliance rate for safeguarding and protection of adults training was at 79%.

Staff worked effectively with other agencies to promote safety, including systems and practices for information sharing. Staff liaised with clients' social workers as required. Staff discussed safeguarding concerns with the service manager who was the safeguarding lead for this location in the organisation.

The service had not made any safeguarding referrals in the past 12 months prior to inspection. One safeguarding concern was raised about a client by local accident and emergency staff. The client had alleged mistreatment by a member of The Haven staff. This was also followed up by an internal investigation and it was found not to be proven. A safeguarding investigation was also completed and closed.

Staff implemented statutory safeguarding guidance around vulnerable adults, children and young people. Some staff had completed safeguarding training for both adults and children. Staff we spoke to were aware of how to identify adults and children at risk of suffering harm and how to refer on as necessary to the local authority.

Staff access to essential information

Staff maintained all care records electronically and they could be accessed by all staff. This included risk assessments, care plans and crisis plans. Information for all new clients was recorded on the electronic record.

Medicines management

Staff followed good practice in medicines management. The service safely stored and stocked medicines. Medicine was delivered monthly on a monitored dosage system in prefilled blister packs. These were stored in a locked medicine cupboard in the clinic area.

The GP surgery prescribed all medication for clients. Staff administered medication and there were no self-administering clients at the time of the inspection. Staff contacted clients to remind them to attend for the clinic room for medication.

Staff had a controlled drug book and a controlled drug safe. Controlled drug were monitored by staff and documented accurately.

Staff were able to access policies and online training related to medicine management.

A pharmacist carried out a medicines audit in January 2019. The service had recently changed from one pharmacy to another local pharmacy. The January 2019 audit showed recommendations had been implemented; such as staff using online e-learning provided by the pharmacy and the service ordering a controlled drug register.

We reviewed 11 medication administration records for completeness, legibility and inclusion of relevant client details, including allergies. We found that two medication administration records for two clients had not been signed by staff after medicine had been administered on one occasion for each record. Staff had used a post it note to remind staff to sign the medicine chart on one of the two charts that had not been signed. The team meeting minutes showed discussions about the replacement of paper medicine administration records with an electronic system. There had not been a date identified to start this or a system purchased at the time of the inspection.

The service recorded room temperature and monitored fridge temperatures, which were within the recommended guidelines. The service did not use a secondary thermometer or had evidence that the fridge thermometer had been calibrated. Calibration is the process of comparing the display reading of your measuring equipment, against testing equipment that has been checked against a known and verified source to establish a level of accuracy. A second thermometer that is independent to the integral thermometer is beneficial as it provides a method of cross-checking the accuracy of the

Residential substance misuse services

temperature in the event of disrupted electrical supply to the fridge. The service also had not taken precautions to prevent an accidental switch off as the fridge plug was easily accessible. This was discussed with staff who promptly added a sign to not switch off the plug.

Staff recalled one medicine error which was investigated. This was regarding a wrong dose of medicine being given to a client. Staff followed local guidance for medication errors. In this example, staff dialled 999 for help and advice as soon as possible and informed that local GP surgery.

Track record on safety

Between 10 May 2018 and August 2019, the service had reported no serious incidents.

Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them.

Minutes of team meetings showed that the service manager shared learning from incidents with staff. We also observed that, where appropriate, incidents were discussed at staff supervision and team meetings. For example, following an incident that involved a client needing an admission to hospital; staff discussed identifying nonverbal cues in the event that a client becomes physically unwell or when experiencing alcohol withdrawal.

Duty of candour

Staff understood the duty of candour. They were open and transparent and gave people using the service and families (if appropriate) a full explanation if and when something went wrong. For example, when a medicine error was made. 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.

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

Good 

Assessment of needs and planning of care

We reviewed six care and treatment records during our inspection.

Staff completed a comprehensive and detailed mental health assessment of clients' needs. This included family history, housing, social-cultural needs, alcohol and drug history, criminal history, memory and cognition and finances. All six care records we reviewed were comprehensive and included medical information.

Staff developed care plans and recovery plans that were personalised, comprehensive and recognised clients' strengths. All six client records had an updated care plan with evidence that these had been discussed with clients and included carers' views where appropriate. Care plans had individual and up to date comprehensive risk plans that were linked to up to date risk assessments. Staff highlighted clients' identified recovery goals and reviewed these regularly with them.

Each client had an assigned a project worker, the name of their project worker was recorded on the client record system. Clients we interviewed knew who their allocated project worker was.

Staff arranged induction sessions with new clients to discuss aims and objectives, expectations of staff and clients, management of their finances and an orientation guide was available. This included a discussion about the amount of alcohol the client should have access to each day. The client signed an agreement that gave staff permission to support them with managing their finances and an agreed alcohol maintenance plan. The care records we reviewed demonstrated that a budget was given to clients to spend each day. Clients signed to confirm each financial transaction daily and handed receipts in to staff when a purchase had been made.

Best practice in treatment and care

Residential substance misuse services

The service had a harm minimisation strategy which allowed clients to drink agreed amounts of low strength alcohol. Clients' alcoholic drinks were kept in the staff office and monitored by staff. Staff referred clients for counselling at relevant local services.

Annual physical health checks were managed by the GP surgery and staff supported clients to attend appointments for these.

The service did not offer blood borne virus testing, staff referred clients to the GP if this was required.

Staff managed all client finances according to local policy. Staff completed a finance sheet that included money paid in, money taken out, balance carried forward, new balance and any loans which were discussed at handover meetings. Clients signed for each transaction. This restriction helped staff monitor the amount of alcohol being bought by clients and minimised access to finances to buy large quantities of alcohol.

The service had systems in place to continuously audit and monitor its quality of service and outcomes for clients. The service required project workers to complete monthly client summary audits which the service manager reviewed. The service manager allocated project workers health and safety roles. Staff completed care plan audits and reviews of risk assessments as well as audits of violence at work, ordering and disposal of medicines, client records and staff safety during interviews with clients. The service manager analysed the results and made recommendations which were discussed at senior management meetings.

Staff referred clients to local community mental health teams that specialised in alcohol and substance misuse if additional support was needed.

Staff supported patients to live healthier lives. For example, through referring clients to smoking cessation clinics at the GP surgery and encouraging healthy eating options.

Skilled staff to deliver care

The service ensured staff were competent to carry out their role supporting clients with substance misuse. Staff completed specialist training for their roles. Additional training provided to staff included assertiveness skills and counselling.

The service provided new staff with a local induction. The local induction included familiarising them with systems, the values of the organisation and human resources. We reviewed three induction records that showed that these were completed and signed by staff and an allocated supervisor. Topics covered included policies and procedures, an explanation of the role of duty officer, fire, incidents, care plans, process in the event of a death of a resident, financial systems, communication systems, maintenance and appliances, emergency systems (such as the on-call system), housekeeping and the clients' room cleaning arrangements.

Managers provided all staff with regular supervision and an annual appraisal. Annual appraisal for staff for the past 12 months prior to inspection was at 90% and supervision was at 100%. Volunteers at the service were also offered supervision. Discussion during supervision included client cases and training.

There were processes in place for managers to deal with poor performance promptly and effectively. We saw an example of the service manager using the local policy for dealing with poor staff performance.

Multidisciplinary and interagency team work

Staff ensured multidisciplinary input into clients' comprehensive assessment. For example, input from the memory clinic, GP surgery, community health teams and carers. Input from the clients' social worker was also sought where appropriate.

Staff shared information about clients at effective handover meetings which took place when shifts changed over. Discussions were documented for all days shifts and some night shifts including specific tasks for the shift. For example, reminders to book follow-up GP appointments, dental care appointments, client blood tests, neurology appointments, clients to be weighed, staff supervision and visitor sleep overs.

Staff we spoke to said they valued the regular and consistent reports from the housekeeping staff of any concerns about clients they observed. For example, if housekeeping noted additional empty beer cans found in a client's room, that seemed to be above the agreed alcohol amount they reported this to project workers for follow up.

Residential substance misuse services

The service had regular team meetings. We looked at the minutes of these for the last three months. Staff shared pertinent information at these meetings including incidents, safeguarding and minutes for meetings held by the cleaning team.

Good practice in applying the Mental Capacity Act

The overall training compliance rate for mental capacity act and deprivation of liberty was at 78%.

The service had a policy on the Mental Capacity Act . This meant that if staff required guidance on the Mental Capacity Act they had an internal document to refer to which was relevant to their service. Some staff had completed training on the Mental Capacity Act [MK1], which included training on capacity and consent. There were no clients who had any deprivation of liberty safeguards in place at the time of the inspection. Staff referred clients to the memory service if a capacity assessment needed to be completed.

Staff understood mental capacity and were aware of how alcohol can affect capacity. Staff worked on the principle that clients had capacity, unless an assessment confirmed they did not, and if there was doubt about this it was discussed with the staff team and an assessment was arranged. All new admissions had a full capacity assessment completed by the referrer, often the local authority.

Are residential substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

There was a strong, visible person-centred culture and client feedback about their care and support was positive. Clients told us that staff were caring, respectful and encouraged clients to be independent. All the staff we met showed real commitment to exploring ways to meet client needs within the service and to accessing external services on behalf of clients to meet needs. Staff talked about valuing people, respecting their rights to make decisions and being inclusive.

During the inspection we observed that staff treated patients with compassion and kindness and respected their privacy and dignity. Staff had a clear and very detailed understanding of the individual needs of each client. These needs were outlined in care plans, risk assessments and discussed during handovers.

We observed staff answering telephone calls during medication round in the presence of other clients. This meant that discussions about other clients were not confidential and staff might get distracted from their medication duties. We discussed this with the service manager who reported that telephone calls were normally directed to team managers during medication; however, it was acknowledged that this did not happen during the inspection when the relevant managers were on annual leave.

Staff communicated positively with clients and took time to understand what they were trying to communicate. Relationships between clients, those close to them and staff were caring, respectful and supportive. During the inspection we observed the medication round for six patients. Staff patiently spoke with clients about plans, concerns about medication and engaged in conversation without rushing them.

The service played music in the communal area for clients during the day which clients feedback indicated that they enjoyed listening to. The service's communal noticeboard displayed pictures of daytrips that the clients and staff had made. Other relevant information was also on display, including details of independent advocacy services.

Clients said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes without fear of consequences. One client we spoke with stated that they preferred to speak directly to staff about their concerns and there had been resolution to all concerns raised.

Staff supported clients to understand and manage their care, treatment or condition. Staff demonstrated good knowledge and understanding of people's needs, we spoke with staff about a sample of clients during our review of records, staff were able to clearly describe the risks for individual patients as well as their individual needs. This was also demonstrated during the staff handover.

Residential substance misuse services

Staff recognised and respected the totality of clients' needs. They always took clients' personal, cultural, social and religious needs into account.

Staff updated an orientation board each day. This included photos of staff, the date, information about meals for the day and staff on duty.

Involvement in care

Involvement of clients

Staff provided information about the service to carers and clients on arrival.

Each client who used the service had a recovery plan and risk management plan in place that demonstrated the person's preferences and their opinions about the risks that had been identified.

Staff engaged with clients, their friends and families (where appropriate) to develop responses that met their needs and ensured they had the information needed to make informed decisions about their care.

Staff actively engaged clients in planning their care and treatment. Discussions were held with staff and information leaflets had been developed about their treatment for dependence on alcohol.

Clients reported that they felt supported, informed and involved with their treatment decisions and care planning. Clients we spoke with all reported they had discussed their plan of care with the team and were happy with it.

Clients were invited to the staff awayday to present ideas they had on improving their time at the service. For example, clients suggested introducing vaping instead of smoking and introducing a movie night; which the service had considered this suggestion.

Staff had conducted a client survey in 2018. Results from the survey showed that clients wanted to be offered more activities. At this inspection clients felt that the service had responded to their requests and gave examples the increased range of activities, such as quiz night, flower arranging and a dance exercise fitness programme. A list of activities was displayed on notice boards for clients to refer to. The service was planning to hold another annual client survey in August 2019.

Clients expressed gratitude to staff in different ways for example, they drew birthday pictures for housekeeping staff to express their thanks for their input in their care.

Clients held regular monthly community meetings and minutes of these meetings were displayed and easily accessible on the shared drive. Clients discussed activities they wanted to pursue, and staff made arrangements for this. For example, staff arranged trips to Brighton, Newcastle and Ireland. Clients felt that their desire to travel out of London was listened to.

Involvement of families and carers

Staff informed and involved family members in the care and treatment of clients when appropriate.

Families and clients could deposit suggestions in a suggestion box if desired. The team managers reviewed the suggestion cards and decided on actions and outcomes. Outcomes from suggestions box was shared with clients at community meetings.

Carers fed back that they felt confident when taking clients out to activities, as staff provided a list of up to date medication and information of what to do in an emergency.

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

Good 

Access and discharge

The service had clear admission criteria and potential referrers had access to an overview of the service on the provider's website. Staff invited potential clients for a pre-placement assessment and to view the service. The assessment covered care needs, goals and objectives, risk, discussion around harm minimisation and about their suitability for the service. The license agreement clearly explained the conditions for living in the service. Once the service accepted a client, staff were sent copies of referral forms and any accompanying documents to ensure that they were aware of the client's needs.

Residential substance misuse services

The service received referrals from different parts of the United Kingdom, through social care teams and a waiting list was maintained. At the time of the inspection there were three people on the waiting list. They did not assess potential clients before a vacancy became available.

Staff completed an admission checklist to ensure that a full referral form and risk assessment had been completed and funding had been sought.

Staff felt that the current clients were all appropriately placed and there were no immediate plans to move anyone to another provider. The average stay at this accommodation was six years.

Discharge and transfer of care

The service discharged people when specialist treatment was no longer necessary. Staff planned for clients' discharge, including liaison with the client's GP and community health teams that were involved.

Staff supported clients during referrals and transfers between services. For example, staff provided good information about the client's needs during handovers to other professionals.

The facilities promote recovery, comfort, dignity and confidentiality

The service had a lounge, relaxation room, communal areas, large dining area, laundry room and a garden. Clients also had access to rooms where they could meet with staff to have confidential discussions.

Each client had an en-suite bedroom that contained a toilet, sink and shower and had a personal fob key to enter. Clients had access to a personal internet connection in their rooms. Clients rooms were clean and regularly maintained by housekeeping. Staff also encouraged clients to take care of their rooms and to personalise them.

Project workers facilitated activities every day. Activities included arts and crafts, karaoke, board games, baking and film nights. A schedule of the week's activities was available on the notice board in the dining area. Clients had weekly outings where project workers arranged for them to visit local areas. The service also arranged regular trips further afield.

We observed staff answering telephone calls during medication round in the presence of other clients. This meant that discussions about other clients were not

confidential and staff might get distracted from their medication duties. We discussed this with the service manager who reported that telephone calls were normally directed to team managers during medication; however, it was acknowledged that this did not happen during the inspection when the relevant managers were on annual leave.

Clients' engagement with the wider community

Staff encouraged clients to maintain contact with their families and carers.

Staff encouraged clients to access the local community and social activities. Clients went on day trips such as to local museums. Local club memberships catered to their interests, such as a music club.

Staff were able to refer clients to local education colleges and careers advisors or life coaches if this was desired by clients.

Meeting the needs of all people who use the service

Staff demonstrated an understanding of the potential issues facing vulnerable groups, for example, lesbian, gay, bisexual, transsexual people (LGBT+); Black, Asian, minority ethnic (BAME) groups, older people and people experiencing domestic abuse. Staff and clients had attended an annual lesbian, gay, bisexual, transsexual people (LGBT) festival.

Clients with restricted mobility or wheelchairs could access the service. The service had a lift and wide corridors. Toilets and bathrooms suitable for disabled clients were available.

Some staff received training in meeting the needs of clients from diverse communities. The service also had a brief guide for staff on various religions on the shared drive on customs, beliefs, personal care and hygiene, notable holidays, death and bereavement. Some staff completed equality and diversity training. The service also had a chaplain who attended the service on a weekly basis, and signposted clients of other faiths to similar local sources of support.

Listening to and learning from concerns and complaints

The service upheld the only complaint it had received in the 12 months prior to inspection and the service had

Residential substance misuse services

made one formal complaint itself. It upheld a noise complaint from a resident in the neighbourhood. The formal complaint made by the service related to the slow response following a call made to an emergency service.

Clients knew how to complain or raise concerns if they needed to. The procedure was explained during their induction. The clients we spoke with confirmed this. They told us they felt confident in making a complaint if they wished to. Information about making a complaint was also displayed on a noticeboard.

Staff knew how to handle complaints appropriately. Staff dealt with informal complaints immediately if a client or their representative approached them. If necessary, staff escalated the complaint to the service manager.

If clients complained or raised concerns, there was a policy in place to follow. The policy outlined the process for making a complaint and how it would be handled. Clients were informed that they could contact the Care Quality Commission and/or the local government ombudsman if they remained unsatisfied with the response from the service.

Are residential substance misuse services well-led?

Requires improvement 

Leadership

The service manager could clearly explain their role and demonstrated an understanding of the services.

Leaders were visible in the service and approachable for clients and staff.

The service manager had a good understanding of the service they managed. They could explain clearly how the teams were working to provide high quality care. The service manager was able to give a review of the service strengths such as identifying strengths of different members of staff and how to identify development opportunities for these strengths.

The service director provided supervision to the service manager on a regular basis.

Vision and strategy

The organisation had a clear definition of recovery and this was shared and understood by all staff.

The service had clearly defined values. The values included excellence, transformation of clients' lives and developing and improving the service. Staff understood and were aware of the vision and values. The values of the organisation were also displayed on notice boards for clients, visitors and staff to see.

The service manager had a strategic plan for the next 12 months. This included developing and implementing a training calendar for all mandatory training which will be offered to all staff, including volunteers, regularly throughout the year. This included electronic learning modules to ensure that members of the team receive training in a timely manner, especially during the induction period.

Culture

Staff felt respected, supported and valued. The staff we interviewed expressed satisfaction in their job roles and also felt supported by the service manager, housekeeping lead and senior project worker.

Staff felt able to raise concerns without fear of retribution. Staff could speak openly to the senior leadership team about their concerns.

Managers dealt with poor performance when needed. The service manager was able to give an example of a recent concern that was raised and continues to be investigated.

Staff worked well together as a team. Staff came together each day to discuss clients at handover meetings. They had informal discussions, as well as monthly team meetings.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for development, for example through offering training.

Governance

The manager or deputy manager attended bi-monthly senior management team meetings to discuss organisational wide policy developmental matters and to review any service specific needs or requirements. Any outcomes from these meetings were shared with staff during team meetings, such as information on a West London Mission-wide budget for vocational training.

Residential substance misuse services

The governance overall was not robust to sufficiently provider oversight of the service performance, quality and safety. This included low mandatory training, meds management, cleaning of clinic room, handover records and learning lessons.

At the previous inspection the service did not have efficient governance processes to ensure the management of medicines was safe. In this inspection, the service had made a degree of improvement in its governance of medicines. For example, the service had a monthly audit of medicines that was reviewed by the service manager and shared with the team. The audit covered all relevant topics. In an audit in June 2019, the service had identified that two clients' records did not show the date when their liquid medicine was opened. As a result, reminders were sent to staff regarding this and it was also revisited at a team day training session.

The provider had a clear framework of what had to be discussed at team meetings to ensure essential information was shared amongst the staff. The service held monthly team meetings where pertinent information was discussed. This included audits, training, incidents, concerns, as well as clinical governance updates, including briefings on changes to protocols.

Staff had implemented recommendations from reviews of incidents and safeguarding alerts at the service. For example, the leadership had planned a short awayday to discuss learning from a safeguarding investigation where an allegation of abuse was made by a client. Learning included, staff identifying clients who would benefit from a referral to a memory clinic for an assessment and staff requesting placement reviews prior the next review is due.

Staff completed audits to provide assurance on the performance of the service. These audits included health and safety, client records and medicines audit. Learning from the audits was reviewed and shared with the team through team meetings. However, the quality of handover records and medicine charts did not have quality review process or oversight; and there was no evidence of learning from these.

Data and notifications were submitted to external bodies as required, for example to social services. Notifications

had also been made to the Care Quality Commission had in accordance with regulations. In the previous year the Care Quality Commission had received statutory notifications from the service without delay.

The service had a whistle blowing policy in place. The policy advised who staff should contact, both internally and externally, if they had concerns about poor practice.

Management of risk, issues and performance

The service manager maintained a risk register for the service. A range of risks had been identified for example, a lack of personal safety working procedure in place, therefore the service purchased short wave radios for staff to use in the building. Staff had the ability to suggest risks for inclusion on the register through staff meetings.

The service had a business continuity plan accessible to all staff on the shared drive. This included severe weather plans and outlined the service manager's responsibility in the event of staff being unable to attend work due to this.

Information management

Staff had access to the equipment and information technology needed to do their work. The telephone systems worked well, and the carer we spoke with did not report problems contacting staff when they needed to.

The service used an electronic client record system to record client information.

The registered manager had access to information to support them in their management role. For example, human resource records, supervision records, appraisals, training data, sickness records, cleaning audits, and annual leave requests.

Sickness and absence rates were monitored, and managers offered support to staff who returned to work after a period of absence. The service completed an audit on safer staffing to monitor any staffing trends.

Engagement

Staff and clients had access to information about the provider. Staff and clients could access the organisations website for information about services provided.

Clients could give feedback on the service via client surveys as well as community meetings. Client we spoke to felt that they could approach the service manager if they requested this.

Residential substance misuse services

Clients had the opportunity give feedback through an annual survey. This year's survey results were not available at the time of the inspection.

The service manager reported that staff feedback was completed twice a year, however the last survey was

completed in 2016. During the inspection we were informed that the newly appointed chief executive was planning a staff survey within the next 12 months following inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

The provider must ensure that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way. (Regulation 12(2)(e)).

The provider must ensure that documentary evidence of quality monitoring, assurance, risk management and effective governance systems, along with other records required for the management of the regulated activity are kept and are available to evaluate and improve the service. (Regulation 17 (2)(c) and (f)).

Action the provider **SHOULD** take to improve

- The provider should maintain cleaning records for the clinic area.

- The provider should ensure that all portable electrical equipment has been portable appliance tested.
- The provider should ensure all shift handover notes, are completed and available for staff to access.
- The provider should ensure staff maintain clients' confidentiality in the reception area.
- The provider should ensure all first aid equipment is in date.
- The provider should ensure that there are arrangements in place for management annual leave.

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 nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Accommodation for persons who require treatment for substance misuse	Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Accommodation for persons who require treatment for substance misuse	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12: Safe care and treatment.

This section is primarily information for the provider

Enforcement actions

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.