

U Turn Recovery Project

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?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Inadequate



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 U Turn recovery Project as requires improvement because:

- The provider did not have robust systems in place to make improvements. At the last inspection in July 2017, we told the provider that it must have a registered manager in day-to-day control of the service and that it must complete pre-employment checks, such as references and checks by the Disclosure and Barring Service (DBS), for all new and existing staff. At this inspection, we found that employees all had pre-employment checks but the service still did not have a registered manager in post. In addition, the provider had failed to notify CQC of incidents it is required to and failed to provide a report detailing how it would make the improvements identified at the previous inspection. We also told the provider it should ensure that staff supervision sessions were formally documented. The service had failed to do this.
- The service did not have sufficient systems in place to ensure it delivered person-centred care. It imposed a wide range of blanket restrictions, which were applied to all clients regardless of their individual risks or needs. Restrictions included clients not being able to leave the premises on their own or have access to their own money. The service did not have sufficient safeguards in place to check whether these restrictions were necessary and proportionate for individual

clients, and that they were imposed with their full consent. The service did not have systems in place to monitor the quality of the services it provided and ensure these were in line with good practice models of substance misuse services delivery.

- The service did not provide supervision or appraisal to staff. This meant the service did not have formal systems for assessing the performance and competency of staff or to ensure that staff were appropriately supported.
- Medicines audits had been insufficient to identify problems, such as the quantities of medicines held by the service not matching the amount of medicines stated on the medicines administration charts.
- The service relied on the good will of staff to work additional hours to ensure that the service was provided safely.

However,

- The service provided an abstinence based recovery model, involving mutual aid, support and self-help, that was recognised by national guidance as being effective for some people.
- Clients consistently said they valued the support and understanding shown by staff who had been through the treatment programme themselves.
- Staff were very committed to their work and to supporting clients in their recovery.

Summary of findings

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Requires improvement 

U Turn Recovery Project

Services we looked at

Substance misuse services

Summary of this inspection

Background to U Turn Recovery Project

U-Turn Recovery Project provides residential rehabilitation for men who misuse alcohol and drugs. The service has 15 beds. At the time of our inspection there were 11 clients in the service.

U-Turn Recovery Project is operated by a Christian charity and does not receive funding from any of the organisations or agencies that refer people to the service.

U-Turn Recovery Project is registered to provide:

Accommodation for persons who require treatment for substance misuse.

The previous registered manager had left the service over two years ago. The current manager submitted an application to become the registered manager during this inspection.

We have previously inspected this service on three occasions. When we last inspected the service in July 2017, we told the provider it must ensure that a registered manager is in day-to-day control of the service. We also told the provider that all new and existing staff must have pre-employment checks, such as references and checks by the Disclosure and Barring Service (DBS). At this inspection, employees all had pre-employment checks but the service still did not have a registered manager in post.

On this inspection we found further improvements were needed to ensure the provider met the requirements of the Health and Social Care Act. These are detailed at the end of the report.

Our inspection team

The team that inspected the service comprised of two CQC inspectors, an assistant inspector and a specialist advisor with a professional background in nursing within substance misuse services.

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?

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the environment and observed how staff were caring for clients;
- spoke with four clients who were using the service;
- spoke with the project manager and two trustees of the governing charity;
- spoke with four other staff members; including support workers and a key worker;
- looked at seven care and treatment records of clients;

Summary of this inspection

- 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

The clients we spoke with were happy with the service they received and positive about their treatment. They particularly complemented the understanding, open-mindedness, and support of all staff at the service. We found that clients and staff had positive relationships and staff went beyond what was expected to ensure

clients felt comfortable, supported and happy. Clients also praised the pro-activeness of the staff who they felt understood when they were unhappy and took steps to address this.

We also found clients had the opportunity to provide feedback about their stay.

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 **requires improvement** because:

- The service had insufficient safeguards to ensure that the significant blanket restrictions it imposed on clients were imposed with the full consent and agreement of the client. These restrictions included restricting clients' freedom of movement and access to their money. The service did not ask clients to sign any forms to confirm their consent to these restrictions.
- The service operated a system of House Rules. These rules also placed significant restrictions on clients. Clients were given a copy of these rules when they arrived at the service, and signed to confirm they had read and understood them. However, these rules were not reviewed and there were no systems to review whether these rules were necessary or proportionate.
- The service did not have a policy to ensure that searches were necessary and proportionate. Staff conducted searches without clients being present. This was an infringement of clients' privacy.
- The service did not follow good practice in medicines management. We found the quantities of medicines held by the service did not match the quantities on medicine charts. Only two members of staff had completed training in the control and administration of medicines.
- The service was only able to maintain adequate staffing levels by staff working extra hours on a voluntary basis.

However,

- The service assessed the risks presented by all clients within the initial assessment. Most risk assessments included a risk management plan. Risk assessments were updated during the course of the client's treatment.
- The service was clean and well maintained.
- The service carried out regular risk assessments of the environment and addressed any concerns that arose from these assessments.

Requires improvement



Are services effective?

We rated effective as **requires improvement** because:

- The service did not provide adequate support to staff and ensure they received supervision or appraisal.

Requires improvement



Summary of this inspection

- The key worker who provided counselling at the service did not receive supervision from a suitably qualified counsellor.

However,

- The service provided an abstinence based rehabilitation programme based on self-help and mutual aid. These programmes are recognised in national guidance as being highly effective for some people in supporting their recovery.
- The service carried out assessments of clients on admission.
- Staff supported clients to attend the local GP and dentist. Staff also accompanied clients to assessments and outpatient appointments at the local hospital.

Are services caring?

We rated caring as **good** because:

- Clients consistently said they valued the experience staff had through having been through the programme themselves. Clients said this gave staff a very good understanding of the problems that clients faced.
- Clients said that staff went above and beyond the scope of their roles to ensure that clients were supported through the programme.
- We observed positive, caring interactions between staff and clients throughout the inspection.
- Clients were involved in care planning and risk assessments.

However,

- The notes of house meetings showed that clients felt staff did not always do things they promised to and that, on some occasions, staff were too busy to speak to clients.
- Also at house meetings, clients said they had not received information about the structure of the programme or activities when they arrived at the service.

Good



Are services responsive?

We rated responsive as **good** because:

- Staff planned admissions to minimise disruption to the existing clients. The service only admitted new clients when the existing group was ready to welcome them.
- The service planned discharges in collaboration with other organisations in the local community.
- If clients left the service before completing the programme, staff gave advice on other sources of support available and referred clients to other services if appropriate.

Good



Summary of this inspection

- The service provided a full range of rooms and facilities to support clients' recovery.
- The service had a complaints policy and addressed concerns that had been raised by clients in complaints.

However,

- The therapeutic programme discouraged clients from keeping in contact with their family and other people outside the programme for long periods of time and did not assess this on an individual needs basis. The house rules, such as clients not being allowed mobile phones, made it difficult for clients to maintain contact with people outside the service. There were no policies to ensure these restrictions were necessary and proportionate.
- Clients were not allocated a bedroom with a lockable door until they had progressed through the first stages of the programme.

Are services well-led?

We rated well led as inadequate because:

- The service had insufficient systems in place to monitor quality and safety, and to ensure compliance with regulations. Following our previous inspection, it had not developed an action plan to address areas of concern raised. At this inspection, we found that it had not addressed some of the areas of concern we had identified.
- The service did not have a clear rationale for the model of care it provided. Leaders had not reviewed the service offered to ensure that it responded to clients' individual needs and preferences and reflected best practice. The service did not have systems in place to identify and mitigate any risks to the overall service and organisation.
- Managers did not produce written reports to review the quality and performance of the service. There was no formal review of the effectiveness of the model of care provided. Senior staff did not hold meetings to monitor the performance of the service or plan for quality improvements.
- The service had not had a registered manager in place for over two years. This was a breach of its conditions of registration.
- The service had not notified the Care Quality Commission of incidents that were reported to, or investigated by, the police.
- The service did not have systems to formally monitor the performance and competency of its staff. There were no arrangements for supervision or appraisal.

However,

Inadequate



Summary of this inspection

- Staff morale was good. Staff were very committed to the service and to supporting clients in their recovery.
- The service had made progress in addressing some of the risks identified in our previous inspection in 2016.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff, except for the administrator and a support worker who had recently joined the service, had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Participation in the treatment programme, and agreement with the restrictions the programme placed






on clients' liberty, required the full consent of the clients. When new clients arrived at the service, the co-ordinator or the project manager explained the nature of the programme and the house rules. The project manager repeated this after one week to ensure that the client had understood.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Requires improvement	Requires improvement	Good	Good	Inadequate	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Inadequate	Requires improvement

Substance misuse services

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

Are substance misuse services safe?

Requires improvement 

Safe and clean environment

The service was provided in a converted house. Most of the group activities took place in a large meeting room in the basement. Offices, kitchens, bedrooms and bathrooms were laid out on the upper floors. The building had a number of narrow corridors and staircases.

The service carried out regular risk assessments of the environment. The project co-ordinator checked the building each day for potential hazards and risks. For example, on a recent check the co-ordinator had noticed a plug socket coming away from the wall. When the co-ordinator found any potential hazards, they completed a form with the details of the hazard, initial steps they had taken to make this safe and details of how the matter would be resolved. These forms were signed off when repairs had been completed to address the hazard.

The service had not fitted alarms in the building. Staff did not carry personal alarms. In the event of an emergency, staff would shout for assistance.

Most areas of the premises were clean, had good furnishings and were well-maintained. At the time of the inspection, the service was refurbishing parts of the building. Refurbished bedrooms were clean and bright, with good quality fittings that were easy to clean and maintain. Areas that had not been refurbished showed signs of wear. However, the premises were clean and tidy.

Cleaning records showed that the premises were regularly cleaned. Clients were responsible for cleaning the

premises. The service had a cleaning rota to ensure that tasks were allocated fairly. Clients signed a form when they had completed their cleaning activity. Staff and clients completed daily checks of the kitchen. Staff monitored clients' compliance with their allocated tasks.

Staff adhered to infection control principles, including handwashing. The service had an infection control policy and procedure. Instructions on handwashing were displayed in staff toilets. A sharps box was kept in the staff office. The service disposed of clinical waste in a designated yellow bin. However, the service did not carry out infection control audits to ensure compliance with its policy.

The service did not have a clinic room. The service kept a first aid kit on the wall of an office near the main entrance to the building. All items in the first aid kit were in date.

Safe staffing

The service employed sufficient members of staff to provide the service, although this depended on staff working additional hours on a voluntary unpaid basis. For example, during the week of the inspection, the staff rota showed three members of staff were scheduled to work 26 hours, 27 hours and 23 hours between Monday and Friday. All these staff were employed for 16 hours per week and did not receive additional payment for the extra hours. Staff all said they did the extra hours willingly. However, this arrangement relied on the goodwill of staff that could be withheld at any time. If staff chose to withhold their goodwill, the level of service provided to clients would be compromised.

The service employed six members of staff. There were no vacancies. Staff were present on the premises between 8.00am and 10.00pm from Monday to Friday and from

Substance misuse services

9.00am to 10.00pm at the weekend. Between 8.00am and 5.00pm during the week there were between two and four members of staff on duty. In the evenings and at weekends there was usually one member of staff on duty who relied on being able to get to a phone and the availability of colleagues in the event of an emergency. Outside these hours, clients could try to call a member of staff who lived in an adjacent property. There was no rota for staff being on-call out of hours, but we were told they were always available. Again, this arrangement depended on the goodwill of staff that could be withdrawn at any time. Although these arrangements had been sufficient to date, we were concerned about their long-term sustainability.

The manager could adjust staffing levels daily to take account of the case mix. For example, the manager always ensured there were two members of staff on duty in the evening and at weekends to support clients going through detoxification (a home detoxification service was available from a separate provider).

Staffing levels usually allowed clients to have informal, one-to-one time with their support worker each day. All clients had formal one-to-one sessions with their key worker each week as part of the therapeutic programme. The key worker made a record of these meetings in order to monitor the clients progress. However, the notes of a house meeting showed that clients felt that support workers were always busy and did not always have enough time to spend with clients.

Staff received and were up to date with general training. The service did not specify the training courses that were mandatory. However, all staff had completed courses in safeguarding vulnerable adults awareness, infection control awareness, emergency first aid and the Mental Capacity Act.

Assessing and managing risk to patients and staff

We reviewed seven care records and four risk assessments. Most records were consistent with good practice.

Staff did a risk assessment of every client prior to each admission to assess the client's suitability to engage in the programme. This assessment was based on information provided by the agency referring the client. This assessment was updated when the person was admitted to the service and more information became available.

Staff used a standard risk assessment tool. Staff were aware of, and dealt with, any specific risk issues. Typically, risks clients presented with included mental illness, drug or alcohol relapse, self-neglect, social isolation and poor physical health. On the basis of the assessment, staff allocated risks as being low, medium or high. Clients' records also included a risk management plan. Clients were encouraged to speak to a member of staff if they felt their level of risk was increasing.

Staff identified and responded to changing risks to, or posed by, clients. For example, one client's record showed that the risk level had increased from low to medium after the client disclosed that they had cravings for alcohol and were missing the freedom they had before their admission. The increased risk rating meant that staff checked the client more frequently.

The service applied blanket restrictions on clients' freedom. When clients were admitted to the service they signed a document to confirm they had read and understood the house rules. These rules were an integral part of the therapeutic programme. The house rules stated that clients were required to participate in the therapeutic programme, that clients should co-operate with routines involved in communal living such as cooking and cleaning and that clients must not bring drugs or alcohol onto the premises. Clients were also advised that they could not stay at the premises on their own whilst all the other clients and staff went to church. Therefore, clients had to at least attend the church, even if they did not participate in the service. Some restrictions were created to encourage participation in the communal group and discourage contact outside the service that may distract the client from the therapeutic programme. For example, clients were not permitted to have a television in their bedroom and they were not permitted to have a mobile telephone in the initial period of their recovery. Records showed that the restrictions on clients were reviewed during the course of their treatment and clients were allowed more freedom as they progressed through the project. However, there was no process for the service to review whether the house rules were necessary and proportionate.

Some blanket restrictions imposed significant limitations on clients' freedom and liberty. For example, clients were not permitted to leave the premises unaccompanied in the first three months of their admission. Clients were required to store all their money and bank cards in the service's safe.

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They could only access their money with the permission of a member of staff. The amount of money issued to clients was usually limited to five pounds, unless the client agreed to provide a receipt for the specific item they wished to purchase. These restrictions were not included in the house rules. Clients did not sign any forms to confirm they were consenting to these restrictions. There was no policy in place to ensure that the use of these restrictions was necessary and proportionate. These restrictions were usually reviewed as clients progressed through the programme and clients were allowed more freedom as they progressed. However, the disciplinary process could lead to restrictions being re-imposed if, for example, a client had not followed the house rules. This led to a culture in which clients' freedoms were referred to as privileges. This could have a significant impact on clients' rights.

The service did not have policies and procedures for searching clients or their bedrooms. The house rules stated that staff will carry out random room searches and testing for drugs or alcohol. However, when staff carried out these searches, they did not attempt to minimise the impact this had on client's privacy. Staff said they searched bedrooms when clients were attending their groupwork sessions. They did not tell clients when they were going to do this. The service did not ensure the client was present during the inspection. There was no policy to ensure that these searches were necessary and proportionate to the risk presented. This was an infringement of clients' privacy.

The service did not have a smoke free policy. Staff and clients were permitted to smoke in the car park outside the building.

Safeguarding

Staff were trained in safeguarding adults and knew how to make a safeguarding alert. However, the service had not made a safeguarding alert in the previous two years.

None of the staff had received training in safeguarding children. This meant that if a client disclosed a concern about a child, staff may not know how or whether to report this.

The service did not permit children to visit the premises.

Staff access to essential information

All information needed to deliver care was available to all relevant staff when needed and was in an accessible form. Risk assessments, care plans and daily activity records were all held on paper files stored in the staff office.

Medicines management

Staff did not follow good practice in medicines management. The service operated a system of secondary dispensing. This meant that clients collected their medicines from a local pharmacy and handed these to staff. Staff stored the medicines in their office. Staff stored controlled drugs in an appropriate, designated safe that was locked and attached to the wall. At the start of the inspection, staff were storing medicines in a lockable, free standing filing cabinet. Medication for disposal was placed in a green waste bin in the staff office. At the time of the inspection 28 diazepam tablets had been placed in this bin. This medication was not recorded. The bin was not kept in a locked cupboard. Anyone with access to the office could have taken this medication. We found nine examples when the number of tablets stored did not match the number of tablets that there should have been according to the drug chart. This included some large discrepancies. For example, the service held twice as many antidepressant tablets than stated on the drug chart for one client. For another client, the service had four times as many anti-psychotic tablets than the amount stated on the client's drug chart. Although there was a thermometer in the room where medication was stored, staff did not routinely record the temperature. Monthly medicines audits were not sufficient to identify these errors. Also, only two members of staff had completed training on control and administration of medicines. This meant that the service would be unable to dispense controlled drugs in accordance with its policy if one of these members of staff was unavailable. During the inspection, the service installed a safe that they attached to the wall for storing medication and placed the medicines for disposal in a locked cabinet. Staff also counted and consolidated all medicines held on the premises.

The side effects of medication on the clients' physical health were monitored, when necessary, by the client's GP. Staff supported the client to contact their GP if they had any concerns about their medication.

Track record on safety

There had been no serious incidents in the last 12 months.

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Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them. The service had introduced an incident policy in January 2017. The policy stated that all staff must report incidents and that the project manager was responsible for investigations.

Staff had recorded 12 incidents between March 2017 and August 2018. The incidents reported by staff involved clients bringing alcohol onto the premises, a small fire in the basement while a contractor was carrying out work there and clients behaving in an aggressive or disruptive manner.

The manager understood the duty of candour, and all staff were open and transparent with clients. This openness and honesty with clients was integral to the ethos of the programme. For example, one member of staff told us about a situation when a client had complained about them. They had discussed the matter with the manager, recognised the reasons for the complaint and apologised to the client. The member of staff said they had learned from this incident.

Staff met to discuss feedback. The service employed a small team of staff who worked closely together and discussed any concerns about clients or the service. Learning from incidents was discussed at the weekly staff meeting.

Staff were debriefed and supported after incidents by the project manager.

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

Requires improvement 

Assessment of needs and planning of care

We reviewed seven care records. All records demonstrated good practice in care planning.

Staff completed a comprehensive assessment of each new client. This assessment included information about the client's medical history, history of substance misuse, history of offending and details of the circumstances that led to the client's referral to the service. The assessments

also included information about the client's previous admissions to rehabilitation services, the reasons why this had been unsuccessful and the client's view on why they were more likely to complete the programme on this admission. Some clients were admitted to the service whilst undertaking a community alcohol detoxification programme. In these circumstances, the service would only accept the client if the community drug and alcohol service providing the treatment for detoxification considered it to be appropriate.

The service facilitated assessments of clients' physical health needs in a timely manner on admission. On each admission, staff arranged appointments for the client to see the local GP and dentist.

Staff developed care plans that met the needs identified during the assessment. Care plans included plans for clients' engagement in the therapeutic programme, attending medical appointments and activities such as applying for a passport or driving licence. The key worker recorded details of each client's engagement and progress in relation to the therapeutic programme each week at key working sessions.

Staff updated care plans when necessary. Staff updated most care plans every three or four months.

Best practice in treatment and care

The service provided a seven-step abstinence based rehabilitation programme for people recovering from drug and alcohol abuse. National guidance states that self-help and mutual aid approaches have been found to be highly effective for some people in supporting recovery. The programme involved three therapeutic groups each week, private study and reflection, and weekly individual key working sessions with a counsellor. Clients were required to abide by the ethos and ethics of the service as part of the therapeutic programme. This involved showing mutual support and respect for everyone at the service and engaging in activities of communal living such as cooking meals for all the clients and sharing the cleaning tasks.

Staff ensured clients had good access to physical care. Staff ensured that clients were registered with the local GP. Staff helped clients make appointments with the GP when necessary. The GP often made referrals for further tests and treatment at the local hospital as appropriate. For example,

Substance misuse services

many clients presented a heightened risk of liver damage and hepatitis C. Clients received specialist treatment for these illnesses at the hospital. Staff accompanied clients to these appointments.

Staff supported clients to live healthier lives. The service encouraged clients to eat healthy food and to attend a gym. The GP provided nicotine replacement therapy for clients who wished to stop smoking.

The primary measure of success within the service was the number of clients who successfully completed the programme. This data showed that 33 clients had been admitted to the service since April 2017. Of these, six clients had successfully completed the programme. Twelve clients had left the service before completing the programme. Two clients had left the programme due to work commitments. Other clients were still at the service and continuing their treatment.

Skilled staff to deliver care

The staff team included, or had access to, a full range of people to meet the clients' needs. The service employed a project manager, a co-ordinator, three support workers, a key worker and an office administrator. The service could refer clients to a psychotherapist who provided up to six therapy sessions on a voluntary basis.

Almost all members of staff had successfully completed the recovery programme at the service. Clients valued this experience. The project manager had a level five national vocational qualification in health and social care. The project co-ordinator was also completing the level five qualification. The key worker had completed levels two and three in a therapeutic counselling course accredited by the British Association of Counselling and Psychotherapy.

Managers of the service did not provide supervision or appraisal. Staff explained that the service was small and they spoke with the manager on a daily basis. Staff said that when they had any concerns about work or clients they would speak with the manager. However, this meant the service did not review the competency of staff to carry out their role and staff may have been left without appropriate support. The key worker did not have supervision or support from anyone working in a similar professional discipline. The staff team met once a week to plan the work for the week ahead and review the progress of each client.

Managers ensured that staff received the necessary training for their roles. For example, the project co-ordinator had completed training as part of a landlord accreditation scheme and training in the control and administration of medicines. Staff had not had specific training in substance misuse. Most staff had knowledge, experience and understanding of the programme, and substance misuse, more broadly through their personal experience.

Managers dealt with poor staff performance promptly and effectively. For example, the manager had received a complaint about a member of staff in April 2017. The manager had met with the member of staff to discuss the matter. The outcome of the investigation resulted in the manager providing additional support to the member of staff. The manager had stored records of the complaint, notes of the meeting and the outcome of the investigation on the employee's personnel file.

Multidisciplinary and interagency team work

Staff held regular and effective multidisciplinary meetings each week. At these meetings, staff discussed the progress of each client.

Staff shared information about clients within the team on a daily basis. Staff made entries in a communication book. Entries included details of any minor incidents, details of any clients who were feeling unsettled or any specific activities that staff needed to carry out during the following shift.

The staff had effective working relationships with teams outside the organisation. For example, the service had a good working relationship with the community drug and alcohol service when that service was providing a community drug or alcohol detoxification. The service had a good relationship with the GP practice. One of the GPs at the practice had a special interest in drug dependency. The service also had a close working relationship with another similar drug and alcohol rehabilitation service in the local area.

Good practice in applying the Mental Capacity Act

All staff, except for the administrator and a support worker who had recently joined the service, had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Participation in the programme, and agreement with the restrictions the programme placed on clients' liberty,

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required the full consent of the clients. When new clients arrived at the service, the co-ordinator or the project manager explained the nature of the programme and the house rules. The project manager repeated this after one week to ensure that the client had understood.

Are substance misuse services caring?

Good



Kindness, dignity, respect and support

Staff attitudes and behaviours when interacting with clients showed they were discreet, respectful and responsive, providing clients with help, emotional support and advice at the time they needed it. We observed positive, supportive and friendly interactions between staff and clients throughout the inspection.

Staff supported clients to understand and manage their care, treatment or condition. Clients said counselling sessions helped them understand and take control of their lives.

Staff directed clients to other services when appropriate and, if required, supported them to access those services. For example, staff helped clients to apply for documents such as passports and birth certificates, make appointments and apply for funding grants.

Clients said staff treated them well and behaved appropriately towards them. Most clients praised staff and volunteers and described them as being very respectful and supportive. They said staff understood their situation and went above and beyond reasonable expectations to support them emotionally and psychologically. Clients also described staff as open-minded and always willing to listen. We observed staff treating clients with care and respect and saw they had strong and supportive relationships with them.

Staff understood the individual needs of clients, including their personal, cultural, social and religious needs. Clients said that staff who had been through the programme had a very good understanding of the challenges and difficulties that clients faced. Clients said staff were very open and

supportive in group sessions. One client told us how these group sessions allowed him to change his state of mind. Clients said they had confidence in staff to be able to meet their needs.

Staff said they felt confident in raising concerns of abusive behaviour and attitudes towards clients. Staff said the service did not tolerate bullying and they would raise any concerns with the project manager.

Involvement of patients in care

Staff used the admission process to inform and orientate clients to the service. The service assigned existing clients to support new clients during the first three months of the programme. On admission, the project manager or co-ordinator explained the house rules to the new client. However, during house meetings, new clients said they had not received an introduction pack. They said they would have found it helpful to know more about the structure of the programme and the activities involved at the start.

Staff involved clients in care planning and risk assessments. Care plans reflected the specific needs of clients. Records of individual sessions with the key worker showed that each client's personal circumstances, strengths and difficulties with the programme were discussed in detail each week and specific support was given to clients in response. Care plans and risk assessments included details of clients' views.

Staff enabled clients to give feedback on the service they received. Clients had weekly house meetings at which they could give feedback and suggestions, such as moving dinner time, asking for a TV in the communal area and more trips out. The service had arranged a barbecue after clients had requested this. However, clients did say in house meetings that staff, on occasions, did not have enough time to speak with clients and that staff did not always keep their promises to do things.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good



Access and discharge

Substance misuse services

The provider had clearly documented admission criteria. The service cared for adult men who abused alcohol or drugs. The clients often had additional vulnerabilities, such as a history of offending or homelessness.

The provider effectively managed bed occupancy levels. During the previous 12 months, the service had usually been fully occupied. At the time of inspection, the provider took the opportunity of having three empty bedrooms to do refurbishments. At the time of inspection, the provider had three pending referrals who were awaiting interview. The service prioritised clients with higher needs. The service accepted clients who had previously left before completion if there had been a change in their commitment and motivation to change.

Staff managed admissions to the service in order to minimise disruption to existing clients. The provider paced the arrival of new clients so that the service only admitted new clients when the group felt ready to welcome them. This also enabled clients who had left the service to return after a few days if they did not feel well in the place they moved on to. Bed allocation within the house was part of the therapeutic programme. Incoming clients were placed in the bedrooms upstairs, which allowed for a higher level of social control. Clients could move to rooms on the ground floor as part of the privileges acquired in their recovery process.

Discharge and transfers of care

The service planned for each client's discharge, including good liaison with other organisations that could provide support in the community. The provider worked together closely with two other providers of move-on housing. These collaborations provided a stepped pathway for the clients. Some former clients continued to visit the provider for informal conversations, for outpatient key work or to run step groups. Four staff members were former clients who had completed the program.

The service had alternative care pathways and referral systems in place for people whose needs could not be met by the service. The provider referred clients to other rehabilitation services when these clients left the service early or were no longer allowed on the premises after violating the provider's policy on alcohol or drug use. For example, the provider had introduced four former clients to a more intensive rehabilitation provider that accepted non-funded clients.

The provider monitored discharges. The provider's records showed that 33% of the clients successfully completed the program. Typically, this took between seven and nine months. Of the 12 clients who left before completing the programme, two left within the first month, six left between one and three months and four stayed for over five months.

Facilities that promote comfort, dignity and privacy

The service had a full range of rooms and equipment to support treatment and care. At the time of the inspection, the client's space in the basement for the lounge and meeting room was being refurbished after a flood from a drain. Even during these refurbishments, the clients had access to a part of this space with a relatively comfortable meeting space/TV room and a pool table. On the outside landing on the first floor, weight lifting equipment was available.

There was a room where clients could meet visitors. Upon approval of the provider, clients could also meet visitors in the meeting room.

The service provided access to an outside space that was clean and maintained. Clients had access to fresh air in the outdoor space by the service's entrance, adjacent to the car park.

The service had a comfortable dining area with hot drinks and snacks available at all times. The kitchen with a dining table was situated on the first floor. This kitchen was accessible throughout the day and night for food and drinks.

Clients had their own bedrooms. We looked at all the clients' bedrooms. Although the rooms varied in size they all provided a comfortable environment for the clients.

Bedrooms were appropriately furnished. The clients kept bedrooms tidy and clean. In one room refurbishments were finished. We found it to be clean, comfortable and nicely decorated too. There were four shared bathrooms. We observed that the bathrooms were nicely decorated and clean.

Bedrooms allowed clients privacy. We found that soundproofing was reasonable and windows were fitted with curtains.

Some clients had a safe place to store their possessions. Clients were allocated a bedroom with a lockable door once they had progressed through the initial stages of the

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programme. Clients who did not hold their room key, were able to store valuables in the staff office. The house had a code lock. The service changed the code whenever a client left the program. The project manager had not received any allegations of theft so these measures were working.

Clients could personalize their bedrooms to a reasonable extent. We observed that most clients chose to do so, displaying pictures and family photographs. The provider did not allow extensive use of wall fixatives, to avoid damaging them.

Engagement with the wider community

The provider encouraged clients in later stages of the programme to access to the local community. Clients were engaged with the local church. Clients also frequented the local library and gym. Some clients volunteered for local charity shops. A pastor and music group frequently visited the program.

Staff ensured that clients had access to education and work opportunities. The provider had supported a client to learn English throughout his program. In collaboration with a charity, the provider had organised English and maths classes for one client and barber training for another.

Staff did not specifically support clients to maintain contact with their families and carers. A client reported that family contacts were discouraged during the first three months of treatment. According to a staff member, it was a part of the therapeutic program, to discourage clients from keeping contact with people from outside the service that may be connected to their alcohol or drug abuse. House rules made it difficult for clients to maintain contact even with supportive contacts. For instance, clients were not allowed mobile phones and visitors were not allowed on the premises without the permission of service provider. Clients could call their families or carers with the office phone, under staff supervision. One client record showed that the client had been unhappy about being unable to speak to their young daughter. These limitations on contacts were a blanket restriction. Decisions about restricting clients' contact with families in the early stages of treatment were not based on individual risk assessments or the needs of any affected children. There were no policies to ensure that this restriction was necessary or proportionate. A staff member reported that visits of

children were not allowed on the premises since the September 2016 inspection, because of the potential emotional impact on other clients and because only one staff member was trained in children's safeguarding.

Meeting the needs of all people who use the service

The service was unable to make adjustments for people with significant disabilities. The service referred people with disabilities to other services.

All food was cooked by clients in the communal kitchen. Clients decided on the menu themselves and prepared the group meals. People with dietary requirements associated with their ethnicity or religion had their needs accommodated.

Staff ensured clients had access to appropriate spiritual support. Clients and staff attended church together on Sundays. The service had cared for clients who did not share the Christian faith of the provider.

Listening to and learning from concerns and complaints

People knew how to complain. The project manager reported that clients were encouraged to provide the service with written concerns and complaints. Complaints were recorded and kept in the personnel file of the staff member involved. There was one formal complaint recorded in April 2017 of a client complaining about the poor availability of his support worker for his step sessions.

The service had a clear complaints policy that showed how complaints were managed and lessons were learnt and acted upon to improve the quality of the service. The complaints procedure was in place and it was displayed in the kitchen. Following the complaint in April 2017, the provider drew lessons in terms of division of workload and shared this with the staff team.

Complaints records demonstrated that individual complaints had been responded to in accordance with the service's complaint policy. Following the complaint in April 2017, the provider had taken all steps as outlined and within the time limits of its complaint policy, apologised in writing and in person, informed the client about the outcome and offered further assistance with the complaint.

Clients knew how to raise concerns. Clients raised concerns directly with the manager and at in-house meetings. Records of house meetings showed frustrations in the

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client group about staff not having enough time for them and not keeping promises, but did not include specific examples. The records also showed that the provider had undertaken action to accommodate some of the suggestions made by the clients, for instance by delaying meal times by one hour or by organising a barbeque. In a recent house meeting, clients had proposed a suggestion box, so clients who did not feel confident about complaining, would have an anonymous way to do so.

Are substance misuse services well-led?

Inadequate 

Leadership

The project manager was responsible for the day to day management and leadership of the organisation. The project manager had the skills, knowledge and experience to perform many aspects of their role, but they had not reviewed the service offered to ensure it met individual needs. The manager completely focused their work on supporting clients' recovery and sustaining the values and practices that the organisation had developed. This was reflected in the attitudes of other staff and the culture of the organisation. However, this meant that some aspects of leadership had been neglected. For example, the project manager had not ensured compliance with legal requirements for them to be formally registered as the manager of the service, to notify the CQC of incidents reported to the police and inform the CQC of actions the service will take to address concerns. In addition, the leadership placed considerable importance on upholding the rules of the therapeutic programme. In doing so, they had failed to recognise the risks that the programme presented in terms of restricting clients' basic human rights. Consequently, the service did not have safeguards in place to ensure that restrictions were necessary and proportionate, or to ensure clients were giving their full consent.

The project manager was visible in the service and approachable for clients and staff. All staff said they would speak to the project manager if they had any concerns. The project manager knew all the clients and had a good understanding of their needs and progress.

Leadership development opportunities were available, including opportunities for staff below team manager level. For example, the project co-ordinator had begun work on the level five NVQ.

Vision and strategy

The service did not review its work and the model it offered to ensure that it met clients' individual needs and best practice. It did not have a clear strategy in place to provide person-centred care. It imposed many restrictive practices on the clients using the service without reviewing whether these were necessary on an individual basis.

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The vision and values of the service were integral to the programme of treatment. These values involved mutual support, understanding and respect to help people overcome their addictions. Staff who had been through the programme had a good understanding of this. The senior leadership, provided by the trustees of the organisation, visited the premises regularly. Two of the trustees attended church with the staff and clients each week.

Culture

Staff felt respected, supported and valued in their role. Staff were committed to the values and ethos of the service, and strongly committed to supporting clients in their recovery. Staff were motivated by seeing people supported through the programme and overcome their addictions.

Staff felt positive and proud about working for the provider. Staff all commented that their role was more than just a job. Staff said they were very committed to their work and that it was an important part of their life. All staff worked additional hours to their contracted number of hours.

Staff felt able to raise concerns without fear of retribution. All staff said they felt able to approach the project manager if they had any concerns and that management was supportive towards them. However, there were no other people that staff could talk to about their concerns. This meant that if staff had concerns about the project manager, they may find it difficult to raise the matter. Also, staff acknowledged that the needs of client were always the priority of the service and that, sometimes, this meant that issues with staff were not resolved.

The team worked well together and where there were difficulties managers dealt with appropriately. Staff

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generally felt positive about working with their colleagues, whilst acknowledging that staff did sometimes have their differences. Staff explained that when there had been differences of opinion, they had sought advice and resolved matters through discussion.

Governance

There was insufficient oversight of, and challenge to, the service. For example, staff were imposing blanket restrictions in good faith, unaware of the human rights implications. They were not following best practice guidance, such as Positive and Proactive Care: reducing the need for restrictive interventions (Department of Health 2014).

There was no clear framework of what must be discussed at meetings to review the performance of the service. There were no regular, recorded meetings to discuss the governance of the service. The project manager did not receive any formal supervision from the trustees of the organisation to review their work and the performance of the organisation. The project manager produced limited information about the performance of the service. Staff did not receive supervision or appraisals. This meant there were no formal systems in place to monitor the performance and competency of staff, and that staff may not have appropriate support.

There were insufficient governance arrangements in place to ensure the service complied with regulations. For example, there had not been a registered manager in place for over two years. This was a breach of the provider's conditions of registration and an offence under the Health and Social Care Act 2008. The service had not provided the Care Quality Commission (CQC) with an action plan explaining how it would address concerns raised in previous reports. This was a breach of regulations and an offence under the Health and Social Care Act regulations 2014. The service had not notified the CQC of incidents that had been reported to, or investigated by, the police. This was a breach of regulations and an offence under the Care Quality Commission Regulations 2009.

Staff had, to some extent, implemented recommendations from past inspections. For example, the service had made significant improvements since the inspection by the Care

Quality Commission in 2016. However, the lack of governance meant there were no consistent systems for ensuring the monitoring of the service and making improvements when necessary.

Although staff undertook some audits, these were insufficient to provide assurance of the quality of the service. For example, the audit of medicines had not identified that the medicine records did not match the amount of medicines held by the service. There was no infection control audit. Also, two-thirds of clients left the service before they had completed the programme and there was no analysis of why this was the case. This meant that the service did not learn from the reasons why people left before completion and did not make improvements to increase the completion rate.

Management of risk, issues and performance

The service did not have a risk register. This meant there were no formal mechanisms for the project manager and trustees to assess and manage risks.

Information management

The service maintained clients' confidentiality. Clients' records were kept in a locked cupboard in the staff office.

The project manager had access to some information to support them with their management role. For example, the service kept personnel records for staff, a communication book and an incident record. However, the service did not carry out audits or keep clear information about its performance.

Engagement

Managers and staff had access to feedback from clients. Staff and clients recorded the notes of house meetings. These records stated that staff did not always act on feedback from clients, but did not include any examples of this.

Clients and staff could meet with members of the provider's senior leadership team and trustees to give feedback. Staff and clients both described the service as being a close community. The project manager was present at the service for four days a week and knew the clients and staff well. Staff, clients and some trustees attended church together every Sunday.

The service had some engagement with external stakeholders. For example, the service worked closely with

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the local community alcohol detoxification service and other drug and alcohol rehabilitation services in the local community. The service did not receive funding for the provision of the services and was, therefore, not accountable to local commissioners.

Learning, continuous improvement and innovation

The service did participate in any specific quality improvement initiatives. Over the previous year, there had been no innovations or changes at the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure there are systems in place to monitor the performance and quality of the service, and to identify and address any risks.
- The provider must ensure there is a registered manager in post.
- The provider must ensure that it provides an action plan to address any concerns raised in reports of CQC inspections.
- The provider must ensure that it notifies the CQC, without delay, of incidents that are reported to, or investigated by, the police.
- The provider must develop a model based around the individual needs of clients. It must ensure that any restrictions placed on clients as part of the therapeutic programme are governed by a policy to ensure they are necessary and proportionate.
- The provider must ensure that treatment is carried out with the full consent of clients. This includes any restrictions on clients' liberty that form part of the treatment.

- The provider must ensure there are systems in place to support staff, and to monitor the performance and competency of staff.

Action the provider **SHOULD** take to improve

- The provider should ensure audits of medicines are sufficient to highlight any risks and errors in medicines management.
- The provider should ensure there are sufficient staff working at the service to avoid reliance on the good will of staff to work additional hours.
- The provider should ensure that any searches of clients' bedrooms are necessary, proportionate and do not infringe the client's privacy.
- The provider should ensure that staff receive training in safeguarding children to ensure staff know what to do if a client discloses a concern about a child.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 Person-centred care</p> <p>The service applied blanket restrictions to all clients without taking account of individual client's personal needs, circumstances and preferences.</p> <p>Regulation 9 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance</p> <p>The service did not have systems in place to assess, monitor and improve the quality and safety of the service, or to assess, monitor and mitigate risks.</p> <p>The service had not provided reports setting out how they would address previous breaches of regulations.</p> <p>Regulation 17 (1) (2)(a)(b) (3)</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing</p>

This section is primarily information for the provider

Requirement notices

The service did not have systems in place to assess the performance and competency of staff.

The service did not ensure that staff received appropriate support, appraisals and supervision.

Regulation 18 (1) (2)(a)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014 Need for consent

The service did not ensure the that clients were giving their full consent to treatment and, in particular, the restrictions the treatment placed on clients' rights and freedoms.

Regulation 11(1)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 5 (Registration) Regulations 2009 Registered manager condition

Regulation 5 Care Quality Commission (Registration) Regulations 2009 Registered manager condition

The service had not had a registered manager in post for over two years.

Regulation 5

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

This section is primarily information for the provider

Requirement notices

Regulation 18 Care Quality Commission (Registration)
Regulations 2009 Notification of other incidents

The service had not notified the CQC of incidents that were reported to, or investigated by, the police.

Regulation 18(2)(f)