Aspinden Wood Centre

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

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

- The service did not have appropriate systems in place to manage medicines. Staff did not use a controlled drug register, carry out risk assessments for self-administration or complete medication audits to check stock levels.
- Staff had not completed comprehensive care plans to address clients' identified needs. Clients with epilepsy did not have risk assessments or care plans for this specific need.
- The service manager was not clear on mandatory training that staff were expected to complete. The service did not have an efficient system in place to record mandatory training compliance rates or specialist training rates.
- The service manager was not aware of the duty of candour policy. However, staff showed an understanding of this principle and the need to act in an open and transparent way with clients in the event of an incident.
- Clients with literacy and numeracy difficulties did not have care plans in an accessible format.

Summary of findings

- Staff did not follow best practice guidelines in recording agreed decisions made with clients around restricting their alcohol and finances.
- Not all staff were aware of the role of the independent mental capacity advocate under the Mental Capacity Act (MCA) and knew how to support a client to access this.

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

- Staff knew how to report incidents and record them appropriately. The service had a good system to review and learn from incidents.
- Clients who used the service had recovery plans. The serviced used the alcohol recovery star tool.
- The communal environment was clean and staff followed infection control procedures. However, during out visit we noticed that some bedrooms had an unpleasant smell.
- The service manager held team meetings once a month. Team meetings minutes demonstrated good discussion between the team on a variety of topics.
- There was good management of physical healthcare. The service had good working relationships with the local GP who visited the service every Wednesday. The service manager described good links with local mental health teams and liaised with them if they suspected a client's mental health was deteriorating.
- There was a weekday and a weekend chef who prepared fresh food daily for clients. The chef adapted meals to suit dietary requirements.
- The service was adapted for clients who used a wheelchair.
- The staff said they worked well together as a team and there was a good team dynamic. Agency staff felt support and part of the team.

Summary of findings

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Background to Aspinden Wood Centre

- Aspinden Wood Centre provides accommodation and 24-hour care and support for up to 26 men and women who have long-term issues with alcohol, mental ill health, physical health or homelessness. The service operates a harm minimisation strategy that allows clients to drink agreed amounts of alcohol. There were 23 clients using the service at the time of inspection. The service is one of several specialist residential substance misuse services provided by Equinox Care.
- Equinox Care is under the newly formed umbrella company Social Interest Group which has taken over the provision of the service.
- In April 2016, the service underwent a remodel to change the focus of care provided. The aim was to make the service more recovery focussed around stabilisation. An external consultant was commissioned to develop and deliver the new model of care.
- Aspinden Wood Centre is registered to carry out the regulated activity of accommodation for persons who require treatment for substance misuse. There was a registered manager in post at the time of inspection.
- The service was last inspected in May 2013 and was compliant with essential standards, now known as fundamental standards.

Our inspection team

The team that inspected the service comprised a lead CQC inspector, two other CQC inspectors and a specialist advisor who was a nurse specialising in adult mental health with experience of substance misuse.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for information.

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment, and observed how staff were caring for clients

Summary of this inspection

- spoke with ten clients
- spoke with the registered manager
- spoke with eight other staff members employed by the service provider, includingsubstance misuse support workers
- spoke with one staff member who was a shiatsu masseuse, who worked in the service one day a week but was employed by a different service provider
- observed one handover meeting
- looked at ten care and treatment records for clients, including medicines records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Overall, clients said they liked living at Aspinden Wood Centre. One client said they did not like living at the service as they were too many residents. Clients felt supported with management of daily living activities, for example, with their finances, opening letters and attending appointments. Clients were able to discuss physical health issues with the visiting GP. The majority of clients said the food was nice, however, one client commented they did not like the food. Two clients spoke about there being friction at times between clients. However, they felt appropriately supported by staff when this happened. re...

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

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

- The service did not have appropriate systems in place to manage medicines. Staff did not use a controlled drug register, carry out risk assessments for clients self-administering medication or complete efficient medication audits.
- The service manager was not clear on the training needs of the staff and the service did not have an efficient system in place to record mandatory training compliance rates or specialist training rates.
- The service did not identify environmental issues such as a torn sofa and absence of ashtrays in the garden in their monthly health and safety checklist.
- The service manager was not aware of the duty of candour policy. However, staff showed an understanding of this principle and the need to act in an open and transparent way with clients in the event of an incident.

We found the following areas of good practice:

- The communal environment was clean and staff followed infection control procedures However, during out visit we noticed that some bedrooms had an unpleasant smell.
- Staff supported bank and agency staff covering shifts, and kept shifts filled. The service used regular agency staff which ensured consistency of care for clients.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- Staff did not always ensure clients had comprehensive care plans to address all identified needs. Clients with epilepsy did not have specific care plans or risk assessments in place for the safe management of their epilepsy.
- Clients with literacy and numeracy difficulties did not have care plans in an accessible format.

Summary of this inspection

- The service used dual recording systems of paper and electronic records which were inefficient. Staff did not always update paper risk assessments when updating the electronic versions.
- The service did not document agreed decisions made with clients around restricting their alcohol and finances.

Not all staff were aware of the role of the independent mental capacity advocate under the MCA and knew how to support a client to access this.

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

- Team meetings were held once a month. Team meeting minutes demonstrated good discussion between the team on a variety of topics.
- There was good management of physical healthcare. The service had good working relationships with the local GP who visited the service every Wednesday. The service manager described good links with local mental health teams and liaised with them if they suspected a client's mental health was deteriorating.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff and client interactions and saw staff attitudes and behaviours to be respectful and calm.
- Most clients said they liked living at Aspinden Wood Centre.
- Clients said they felt supported with management of their finances, opening letters and attending appointments.
- Clients felt able to discuss physical health issues with the visiting GP.
- Staff spoke passionately about supporting clients and aiding them in them in their recovery.
- The service had a service user representative who worked with service managers and fed back client issues.
- The chef spoke to clients to gather their preferences of food and developed the menu accordingly.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff assessed people on the waiting list within the service's two-week target time.

Summary of this inspection

- The service had worked towards moving clients on and ensured clients had regular placement reviews with their care managers.
- The environment was spacious and there were communal areas for clients to use.
- Client bedrooms were spacious and personalised.
- There was a weekday and a weekend chef who prepared fresh food daily for clients. The chef adapted meals to suit dietary requirements.
- Staff had a process in place to refer clients to the GP or dietician if they were concerned about their nutritional intake.
- The service was adapted for clients who used a wheelchair.
- Staff were able to access interpreting services if required.

Are services well-led?

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

- The service did not have an efficient system in place to record mandatory training compliance rates or specialist training rates.
- Staff said they knew who the most senior managers were in the organisation. However, staff said they could be more supportive.

However, we also found areas of good practice, including that:

- The service manager attended weekly meetings with senior management where they discussed topics such as incidents, safeguarding and complaints.
- The service manager and team leaders took it in turns to provide on call cover out of hours.
- The staff said they worked well together as a team and there was a good team dynamic. Agency staff felt support and part of the team.
- Staff we spoke with said they were aware of the whistleblowing policy and would feel able to raise concerns with their manager. Staff said they felt able to raise concerns without fear of victimisation.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

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

- Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which were mandatory. Staff demonstrated some awareness of the principles of the MCA but told us they would benefit from further training to gain a better understanding of their legal responsibilities and how to exercise them.
- There were no clients currently subject to the Deprivation of Liberty Safeguards (DoLS). Staff were aware of DoLS and the provider had a procedure in place to make DoLS applications if required.
- Staff had variable understanding of the role of an independent mental capacity advocate (IMCA). IMCAs support and represent someone in a decision-making process.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The communal environment was clean. Staff followed infection control procedures and there was no clinical waste that required disposal on the premises.
- There was no clinic room on site. Physical examinations took place in health care settings away from the premises by external healthcare professionals.
- Clients had a locked medicine box in their bedroom. Staff had keys to unlock the medicine boxes at medication times and administered medication to clients or observed clients who self-administered medication. This was to prepare clients for self-medication and independent living.
- There were weekly cleaning records that covered all communal areas. Staff supported clients to clean their bedrooms on a daily basis.
- Some clients had an agreement with staff to have their rooms cleaned on a more infrequent basis. However, during our visit, we noticed that some bedrooms had a strong unpleasant smell.
- The service had appropriate alarm systems. The service had a call bell system in place. Clients each had a call bell in their room. Staff carried alarms on their person. A display panel in the office showed staff the location where the alarm had been raised. Individual staff alarms also showed the location, meaning staff did not have to return to the office to see the display panel before responding to a raised alarm.
- The service had installed their first phase of closed-circuit television (CCTV) in communal areas, excluding bedrooms, and planned to install further CCTV. This was to ensure safety of clients in the building. This had been discussed with clients in monthly house meetings.
- The service had appropriate fire safety management in place. In the staff office, a map of the building identified fire exits, a fire risk assessment had been completed in July 2016. Fire extinguishers were in date and placed in appropriate locations around the service. Fire drills occurred on a monthly basis and there were weekly fire alarm tests. Three members of staff were fire marshal trained and wore a fluorescent jacket on shift to identify them as the fire marshal. There were smoke alarms in all bedrooms which were serviced by the housing association every three months.
- Staff completed a monthly health and safety checklist to ensure maintenance of the building. These included checks on external and internal areas, communal areas and bedrooms. During our inspection, we observed one sofa in the dining area that was worn and ripped. There were no ashtrays in the garden areas where clients often smoked. This meant there was nowhere for clients to safely dispose of cigarette butts. We did not see these issues highlighted in the monthly health and safety checklist.
- At the time of inspection there were 20 male and three female clients. The service did not have a same sex accommodation policy in place and clients' bedrooms were not separated according to sex. Clients shared bathroom facilities. The service manager said the service wanted to promote an environment for men and women to live together in preparation for discharge into the community. There had been no incidents related to mixed sex accommodation arrangements and clients did not report this as an issue. The service did not admit an individual if they had a history of sexual violence.

- There was always a member of staff trained in first aid on every shift.
- The service had hoists to safely move and handle clients if required. Pest control records showed they visited the service each quarter.
- The service manager completed an annual business contingency plan which was reviewed by senior managers. This plan included how the service would respond to adverse events, such as a flood.

Safe staffing

- There were sufficient staff to provide safe care and support to clients. The established staff level was for two substance misuse workers and a team leader to be on duty during the early (7am-3pm) and late (3pm-10pm) shifts. This shift pattern did not account for shift handover time. However, we did observe a shift handover during our inspection. In addition, a personal recovery assistant worked 9am to 5pm each day. During night shifts there were two substance misuse workers who carried out observation, key-working and cleaning duties. The service manager was supernumerary and worked Monday to Friday, 9am-5pm. There was a full-time domestic staff member and a full-time chef who worked between 8am and 3pm. There was additional part-time domestic and chef cover at the weekends.
- Each client was allocated a staff member every shift who was responsible for their care. Clients said staff supported them with cleaning their room and personal care.
- At the time of inspection, the service had vacancies for two substance misuse workers, two personal recovery assistants and a full time night worker. There had been no new substantive staff within the last 12 months. The service attempted to recruit into these vacancies two months before the inspection but was unsuccessful. There were plans for a new recruitment drive for September 2016.
- The service used bank and agency staff. Between May 2016 and June 2016, bank and agency staff. . Agency workers received an induction, which included a tour of the service and information relating to client needs. Wherever possible the provider used regular agency staff that were familiar with the service. This promoted consistency of care.
- There was a risk that staff were not suitably skilled to meet the needs of clients as the service lacked a robust system to identify what mandatory training staff must complete to ensure they were competent to safely meet the needs of clients. In addition there was no system in place to monitor when staff were due for refresher training
- The provider had identified 31 courses as mandatory for staff to complete. In addition nine further courses were identified as being appropriate for the staff group to meet client needs, however, it was unclear whether these courses were mandatory. The provider said all staff were up-to-date with their mandatory training and this was corroborated by staff we spoke to. However, the provider could not provide compliance rate figures and the eight staff records we looked at showed evidence of no more than three training certificates per staff member.
- Staff training needs were not always adequately identified to meet the needs of clients. For example, some staff were not aware of how to appropriately support clients with epilepsy. There was staff training offered on epilepsy, eight of the 15 substantive staff members had completed training on the management of epilepsy.
- The chef who was an agency worker did not receive mandatory statutory training from the provider and received training from their agency. The chef had up-to-date certificates for food safety and food hygiene.
- The service followed appropriate recruitment processes, ensuring only staff who were adequately assessed were employed. The assessments included criminal background checks (DBS), formal identification checks and two references.

Assessing and managing risk to clients and staff

- Staff completed comprehensive risk assessments, including assessments for self-neglect, absconding, aggression and alcohol use, prior to admission. We reviewed ten clients' records. Clients' keyworkers updated risk assessments every three months or

following incidents. The multidisciplinary team then reviewed these during monthly meetings. Client records indicated risk assessments were regularly updated on most occasions. However, we found that one client's risk assessment was not updated following a recent serious incident.

- There was a strong emphasis on relational risk management involving staff developing a good knowledge and understanding of the resident and environment. We saw that staff responded to clients who were becoming aggressive by speaking with them calmly, encouraging the client to move to a quiet part of the building and providing reassurance. Staff described a good working relationship with the police and would contact them if they could not manage risk to clients and staff.
- Staff observed clients on a daily basis to monitor their health and wellbeing. Staff responded promptly to any signs of deterioration in their physical or mental health. Staff had contact details of key health and social care professionals who they consulted if they had concerns. Staff observed clients four times throughout the night by entering their rooms. Some clients did not want staff to enter their rooms and had an agreement in place for staff not to disturb them during the night, however, this would be overridden if there were concerns about a client, for example after an incident or a seizure.
- Staff were able to identify signs of abuse and outline appropriate actions to take if abuse was suspected. Some staff had completed safeguarding training, although the provider was not able to provide information on which staff had completed this training. The service worked closely with the local authority to report and address safeguarding incidents. Four safeguarding incidents had been reported to the CQC in the last 12 months. The service had failed to report a recent safeguarding medication error to internal senior management, The service also failed to report to the medication error to the local authority and CQC. This was bought to the attention of the provider during the inspection and rectified immediately.
- The service did not have appropriate systems in place to manage medicines. The service had a medications policy, however, we found several examples where the service had not followed it. For example the service did not have a controlled drugs register. Staff recorded the administration of controlled drugs, such as buprenorphine patches, in a hardback notebook. The service's policy stated a controlled drug register must be used to record the administration of controlled drugs. On one occasion staff had not administered a client's medication as it was prescribed. The client required a weekly medication and the medication administration record showed that there was a gap of two weeks on one occasion. The service had not identified or reported this as an internal incident and potential safeguarding concern. .
- Staff had not completed risk assessments for clients who were self-administering their prescribed creams and ointments. This was required in the service's medication policy.
- The service did not complete efficient medication audits. Staff completed audits that detailed a list of issues as they happened, for example errors noted in blister packs and contact with pharmacist. Staff did not check if medications were administered correctly. There was no system in place to check the stock levels of medicines. This meant there were large quantities of medicines being ordered and returned to the pharmacy each month, which was unnecessary.
- The service did not have a medicines refrigerator. However, at the time of inspection the home had no medicines requiring cold storage. For a service with 23 clients, it is likely that medicines needing cold storage will be required at some time, for example, eye drops or creams.

Track record on safety

- There were no serious incidents reported over the last 12 months.

Reporting incidents and learning from when things go wrong

- The service recorded 12 incidents in the past 12 months. The majority of incidents involved patient on patient assaults. On most occasions, incident reports demonstrated that staff reported incidents appropriately and involved external agencies. The service demonstrated learning from incidents. For

example, the service had installed CCTV in response to patient on patient assaults. This ensured staff could monitor clients in communal areas and promoted client safety.

- All staff knew how to report incidents. Staff used the accident, incident and near miss (AINM) policy and procedure to internally report incidents. Staff completed an AINM form which was reviewed by the manager. The manager then
- Staff said they were offered support by the management team after each incident. However, some staff said they would benefit from more support from managers following certain incidents, specifically regarding the death of a client. Learning from incidents across other parts of the organisation was shared between services through manager meetings.
- Since the remodel of the service and its renewed focus on client recovery and stabilisation, the service manager noted there had been a decrease in incidents. The provider was unable to provide figures for this.

Duty of candour

- The service manager was not aware of the term duty of candour and was unable to locate the provider's policy on it. The duty of candour requires providers to be open with people who use their service. However, the service manager knew they had a responsibility to apologise to clients following an incident. Staff showed an understanding of this principle and the need to act in an open and transparent way. Staff were willing to apologise to clients when mistakes were made.

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

Assessment of needs and planning of care

- Clients had their needs comprehensively assessed by the referring local authority prior to their move to Aspinden Wood Centre. The service carried out face-to-face pre admissions assessments and reviewed documents such as risk assessments, GP reports and CPA reviews to establish the suitability of referrals. On admission, staff completed a further assessment of the client which included physical and mental health needs, mobility, alcohol consumption, income and behavioural issues.
- Staff created individualised care plans for their different needs. For example, one client had care plans for their personal care, i.e. washing and dressing and their finances. Not all clients had care plans and risk assessments in place addressing the needs identified in their assessments. For example, two clients had epilepsy, however, they did not have risk assessments or care plans in place for staff to use to support them safely with this.
- The alcohol recovery star tool used by the provider was an effective aid to enable clients to view the progress they had made towards their goals. This included assessment and management plans for a client's mental health, physical health, living skills, social network, work, relationships, addictive behaviour, responsibilities, identity and self-esteem. Clients could use the tool for discussion in one-to-one keyworker sessions.
- Staff used both paper care records and an electronic care record system. Risk assessments were updated regularly within electronic records but not always in the paper records. This meant there were different versions of client records across paper and electronic systems which meant staff may not know where to look to find the most comprehensive and up to date records. Daily records of client care were only recorded electronically. These notes were up to date, detailed and included a description on mental state, activities of daily living and medication.
- Clients had signed a consent form to allow staff from external organisations to have access to information required for the purpose of assessing and meeting their needs. For example, GPs or hospital consultants, probations officers and/or police, property owners, social services, financial organisations and next of kin.

Best practice in treatment and care

- The provider used National Institute for Health and Care l Excellence (NICE) guidance for safe storage of controlled drugs dispensed in supported accommodation which meant controlled medicines were securely stored in a locked cupboard.

Substance misuse services

- A GP visited the service weekly. The managed clients' primary healthcare and made referrals to specialists when needed.
- Each member of staff carried out regular audits which were monitored during monthly staff supervisions. The details of the audits were kept in individual staff files. Areas examined included medication, risk assessments and key worker sessions.The service manager was not the supervisor for all staff members as other members of the staff team including the deputy ward manager and team leaders supervised staff. This process meant the service manager lacked oversight of the service's audits as they were kept in staff files and were not quickly accessible.
- Staff monitored and recorded each client's food intake during meal times. This was to highlight any concerns with nutrition. If staff were concerned about a client's nutritional needs, they would present the food record to the GP for further advice. The GP was then able to refer to a nutritionist if required. Staff encouraged clients to stay hydrated. There was a water cooler in the dining room.
- As part of the new service model, the service had made links with a local university to recruit social worker volunteers. Two volunteers were waiting for their DBS (criminal record) checks to be processed before they could start.

Skilled staff to deliver care

- A range of staff provided support to clients. This included substance misuse workers, personal recovery assistants and team leaders. Personal recovery assistant posts were introduced in line with the new service model. Their role involved link working and encouraging clients with their activities of daily living skills, such as attending appointments and shopping.
- Staff had access to regular monthly supervisions which included agency staff. Staff development was discussed and identified at monthly supervision sessions. Key performance indicators were addressed during supervision. These included key working, risk assessments and health and safety record keeping. The provider had moved away from yearly appraisals to a competency based appraisal system. Staff files showed appraisals were up to date.
- The organisation had a range of human resources policies and procedures in place to address poor staff performance. Where staff performance issues were identified, these were addressed in accordance with the provider's policy and procedures using performance improvement plans which were reviewed monthly.

Multidisciplinary and inter-agency team work

- Team meetings were held once a month. Team meetings minutes demonstrated good discussion between the team on a variety of topics. These included policies, client reviews and staff concerns. The provider's senior director attended this meeting.
- The service operated a system of three shifts per day. There was a handover meeting at every shift. Staff completed handover sheets and these included reviewing each clients' personal care needs, appointments, physical health needs, medication and incidents.
- The local GP visited the service every Wednesday. Staff said there was an excellent working relationship with the GP and if a client's physical health deteriorated they could easily be contacted for advice. The service could access out-of-hours primary care services if needed.
- The service manager described good links with local mental health teams and liaised with them if they suspected a client's mental health was deteriorating.
- The service had links with Age UK and clients attended groups offered by the charity. The service also had links with organisations aimed at supporting those dependent on alcohol. The service referred clients to another of their locations if they wanted to detox from alcohol.

Good practice in applying the MCA

- Mental Capacity Act (MCA) training was mandatory. Staff had a basic understanding of the principles of the MCA and rights of clients to have choice and make informed decisions around their care. Staff said they would benefit from further training in this area to help them understand their legal responsibilities under the MCA and its application, specifically MCA training relevant to supporting clients with chronic alcohol dependencies who may have fluctuating capacity.

Substance misuse services

- We did not see agreed decisions in client care records to manage fluctuating capacity. Clients' capacity often fluctuated due to their alcohol consumption. One client said they informed staff to withhold their bankcard when they were intoxicated and wanted to buy more alcohol. There had been an incident where this client became aggressive when intoxicated and demanded their bankcard for more alcohol.
- Staff did not carry out mental capacity assessments. Client's social workers completed mental capacity act assessments if staff thought they lacked capacity regarding significant life decisions. GPs also carried out medical capacity assessments.
- Staff liaised with a MCA assistant at the local authority if they needed advice regarding MCA within the service.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed staff and client interactions and saw staff attitudes and behaviours to be respectful and calm. When clients became agitated staff spoke to them quietly and gently encouraged them to resolve issues.
- Two clients spoke about there being friction at times between clients. However, they felt supported by staff when this happened. Two clients said they were not sure who their named key worker was. One client said that they did not have regular meetings with their key worker. However, audits demonstrated that all clients were allocated a key worker and that key working sessions occurred regularly. Three clients knew their key worker and could approach them if needed. Clients said they felt supported with day-to-day living activities . Five clients said they felt the environment was clean and staff would clean up quickly if there was a mess. Clients felt able to discuss physical health issues with the visiting GP.
- Three clients said they felt supported with managing their alcohol consumption and had an agreement with staff to keep it in the office. They were given alcohol at agreed times of the day. We did not see documented agreements for these decisions. However, clients said they were happy with the arrangements.
- Five clients said the food was nice and one client said they did not like the food.
- Clients said they generally liked living at Aspinden Wood Centre. One client said they did not like living at the service as there were too many residents.
- Two clients spoke positively about their discharge plans. Since the remodel of care, the service were working towards ensuring clients had yearly placement reviews to assess if they are ready for discharge.
- Staff said client's family members were invited to referral assessments and care programme approach meetings. There were no carers to speak to on site at the time of the inspection.
- One client reported that they had observed a waking night staff asleep in the office. This was raised with management at the time of inspection. The provider advised us they would investigate the allegation.
- Staff spoke passionately about supporting clients and aiding them in them in their recovery.
- Staff used a client's preferred choice of name and we saw this was documented throughout their care records. This demonstrated staff respected client's wants and wishes.

The involvement of clients in the care they receive

- Clients were given a welcome pack when admitted to the service and staff would take them on a tour around the building.
- Clients were encouraged to be involved in their care. This included being involved in developing their treatment plan, recovery star tool and risk assessment. Clients were invited to key worker sessions, discussion groups, weekly GP appointments, care programme approach meetings and placement reviews. Staff kept a record of their key worker meetings within their staff files and their line manager monitored them in monthly supervisions.
- Clients were assigned a key worker who was available to have planned, monthly one-to-one discussions with them. Sessions included education on alcohol and how to reduce intake.

Substance misuse services

- The service had a service user representative who worked with service managers and fed back client issues. For example, discussions were had around clients playing their music too loud.
- There were monthly house meetings for clients and were generally well attendedby clients and staff members. The meetings covered topics such as the role of the service user representative, recruitment of a new weekday chef, menu planning, CCTV installation and outdoor and indoor activities. Clients said they felt able to discuss concerns at these meetings.
- Clients were also able to give feedback to the provider through an annual questionnaire. This was analysed at organisational level and was not specific to Aspinden Wood Centre. Therefore, the service manager did not receive feedback directly for their service.
- The chef spoke to clients to gather their preferences of food and developed the menu accordingly. The chef attended monthly house meetings where food was a standard agenda item.
- Clients were empowered to take the lead on decision making in house meetings. Clients had access to external advocacy workers. However, we did not observe any information on advocacy services on display. One client had support from the advocate in regards to finances and another client had support for a mental capacity assessment in regards to alcohol.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Access and discharge

- Criteria for admission to Aspinden Wood Centre was primarily adults with a chronic alcohol dependency. People often had a history of homelessness, substance misuse, and psychiatric and/or physical health problems associated with their drinking. Clients were not accepted if they were currently misusing illegal substances or had a history of sexual violence. Assessments upon referral took place within a two-week time limit.
- Clients were referred from services mainly across London boroughs.
- At the time of inspection, there were two people on the waiting list, each had been initially assessed within the services two week target time.
- The service manager said the service was previously a home for life, however they had worked towards moving clients on and ensured clients had regular placement reviews with their care managers.

The facilities promote recovery, comfort, dignity and confidentiality

- The environment was spacious and there were communal areas for clients to use. On the ground floor there were eight bedrooms, two communal lounges, a kitchen and a communal dining room. There was a laundry room with a washing machine and dryer, one bathroom with a toilet and another separate toilet. At the front of the building there was parking available. There were 18 bedrooms on the first floor, divided into two wings. Each wing had a toilet and showering facilities. There was a small garden at the back of the dining room that could be accessed at all times. There were two lounges within the service. There was a dry lounge where clients were encouraged to refrain from consuming alcohol. A second lounge was termed the 'wet' lounge, where clients were able to consume alcohol and cigarettes. The 'wet' lounge had ashtrays and inbuilt cyclone fans to extract cigarette smoke from the room. It was clearly marked as a smoking lounge and clients were aware that the dry lounge could be used if clients did not wish to smoke. The provider had not stated in their statement of purpose that they provided accommodation for clients who wish to smoke. The provider was made aware of this after the inspection and acknowledged the document needed to be amended. Both lounges had televisions. Client bedrooms were spacious and personalised.
- Clients were able to have access to personal mobile phones. There was a payphone in the service's entrance hall which did not have a hood, therefore, calls could not be made in private. However, the phone box was not regularly being used.
- The service had an activities timetable that offered a single different activity each day, apart from Sunday. These included a discussion group, shiatsu massage, cinema trip and an IT computer class. Clients were involved in choosing activities during monthly house

meetings. Southwark library visited the service on a monthly basis and donated library books for clients. There was an upcoming trip for clients to visit Chessington World of Adventures.

- The activities offered by the provider lacked a recovery focus. Clients did not have individual activity plans. A staff member we spoke to said that there could be more activities offered to clients. Clients felt there were not many activities offered. Two clients said there were no activity groups. Clients said they enjoyed the IT session held on Fridays. Staff supported ten clients to visit Blackpool this year for their holiday.
- Some clients had issues with literacy and numeracy. Staff were aware of this and supported clients by reading out documents for them. However, care plans were not available in pictorial form, a layout which may have supported these clients to engage with their care plan.

Meeting the needs of all clients

- A weekday chef and weekend chef prepared fresh food daily for clients. There was one meal option for lunch and dinner. Clients said they could request a different meal if they wanted to. Staff monitored clients eating as we were told some clients did not prioritise eating due to their chronic alcohol consumption. If staff were worried about a client's nutrition, they would contact the local GP for advice and possible referral to a dietician. The chef would alter meals if a client had special dietary requirements. However, at the time of inspection no clients had any specific dietary needs. Meals were adapted for clients who had diabetes and high cholesterol.
- The service had disability access. The facilities in the property were located across two floors. There was a ramp into the service and a lift to access the two floors. Two clients used wheelchairs and a number of clients used walking frames. On each floor there were toilets adapted for people who use a wheelchair.
- Staff were from diverse backgrounds and were able to speak a number of different languages. Clients using the service were able to speak English and so there were no language barriers. Clients' cultural needs were considered as part of their initial and on going assessment. One client was Finnish and staff arranged for an individual from the Finnish community to visit the service once a month. Staff were able to access interpreting services if required.
- Staff supported clients with appropriate spiritual support. A catholic priest visited the service once a month. One client had regular visits from a Jehovah Witness group.

Listening to and learning from concerns and complaints

- The service had a complaints policy in place. Clients were made aware of the complaints procedure when they were admitted. There had been three formal complaints in the past 12 months. These complaints had been dealt with in accordance to the service's policy.
- There was a complaints poster displayed in the communal area. Clients and staff discussed complaints in the monthly house meetings. Staff discussed learning from complaints in team meetings and emails were circulated. The service had a complaints policy in place.

Are substance misuse services well-led?

Vision and values

- Aspinden Wood Centre's values were transparency, flexibility, accountable, promoting equality and diversity, delivering excellence and innovation and empowering and valuing staff and clients. The service manager attended their organisation's staff conference in May 2016 where values were discussed and decided. Values were addressed in staff supervisions to discuss how staff had adopted each of them.
- The service underwent a six-month delivery of care remodelling process in April 2016 to make the service more recovery focussed and to ensure clients were meeting their goals on a daily basis. Some staff were initially resistant to this change as they felt their workload increased as a result of the remodelling. However, staff said they had gotten used to the change and felt the remodel had helped empower clients to live more independently.

- Staff knew who the most senior managers were in the organisation. However, staff said the senior managers could be more supportive. However, staff members did not want to elaborate further as to why senior managers were not supportive.

Good governance

- All governance policies, procedures, protocols and quality monitoring systems were under review. This was due to a new organisation (Social Interest Group) taking over the provision of the service.
- The service manager and deputy service manager sent a business report to senior managers on a weekly basis. This included information about bed occupancy, environment maintenance and long-term sickness.
- The provider could not produce overall compliance rates for staff training. This meant the service manager had no overall system in place to monitor training.
- The service manager attended two-monthly manager meetings chaired by the operational director. Managers gave an update on their service and shared learning from incidents. The service manager felt support by senior managers and said they were open and transparent.
- An on call rota made up of the service manager and the two team leaders meant a senior staff member was on call out of hours if staff required support or there was an incident.
- The service manager attended weekly meetings with senior management where they discussed potential risks of the service. Objectives were set and these were reviewed in the next team meeting.
- There were two disciplinary procedures on going during our inspection where two members of staff were being supported through mediation. We saw evidence that these were being appropriately managed and received input from the HR department.
- Staff files showed all staff completed a probation period.

Leadership, morale and staff engagement

- In August 2016, the sickness rate was 1% and staff turnover was 20%. Staff said the turnover was due to the recent change in model of care and some staff not happy with the change in work expectations.
- Staff we spoke with said they were aware of the whistleblowing policy and would feel able to raise concerns with their manager. Staff said they felt able to raise concerns without fear of victimisation.
- The staff said they worked well together as a team and there was a good team dynamic. Agency staff felt support and part of the team.
- The service manager described the staff morale as low due to the restructuring of the delivery of care and that their workload had increased. However, staff we spoke with described morale as good and said they had seen improvements in the service offered to clients since the remodel.
- The service manager and team leaders had access to leadership training. The service manager provided management coaching to the new deputy team leader during supervision, in addition to the leadership training offered.

Commitment to quality improvement and innovation

- The service manager displayed a commitment to quality improvement and innovation. They recognised that the service needed to be more recovery focussed and put forward a proposal to senior managers about how this could be addressed. The remodelling of the service saw the introduction of the recovery personal assistants to aid clients with their activities of daily living skills and use of the recovery star tool.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that all clients have comprehensive care plans that address all identified needs. For example, the provider must ensure clients with epilepsy have a risk assessment and care plan in place for this specific need. The provider should ensure care plans are provided in an accessible format, for example for clients who are numerical and literacy illiterate.
- The provider must ensure that there are systems in place for the proper and safe management of medicines. The provider must have a controlled drugs book, review the organisations medication policy and adhere to it, carry out medication administration audits and medication stock checks. The provider must have a medication refrigerator for medicines requiring cold storage.
- The provider must ensure there is an effective system in place to record and monitor staff compliance with mandatory and specialist training

Action the provider SHOULD take to improve

- The provider should ensure staff update clients' risk assessments following incidents
- The provider should ensure that clients are supported to clean their rooms on a regular basis.
- The provider should ensure that appropriate systems are in place for reporting safeguarding alerts. The provider should report safeguarding alerts internally and externally to the appropriate agencies including CQC and local authority.
- The provider should ensure that staff are aware of their responsibilities under the duty of candour and there is a policy in place around this.
- The provider should ensure all staff have completed MCA training. The provider must ensure clients' are aware of their rights to access an independent mental capacity advocate under the MCA and know how to support a client to access this.
- The provider should ensure that staff document agreed decisions made with clients around restricting their alcohol and finances.
- The provider should ensure staff are not using a dual care record system.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not ensured care and treatment was being provided in a safe way for service users. The provider did not have a controlled drugs book, did not adhere to the organisations medicines policy, did not have a medicines refrigerator and did not have robust medication audits in place. This was breach of regulation 12 (1)(2)(a)(b)(g).

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider did not ensure all clients had comprehensive care plans that addressed all identified needs. Care plans were not always in an accessible format for clients with varying literacy and numeracy needs. This was breach of regulation 9 (1)(a)(b)(3)(a)(b)(c).

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have an effective system in place to record and monitor staff training compliance with mandatory and specialist training This was a breach of regulation 17 (1)(2)(a).