

Good 

PCP (Clapham) Limited

Medwin Road

Quality Report

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Date of inspection visit: 18 June 2019

Date of publication: 28/08/2019

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-3657934862	Medwin Road	Medwin Road	E1 4TP

This report describes our judgement of the quality of care provided within this core service by Medwin Road. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Medwin Road and these are brought together to inform our overall judgement of Medwin Road.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

This is the first time we will be rating this substance misuse service.

We rated Medwin Road as good because:

- At our previous inspection in February 2018, we found the provider did not effectively; address potential safeguarding concerns, the environment at Medwin Road was not maintained to an adequate standard and the provider had not ensured that there were systems and processes in place to assess monitor and improve the service and mitigate the risks to clients or staff. At this inspection, we found that the provider had made all the required improvements.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. There was a clear procedure in place detailing the local arrangements for identifying and referring adult and children safeguarding incidents to the local authority.
- The premises were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Clients slept at Medwin Road whilst receiving detoxification and therapy at the PCP Clapham day service.
- The service had enough support staff when clients were present in the service, who knew the patients and received basic training to keep people safe from avoidable harm.
- Clients had early exit plans if they left detoxification treatment early. This meant clients had been given information about the risks of leaving treatment early and what behaviours to avoid and minimise risks.
- Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients.
- Staff knew and understood the provider's vision and values and how they applied to the work of their team.
- Staff had access to the information they needed to provide safe and effective care and used that information to good effect.
- The service had robust arrangements in place to ensure the safety of staff and clients when staff were working alone.

However:

- Although staff had received training in a range of areas pertinent to their role, two out of three members of staff had not been trained to administer naloxone, a medicine used to reverse an opiate overdose.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

At this inspection we rated safe as good because:

- The provider had made improvements to the environment since the last inspection. The premises were safe, clean well equipped, well furnished, well maintained and fit for purpose. Equipment had been calibrated. A fire risk assessment was in place and staff completed regular checks. Contingency plans were in place to cover emergencies.
- The service had enough staff, who knew the clients and received basic training to keep people safe from avoidable harm. The service had adequate on call cover and staff knew who to contact for support and advice. When support workers were left alone at Medwin Road, risks were mitigated by staff following the provider's lone working policy.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The provider had improved the arrangements for safeguarding clients. Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Clients had a risk assessment and risk management plans in place before they came to the service. Staff knew the observations they needed to make and action to take in an emergency. Staff gave clients information about the risks of leaving treatment early and the actions to take to minimise these risks.
- The service used effective systems and processes to safely transport, administer, record and store medicines.

Good



Are services effective?

At this inspection we rated effective as good because:

- Clients had care plans that reflected their assessed needs, were personalised, holistic and recovery-oriented. Care plans were reviewed and updated throughout clients' treatment. Staff used recognised monitoring tools to assess clients' withdrawal symptoms during detoxification treatment.
- The service had links with mutual aid organisations, such as alcoholics anonymous, cocaine anonymous and narcotics anonymous and clients were encouraged to attend.

Good



Summary of findings

- Staff supported patients to make decisions on their care for themselves. They understood the Mental Capacity Act 2005 and how this impacted their day to day work.

However:

- Although staff had received training in a range of areas pertinent to their role, two members of staff had not been trained to administer naloxone, a medicine used to reverse an opiate overdose.

Are services caring?

At this inspection we rated safe as good because:

- Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided during their stay and at the completion of treatment.
- The service supported clients to access independent advocacy. Information was available in the welcome pack as well as posters on noticeboards.
- Staff informed and involved families and carers appropriately. Staff supported clients to maintain contact with their families and carers.

Good



Are services responsive to people's needs?

At this inspection we rated safe as good because:

- Staff planned and managed discharge well. They liaised well with family, carers, and services that would provide aftercare where appropriate.
- Staff supported clients with activities outside the service, such as work, education and family relationships, when appropriate.
- The design, layout, and furnishings of the house supported clients' treatment, privacy and dignity.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.
- The service met the needs of all clients – including those with a protected characteristic. Staff helped clients with communication, advocacy and cultural and spiritual support.

Good



Summary of findings

Are services well-led?

At this inspection we rated safe as good because:

- At the last inspection in February 2018, we found the provider did not ensure governance systems ensured the safety, quality and efficacy of the service provided to clients. At this inspection, we found the service had improved the governance system. Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they applied to the work of their team.
- Staff felt respected, supported and valued. They said the service provided opportunities for development and career progression. They could raise any concerns without fear.
- Staff had access to the information they needed to provide safe and effective care and used that information to good effect.

Good



Summary of findings

Information about the service

Medwin Road is provided by PCP (Clapham) Limited. The service provides accommodation for clients who are undergoing treatment for substance misuse at the provider's day service, PCP Clapham, which we inspected at the same time. The services are approximately a 15-minute walk from each other.

Client treatment lasts between two and 12 weeks. Medwin Road accommodates up to four clients and has four bedrooms. A member of staff also sleeps at the service at night and a second staff member remains awake. The service accepts privately funded clients, as well as referrals from statutory agencies.

Medwin Road is registered to provide the following regulated activity: Accommodation for persons who require treatment for substance misuse.

There was no registered manager for the service at the time of the inspection, although they submitted an application immediately following the inspection.

This was the second comprehensive inspection since the service registered on 31 March 2017.

At the last inspection in March 2018, we identified three breaches of the following regulations:

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Regulation 12 – safe care and treatment
- Regulation 13 – safeguarding service users from abuse and improper treatment
- Regulation 17 – good governance

We told the provider it must make improvement in the following areas:

- Improve safeguarding adult's policy and procedure and ensure staff understand arrangements
- Ensure the environment is maintained to a good standard.
- Ensure there are effective system to assess and manage client risk. Clients did not always have completed risk management plans prior to spending their first night at the service
- Improve observations and ensure staff know what to do in response to concerns
- Ensure equipment is calibrated and is fit for purpose
- Ensure Fire safety standards are met
- Ensure appropriate loan working policies and practices are in place
- Ensure staff complete mandatory training
- Ensure there are systems and processes in place to provide assurance of the quality, safety and effectiveness of the service

Our inspection team

The team that inspected the service comprised three CQC inspectors, a CQC specialist professional advisor (SPA), who was a consultant psychiatrist in addictions.

Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services.

Summary of findings

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.

During the inspection visit, the inspection team:

- Looked at the quality of the physical environment and observed how staff were caring for people who used the service
- Spoke with two clients who were using the service and two people who had recently used the service
- Spoke with the manager
- Spoke to one support worker who works at Medwin Road
- Spoke with the provider's chief executive, services manager and governance lead
- Looked at four care and treatment records, including medicines records, for people who used the service
- Looked at policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

- Most clients were positive about their relationships with staff. They told us that they got on well with staff and they felt supported by them. Staff took their time to listen and understand their individual needs.
- Clients were encouraged to complete feedback forms before they were discharged. Most of the feedback received was positive.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure all staff at Medwin Road receive training in the administration of naloxone so that they can provide effective care in an emergency.

PCP (Clapham) Limited Medwin Road

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Medwin Road	Medwin Road

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a Mental Capacity Act (MCA) policy. Staff were knowledgeable regarding the MCA and how it applied to their work.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- Medwin Road accommodated up to four clients and had four bedrooms. The service had a communal area, a kitchen area and outdoor space.
- At the last inspection we found that the environment was not clean and safe. During this inspection we found that the environment was clean, comfortable and well-maintained. The property was cleaned weekly by external cleaners and cleaning records were available to monitor the frequency and effectiveness of cleaning.
- At the last inspection the service had no sanitary waste disposable bins available for female clients. During this inspection, we found that sanitary waste bins were available.
- There was food in the fridge and freezer, which was dated on opening, and staff monitored the kitchen fridge and freezer temperatures. An allocated staff member disposed of any out of date food items once a week.
- Ligature risk assessments had been completed for the service and there was a plan to reduce identified risks, with dates for completion.
- At the last inspection the first aid kit had items that were out of date and items had not been replenished. We told the provider they must ensure equipment was calibrated. During this inspection all items were in date, checked regularly and replenished. The service had calibrated equipment, such as the blood pressure monitors and alcohol breathalyser machine. The service also had an automated external defibrillator (AED) used to restart a person's heart in an emergency.
- Infection control measures were taken to ensure the hygiene and cleanliness of the environment.
- At our last inspection of the service we told the provider it must complete its fire action plan by the dates it had set. At this inspection, all actions in the fire action plan had been completed. Fire extinguishers had been checked and there was a fire evacuation plan. The service had undertaken a fire drill in September 2018.

Safe staffing

- The service had enough skilled staff to meet the needs of clients and had contingency plans to manage unforeseen staff shortages. Clients would spend the day at PCP Clapham and then went together to the house in Medwin Road where they spent the rest of their time. The service had three support workers and was recruiting to a vacant post. The service used agency staff to provide cover.
- Evening support workers covered a combination of 'sleeping' and 'waking' shifts. The waking shift would commence from 9:00pm – 7:30am, where staff would observe clients whilst undergoing detoxification treatment from alcohol or opiates. Staff undertook hourly 'welfare checks', which included observing and recording withdrawal symptoms and physical checks such as checking the clients blood pressure.
- The service had a written rota for scheduling cover, in place for all staff and the service ensured sickness, leave and vacant posts were covered to ensure patient safety. The service had an on-call procedure and rota in place if they needed support during the night. The on-call rota consisted of a designated member of the senior management team or medical staff such as a nurse/doctor being available. There have been times where Medwin Road had one staff member instead of the expected two, which would normally consist of; one 'waking' and one 'sleeping' staff member. The 'sleeping' staff member could be called upon in an emergency. However, the service had a lone working policy in place and carried out risk assessments before staff worked alone.
- Staff could access medical support by calling the service nurse or on call duty doctor. Staff could contact the GP surgery for advice out of hours or use the local out of hours services.
- At the last inspection, we identified that staff had not completed all mandatory training required for them to undertake their role. At this inspection, all staff had completed mandatory training in fire safety, infection control, information governance and basic life support. Mental Capacity Act training was included in the

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

safeguarding adults training. The provider's policy stated that all staff should be trained in breakaway training. Two out of three staff at Medwin Road had completed this training.

Assessing and managing risk to patients and staff

- At the previous inspection we told the provider they must ensure that clients have a risk assessment in place before coming to the service. At this inspection, we found that all clients had been risk assessed and risk management plans were in place prior to them coming to Medwin Road. Staff were aware of the risks and how to mitigate them. They knew what to observe for and the action to take if a client's health deteriorated.
- Clients had early exit plans in place for the unexpected exit from treatment. This meant that if clients left the service early they had information to minimise risks following their treatment. Risk to clients leaving treatment early include overdose and alcohol withdrawal seizures. Providing written information to clients leaving treatment early was best practice.
- At the last inspection the service did not have a search policy in place. During this inspection the service had a search policy and form for clients to consent and sign. Staff told us that they searched clients when they returned from leave and occasionally searched their bedrooms if they were concerned that they may have bought drugs or alcohol into the premises.
- Clients agreed on admission to some blanket restrictions that were put in place to support them with their detoxification treatment. The service allowed some flexibility depending on the person's needs. Restrictions included not having access to their mobile phone during the first week of treatment, not having any visits for three weeks and having a maximum budget of £100 for the week, which was held and managed by staff.
- Staff adhered to best practice in implementing a smoke-free policy within the building. Clients were not allowed to smoke inside the premises, but there were smoking designated areas outside.
- Staff worked effectively with other agencies to promote safety, including systems and practices in information sharing. We observed communication between multi-agency teams and recording of outcomes and actions in relation to concerns raised by the service. For example, we observed information sharing between the provider and the local safeguarding teams in relation to a child safeguarding concern. This information was documented within the client's electronic care notes.
- The service had improved personal safety protocols for staff, including implementing lone working policies, and most staff were aware of their responsibilities and how to maintain their safety when lone working.
- At the last inspection the service did not have a safeguarding adults' policy and there was no safeguarding adults' procedure or contact details for the local safeguarding team. During this inspection we found that the service had a safeguarding adults' policy and information on notice boards about to who to contact with any concerns. The service also had a safeguarding lead and staff had a good understanding of their adult safeguarding responsibilities.
- All staff had safeguarding children and adults training. Staff identified safeguarding concerns within clients care records, for example highlighting information pertaining to clients who had contact with children where safeguarding concerns may be an issue. Staff knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies. The service asked clients about child safety and place of residence during their admission.
- Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. We saw evidence of signposting and information was available in welcome packs and on notice boards at the service.
- The service used electronic client records and all staff at the service had access to this information. Observation and medication charts were paper based, and the service had a system in place to ensure this information was stored and transported securely between PCP Clapham and Medwin Road.
- Staff followed the provider's policies and procedures related to medicines management. Staff in the service had been trained in the safe administration of medicines.
- Staff transported medicines between PCP Clapham and Medwin Road securely in a locked bag. Staff signed medication in and out of PCP Clapham and Medwin

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

Road on each occasion. There was no clinic room at Medwin Road, but medicines were stored in a locked cupboard within the staff bedroom. Clients did not receive controlled drugs at the service.

Track record on safety

- There had been no serious incidents in the service in the 12 months before the inspection.

Reporting incidents and learning from when things go wrong

- Medwin Road reported 14 incidents in the year before the inspection, at least three of these incidents were in relation to one client. Incidents included clients being taken to hospital, a client being discharged due to aggressive behaviour and clients missing after failing to return from external group activities.
- Staff knew what incidents to report and how to report them. For example, medicine errors, unplanned discharges and leaving the house without permission were some of the incidents discussed during team meetings. Learning from incidents was shared with the staff team in team meetings and during staff handover.
- The provider held regular clinical governance meetings. At these meetings, learning from incidents in all the provider's services was shared. This learning was then fed back to staff in the service.
- Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. Staff were aware of the need to be open and transparent when things went wrong. The service had an up to date duty of candour policy.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- The assessment of clients for treatment at the service were undertaken by the nurse and visiting doctor at PCP Clapham. The assessments covered a range of areas, including clients' substance misuse, physical health and mental health.
- Clients in the service had care plans to meet their identified needs. Clients' care plans were detailed and covered their mental health, substance misuse and physical health. Care plans were reviewed and updated throughout client's treatment.

Best practice in treatment and care

- Staff used monitoring tools to assess client's withdrawal symptoms during detoxification treatment. For clients having opiate detoxification, staff used the clinical opiate withdrawal scale (COWS). For clients having alcohol detoxification, staff used the Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar), as recommended in best practice guidance (NICE, 2011). Support workers at Medwin Road used observation sheets to record withdrawal symptoms and would conduct hourly 'welfare' checks during the evening/night. Any immediate concerns would be highlighted and discussed with a clinical member of staff. Staff told us that if they felt the client needed urgent medical support they would call the emergency services.
- Clients could have one to one counselling sessions at PCP Clapham and were able to attend external support meetings.
- The manager undertook a range of clinical audits in the service. Forty-eight hours after clients commenced treatment, the manager undertook an audit of clients' records. This audit included medical and nursing assessments, if safeguarding referrals were required and clients' care plans. The audit also checked if assessment and monitoring tools, such as SADQ, CIWA-Ar and COWS were used. A weekly infection control audit was also undertaken across both Medwin Road and the day service.
- Staff at Medwin Road had information to support clients with sleep hygiene, such as not having tobacco or caffeine before bed.

Skilled staff to deliver care

- Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. For example, one staff member was supported to complete a course in health and safety level 3.
- The service provided all staff with a comprehensive induction when they joined the service. This included going through mandatory training requirements, orientation to the service and looking at the provider's policy and procedures.
- Staff had management supervision every three months, or more frequently if required. This was in line with the providers policy. An external facilitator provided clinical supervision for staff monthly. Staff also had annual appraisals. Staff were able to attend group clinical supervision each month. This was provided by an external facilitator.
- The service ensured that robust recruitment processes were followed and were interviewing at the time of this inspection to recruit an additional support worker.
- Senior staff told us that poor staff performance was addressed promptly and effectively and there had been no recent disciplinary action at Medwin Road.
- Managers recruited volunteers and they supported clients by attending mutual aid groups, hospital appointments and various other tasks. Managers told us that prior to joining the service volunteers had a full criminal record check and would be expected to have maintained sobriety.
- One member of the three staff had been trained to administer naloxone. This medicine is used to reverse an opiate overdose. This training would have been useful for all staff so that they had the necessary skills in the event that a client returned to the service in need of such treatment. Staff who were not trained would call for an ambulance.

Multi-disciplinary and inter-agency team work

- The service held joint team meetings for staff at Medwin Road and the day service. These were attended by managers and other staff members from the team. Staff meetings included discussions regarding incident

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

reports, feedback, mandatory training, safeguarding issues, discharges and any concerns about medication. Staff at Medwin Road liaised with the day service at handover meetings.

- The service shared information with other agencies. We saw evidence of multiagency input in clients' notes. For example, actions that children's services had taken following a safeguarding referral. This was particularly important as staff members were well informed regarding who the client should not be having contact with.

Good practice in applying the Mental Capacity Act

- The service had a Mental Capacity Act (MCA) policy. Staff were knowledgeable regarding the MCA and all three staff members had received training. They understood how the MCA applied in their day to day work.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- We observed staff attitudes and behaviours when interacting with people who used the service. Staff demonstrated compassion, dignity and respect, and staff provided responsive, practical and emotional support. During the evening, clients were encouraged to attend local mutual aid groups such as alcoholics anonymous. They were encouraged not to isolate themselves and to socialise and take part in activities and therapy at the day service.
- We spoke with two clients who were undergoing treatment at the service and two who had previously used the service. Clients' feedback was consistently positive regarding how helpful the staff were. The clients we spoke with told us that the therapeutic programme was good.
- Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes without fear of the consequences. Staff gave us examples of how they dealt with a client's poor attitude and discriminatory behaviour. One example included the service discharging a client who had been repeatedly disrespectful and discriminatory towards staff members and other clients.
- Staff directed clients to other services when appropriate and, if required, supported them to access those services. Examples of this included signposting patients to education and employment services, external substance misuse meetings, events or services.
- The service had a confidentiality policy. Staff understood the importance of client confidentiality and used a consent form for clients to indicate if they wanted information about them shared with others.
- The service supported clients to access independent advocacy. This information was available in the welcome pack, as well as posters on noticeboards.
- When clients consented, staff engaged with families and carers. This was to ensure that they had information needed to understand the care and treatment provided. Staff gave examples of families and carers being involved in meetings or communicating with family members upon admission and then via telephone or face to face during the client's treatment. Staff explained they tried to work with families to give clients the level of support they required. In addition, this contact helped staff to get a better picture of the client's circumstances to inform care and treatment.
- The provider's service manager facilitated quarterly groups with clients to obtain feedback on the service. Feedback was used to improve the service and led to the redecoration of the communal areas.

The involvement of people in the care that they receive

- The provider did not have a formal mechanism for obtaining feedback from families and carers. However, staff told us families and carers would provide feedback via telephone, letters or face to face.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- Clients contacted the service by completing a pre-admission information form on the internet. Following this the nurse at PCP Clapham would contact the person to gain some further information. The person would then be discussed with the management team, and if they were appropriate to be offered treatment, they would be offered a date for assessment.
- Most clients who stayed at Medwin Road were undergoing detoxification from alcohol or opiates. Clients usually stayed at Medwin Road for about two weeks before either moving to step down accommodation or being discharged from the service.
- The service accepted privately funded clients, as well as referrals from statutory agencies. Upon receiving a referral to the service when there was not a bed available at Medwin Road, the provider offered clients a bed at one of its other locations. We saw examples of the service offering a placement at other locations, when they did not have the capacity to accept another referral.
- When clients were assessed as ready to move into step down accommodation, the move on took place during the day so that they had time to settle into their new accommodation before the night.
- Staff planned for clients' discharge, involving their family or carers where possible. Clients were encouraged to continue attending mutual aid groups. Clients were able to continue to attend groups at the service for one year after their treatment had ended. These were provided free of charge.

The facilities promote recovery, comfort, dignity and confidentiality

- Medwin Road had a communal kitchen, lounge and two shared bathrooms. Four bedrooms were available for clients. All four of the rooms were single occupancy. Clients had access to a small courtyard space at the rear of the property.
- At the last inspection the service was not well maintained and did not look warm and welcoming.

During this inspection we found that improvements had been made, such as new furniture and adequate decoration. However, the service had received a complaint from a client who provided feedback that the bedroom was not cleaned prior to their admission.

- Clients were able to personalise their bedrooms and they had a secure safe to store personal items in.
- Clients cooked their own meals in the communal kitchen and could make hot drinks and snacks at any time.
- Staff supported clients to maintain contact with their families and carers. Staff gave examples of involving families and carers in the client's care and treatment. Where appropriate, the family or carer was invited to attend sessions with the client.
- When appropriate, staff ensured that patients had access to education and work opportunities. Staff members gave examples of supporting patients back into work or education. This included supporting a client to attend a photography course and another to attend a counselling course.

Meeting the needs of all people who use the service

- Medwin Road was not suitable for clients who used a wheelchair. The service had steps up to the front door and the communal living areas, including the kitchen, were downstairs.
- Staff told us that they supported clients from different cultures, religions and backgrounds. Individual cultural or religious needs were met as clients bought and cooked their own food.
- Staff demonstrated an understanding of the potential issues facing; lesbian gay bisexual and transgender, black and minority ethnic, older people, people experiencing domestic abuse and sex workers and offered appropriate support. One staff member gave examples of supporting a transgender client and we found supportive information and signposting on notice boards at the day service and in the welcome pack which was given to clients when they were admitted.

Listening to and learning from concerns and complaints

- No formal complaints had been received about Medwin Road in the 12 months leading up to our inspection visit.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

- Clients knew how to make a complaint and details about the complaints procedure and how to give feedback about the service were contained in the client welcome pack given to clients on admission.
- Informal complaints were dealt with locally by the manager. Staff discussed these complaints and any improvements that could be made in response to these, during staff meetings. The informal complaint outcomes were fed back to the complainant verbally.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- At the last inspection the service did not have a clear vision and values. During this inspection the service had developed its vision and values statement. Staff knew and understood the vision and values of the provider and what their role was in achieving them.
- The organisation had a clear definition of recovery. It followed the 12-step programme and used this as the foundation for the weekly activities, one to one counselling and encouraged clients to attend community and mutual support groups that followed this process. All staff we spoke to shared and understood this model of recovery.

Good governance

- At the last inspection we found that the governance systems in place were not safe and efficient and the service lacked clear policies and procedures. During this inspection we found that the service had improved their governance systems. Governance policies and procedures had been developed or reviewed, and there was a system of audits and quality checks to monitor the safety and quality of care and treatment. A service risk assessment and contingency plan was in place.
- At the last inspection the service did not have a policy or procedure in place regarding adult safeguarding and lacked a knowledge regarding this within the team. During this inspection we found that staff had an appropriate understanding of safeguarding and knew how and when to make a safeguarding referral. The service had a safeguarding lead who made relevant referrals to the local authority.
- The provider provided adequate staffing to ensure that clients were receiving safe care and treatment. Staffing cover was available and a staff rota was in place. The provider had ensured that an on-call cover rota was available, and this included support for lone workers in an emergency.

- There was a lone working policy in place where staff at Medwin worked alone during the night/evening and staff had received adequate training to support their role. Mandatory and specialist training completion had improved since the last inspection.
- An up to date local risk assessment was in place. This included both environmental risks and operational risks such as risk to staffing levels and cover at Medwin Road.
- At the last inspection the service did not have a business continuity plan in place. During this inspection the service had a business continuity plan and arrangements in place. This could be implemented in the event of an emergency such as building failure.
- Staff had access to the equipment and information technology to do their work. Staff at Medwin Road had access to a tablet to enable them to write their notes and to access client information. Staff had a mobile phone to contact senior managers and medical staff for advice.

Leadership, morale and staff engagement

- A new manager had started in the service six months before the inspection. They had already had a positive impact on the quality of the service and were a capable and effective leader. They also understood how a governance system can provide assurance on the quality of care clients received. The new manager was visible and accessible to clients and staff.
- Development opportunities were available for staff and clients. We saw examples of where clients had been through the service and then acted as volunteers. They had then applied for jobs within the organisation and had been supported within these roles.
- Staff told us that they felt able to raise concerns without fear of retribution. They reported improvements in the service and were proud of the work they did and the impact they had on clients' recovery.

Commitment to quality improvement and innovation

- The provider's senior leadership team and staff in the service were committed to improvement. The service was not involved in research and did not belong to any quality improvement, innovation or accreditation networks.