

Charis Primary Programme

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 areas of good practice:

- The Charis Primary Programme facilitated recovery from alcoholism and drug addiction. The service provided therapy based on the twelve-step programme. The annual report for 2015 showed that two-thirds of clients achieved positive outcomes.
- The service provided therapy to clients in a safe, clean, modern and well-maintained environment.
- The director carried out risk assessments with each client before they were admitted. Staff carried out further assessments of risk, social circumstances and well-being when the client arrived at the service. The results of assessments were used to create individual recovery plans.
- Staff at the service managed medicines and infection control well. The service had arranged for the GP practice to carry out screening for blood borne viruses during client's initial assessment. Infection control information was provided for staff and clients and displayed within the building.
- Feedback from clients was consistently positive throughout our interviews. In the annual survey of clients' views, the service was rated at almost 100%.

Summary of findings

- Staff were committed to the service. They took on responsibility for being positive role models for clients. They were caring and understanding. Staff said that morale was good and the director was supportive.

However, we also found the following issue that the service provider needs to improve:

- Whilst the staff's approach to safeguarding reflected current good practice, it was not consistent with the organisation's policy.
- Staff did not make contemporaneous records of individual counselling sessions with clients.
- Staff did not receive training in the Mental Capacity Act 2005

Summary of findings

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Charis Primary Programme

Services we looked at

Substance misuse services

Summary of this inspection

Background to Charis Primary Programme

Charis Primary Programme provided a residential recovery programme for up to seven male clients with alcoholism or drug addiction. The service did not provide detoxification. The service was free at the point of use for clients who were claiming state benefits and were homeless

The service was registered to provide accommodation for persons who require treatment for substance misuse. A registered manager was in post.

The service has been registered with the Care Quality Commission since 10 January 2011.

There have been three inspections carried out by the CQC at Charis Primary Programme. The most recent was carried out on 28 July 2014. This inspection found the service to be safe, effective, caring, responsive and well-led.

Our inspection team

The team that inspected the service comprised of a CQC inspector, a CQC inspection manager and a specialist advisor with a professional background in nursing for people with drug and alcohol addictions.

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.

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with five clients
- spoke with the director (registered manager) and the deputy manager
- spoke with three staff members
- attended and observed a hand-over meeting
- looked at five care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

All the clients spoke very positively about the service. They said that staff were always available and very supportive. They said that each client was allocated a counsellor who guided them through the programme. Clients said that staff had a very good understanding of how addictions affected peoples' lives. They said that they were positive role models.

Clients also said that the food was very good. Clients appreciated the service giving them a £5 reimbursement each week to spend on fruit.

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 areas of good practice:

- Staff provided care and treatment in a clean, bright and spacious environment.
- There were appropriate arrangements for infection control and the management of medicines. There was clear guidance on infection control given to staff and clients.
- There were safe levels of staffing throughout the week. There were no staff vacancies. Staff within the team provided cover for each other in the event of sickness and leave. Compliance with mandatory training was 90%.
- The director carried out thorough risk assessments with people seeking admission to the service. Staff conducted further assessments when a new client was admitted. Staff managed risk through having a thorough understanding of each client.

However, we also found the following issues that the service provider needs to improve:

- Whilst the staff's approach to safeguarding reflected current good practice, the organisation's policy was not consistent with this.

Are services effective?

We found the following areas of good practice:

- The service registered clients with a local GP when they were admitted and this GP monitored the physical health of clients in the service.
- Staff ensured that care records were person centred. Clients wrote a daily journal that provided an account of their progress, care and treatment. Staff completed a weekly record.
- The director of the service had carried out a review of national guidance on the clinical management of drug misuse and dependency.
- Rules and responsibilities were clearly set out in the guide for clients that clients signed.
- Staff ensured that clients had a comprehensive review after being at the service for three months.

Summary of this inspection

- The staff team was well-established with extensive experience in the field of drugs and alcohol. The service provided a comprehensive induction for new staff based on the requirements of the care certificate.
- Staff received regular supervision and annual appraisals.
- Staff held effective handovers each day.

However,

- Whilst there was some good practice in record keeping, staff did not make a contemporaneous record of individual counselling and support sessions with clients.
- Staff did not receive training in the Mental Capacity Act 2005.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff demonstrated a positive attitude towards clients throughout the inspection. Staff had a good understanding of clients' experiences of alcoholism and drug addiction.
- Clients spoke very positively about the support they received from staff. They said that staff were always available to speak with them and helped to guide them through the programme.
- Clients were fully involved in all aspects of care planning. Clients' personal journals provided the primary daily record of activities, interactions and reflections. Clients shared their journals with the staff.
- Clients gave very positive feedback to the service which was collected annually. We saw many 'thank you' cards from former clients and their families.
- Clients said they were able to contribute to decisions about the programme through weekly house meetings and discussions with their project worker.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There was a clear criteria for admission to the service.
- The building contained suitable rooms for activities, group work and individual counselling sessions. All these facilities were clean and tidy. Clients could easily meet visitors in private. The service had installed a stair lift to assist clients with restricted mobility.
- Activities took place throughout the week. Most activities focussed on the therapeutic programme.

Summary of this inspection

- The service responded to clients' individual needs to ensure they could fully engage in the therapeutic programme. For example, the service had provided one-to-one support to clients with limited literacy to help them engage in journal writing and private study.
- The service encouraged clients to participate in spiritual activities. Staff provided clients with bus fares to attend churches, synagogues and Buddhist centres.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Throughout the inspection, we found that the staff team were dedicated to their work. There were high levels of staff morale and a strong sense of teamwork. Staff told us they were happy to work there and felt supported by the director.
- Staff were familiar with, and committed to the core values of the service which was evident during our visit.
- A managing committee provided overall governance. The committee included of people with experience in the field of addiction and a range of professional backgrounds. The committee met three times each year.
- The service kept clear, basic information about its performance. Figures for 2015 showed that 62% of clients completed the programme.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Clients were required to have sufficient mental capacity to engage with the therapeutic programme. The director

reviewed this during the initial assessment. Whilst the use of the Mental Capacity Act was not a routine part of care and treatment, the director understood the principles of the Act.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The service was situated in a modern, bright and spacious building. All the facilities were clean and well maintained.
- There was no clinic room on site. Medicines were stored in a cupboard in the office which was locked and secure. There was a sink next to the cupboard which was used for handwashing. Staff checked the medicines and medicine administration records each day to ensure that staff had given clients the correct medicines and doses.
- Each client had their own bedroom. When new clients arrived, the service provided new towels and bed linen. When any clients moved out, staff redecorated their room.
- The service provided guidance on infection control to both staff and clients. This was displayed in toilets. The guidance gave basic advice to clients on the importance of hand washing, not sharing razors and not touching bodily fluids. Guidance for staff was more thorough. This covered the use of gloves and aprons, hand washing, disposal of sharps, treating broken skin and cleaning spillages. Staff kept a rigid sharps box in the office for the disposal of needles and blades. Staff stored a blood spillage kit in the medical cabinet that included gloves, aprons and instructions for use.
- Clients were responsible for cleaning, and maintaining the cleanliness of the environment. A cleaning rota outlined each client's weekly cleaning responsibilities.

- Staff and clients clearly labelled all food and stored it in cupboards and fridges in the kitchen area. Staff recorded fridge temperatures each day. These temperatures were all within the required range. Food was stored
- Staff tested fire alarms each week. They also carried out a monthly fire drill. Staff carried out a weekly check to ensure that fire extinguishers were in place, fire exits were clear and smoke alarms were working.
- Staff had an alarm they carried with them when they carried out security checks of the building at night.

Safe staffing

- The service employed 15 staff. There was a director, deputy manager, a part time company secretary two administrators and ten project workers. Four project workers and the deputy manager had responsibility for key working and counselling clients.
- The day shift began at 9.00am and ended at 5.00pm. The member of staff responsible for cooking the evening meal worked from 10.00am to 6.00pm. There were at least five staff on duty during the day from Monday to Friday. Between 6.00pm and 9.00am, there was one member of staff on site. They slept on the premises during this nightshift and were available for clients to seek support if needed. At weekends, there was one member of staff on duty during the day and another on duty at night.
- There were no vacancies for staff at the time of our inspection.
- The service did not use agency staff. Colleagues within the staff team provided cover for each other in the event of sickness or other absences.
- Staff and clients said there was always sufficient staff on duty to support clients.

Substance misuse services

- GPs provided medical cover at the local health centre. In an emergency, staff supported clients to attend the accident and emergency department at the local hospital.
- Mandatory training included courses emergency first aid, food hygiene, infection control, safeguarding adults, safeguarding children, manual handling and health and safety. Overall compliance with mandatory training was 90%. One member of staff had joined the organisation one month before the inspection and had not yet completed all the required training. Another employee worked on a sessional basis. They had only completed three of the seven essential courses.
- Staff supervised new clients when they were unpacking their belongings to ensure they were not bringing illicit items onto the premises. Staff carried out breathalyser tests and drug tests of urine and saliva prior to admission. Clients were required to show they had been abstinent from drugs and alcohol as a criteria for admission. If a member of staff suspected a client to be in possession of, or relapsing on, drugs or alcohol they could enter the client's bedroom without permission. Staff carried out breathalyser tests and tests on urine and saliva if they suspected clients of using drugs or alcohol.
- Staff had a good understanding of the risk relating to clients. Staff discussed clients' progress each day at a handover meeting. Staff also reviewed daily journals in which clients recorded reflections on their feelings and progress. As a result, staff were likely to be aware of any potential distress, anger or conflict between clients at an early stage and take preventative action. For example, staff had recently identified that a client was feeling isolated. They provided support and encouraged the client to raise this in a group meeting. Staff also said that ill feeling between clients could have a negative impact on programme, especially as there were only five clients. The clients, therefore, also took responsibility for monitoring each other's feelings. If conflict did arise, staff would speak to both clients and support them in resolving the matter. Staff could issue warnings to clients if they were not complying with the rules and responsibilities of the programme. Warnings could lead to staff discharging clients from the programme.
- Staff had completed training in safeguarding adults and children. The service had not raised any safeguarding alerts. Within therapeutic groups clients disclosed incidents of abuse in their past. In responding to these concerns, staff distinguished between current abuse and historic abuse that no longer presented a risk to the client's safety. Staff told us that they would report current abuse to local authority. They also said that they would not report historic abuse that did not present a current risk unless the client specifically requested this. Staff said that to disclose abuse without the client's full agreement would be a breach of the confidentiality policy and could seriously jeopardise their therapeutic relationship with the client. This approach reflected 2014 guidance by the Local Government Association entitled 'Making Safeguarding Personal.' However, this

Assessing and managing risk to clients and staff

- Prior to admission, the director interviewed potential clients to assess their eligibility and suitability for the programme. This interview included a risk assessment completed using a standard form. The service did not accept applications from anyone with a mental health problem or eating disorder, people who have committed sexual offences, or people with a history of violent offending or arson.
- The service had developed a list of rules and responsibilities that clients had to follow. Clients confirmed their consent to these rules and responsibilities through signing the licence agreement. Many of the rules were part of the treatment programme. For example, no drugs, alcohol or gambling were allowed on the premises. Clients were required to participate in the weekly programme of activities and carry out household tasks. There were restrictions on clients having access to mobile telephones or computers whilst engaging in the primary programme. This was because staff considered them a distraction from the activities of the programme. The "Service User Guide and Statement of Purpose" included a list of rules and responsibilities. This was given to clients prior to their admission. Bringing drugs and alcohol onto the premises or being violence towards staff or other client would result in immediate dismissal. The director said it was very rare for a client to be dismissed. The director added that the service had developed the rules over many years and that other rehabilitation environments would consider them standard practice.

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practice not consistent with the organisation's policy or the local authority's procedure on safeguarding. The organisation's policy stated that staff should report all abuse to the director. The policy did not include any guidance to staff or the director in deciding whether to report abuse. The policy did not refer to distinguishing between current and historic abuse. There was no mention of ensuring the person's safety if abuse was not disclosed and there was no consideration of whether disclosure was in the public interest. There was no procedure for recording these judgements. The difference between the policy and practice could result in staff not knowing what to do, safeguarding risks not being reported and inconsistency in staff practice.

- Staff kept all medicines in a cupboard in the office which was locked and secure. This included homely remedies, such as paracetamol, as well as prescribed medicines. Staff and clients clearly labelled all medicines with the client's name, dose and frequency of administration. The cupboard was clean, tidy and well organised. Staff kept a record for each client of medicines they had administered, including the administration of homely remedies. These records included the date, time and dose administered, along with the initials of the member of staff. A local pharmacy dispensed medicines. Staff returned clients' medicines to them when they left the service. There were no controlled drugs or emergency drugs kept at the service.
- Clients' children were able to visit. If the child was visiting with a guardian or caregiver, they stayed with the child. If the child was visiting alone, the consent of a guardian was required. Staff contacted social services to ask if the child was known to the local authority. Visits could take place in the client's bedrooms, lounges or meeting rooms. Staff did not supervise visits. However, a member of staff on duty would be aware of the visit. Visitors recorded their name and time of the visit in the visitors' book.

Track record on safety

- There had been no serious incidents within this service in the 12 months prior to the inspection.

Reporting incidents and learning from when things go wrong

- Staff recorded accidents in an accident book. There were five entries in this book covering the two years prior to the inspection. Two accidents involved staff sustaining minor burns whilst cooking. The other three accidents involved minor cuts to clients.

Duty of candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify clients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- The director assessed whether potential clients met the eligibility criteria for the service and carried out a further assessment when the new client arrived at the service. This included a psychological assessment of the client's mental state, well-being and possible suicide risk. A social circumstances assessment included details of the client's family history.
- Each new client registered with the local GP. A physical health assessment was carried out by the GP and staff held a copy of this on the client's record.
- We reviewed the care records for all five clients at the service. Care records were complete, person centred, up to date and well organised. Each care record had an individual recovery plan that the client had signed. Each client's keyworker signed a weekly update report of the client's progress. Staff kept this update on the client's record. All clients had signed a consent form to allow the service to share their data with the National Drug Treatment Monitoring System.
- Staff held all information about clients securely in the office.

Best practice in treatment and care

- The director was familiar with up to date guidance relating to the management of substance misuse. They had conducted a review of the guidance, highlighting

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the parts of the document that were relevant to the service. As a result, the service had updated its drug testing procedure, incorporated healthcare assessments in the initial induction process, developed an assessment of clients' risk of overdosing when they left and introduced a new emergency protocol for dealing with overdoses. The service had added an appendix to the GP's standard questionnaire for new patients. The appendix included screening for blood borne viruses, a sexual health check, a history of fits or blackouts, screening for ulcers and screening for deep vein thrombosis. This ensured key risks were identified when clients came to the service.

- The main form of treatment was the 12-step model of rehabilitation. Staff said they routinely used motivational interviewing and tried to nurture a sense of hope and belonging amongst the clients. Staff also provided one to one counselling sessions regularly for clients.
- If a client needed to see a specialist, they did so at the general hospital nearby.
- The service provided meals to accommodate the specific health needs of clients. A former member of staff had developed the food policy. This employee had held a diploma in nutrition.
- Staff continuously monitored each client's progress through one-to-one sessions and clients journals. Records showed that every client had a comprehensive review after three months. However, staff did not make contemporaneous records of individual counselling sessions.
- Staff were involved in regular audits to ensure the quality and safety of the services. These audits included weekly checks of clients' records, daily checks of medication, weekly fire safety checks, and monthly health and safety checks.

Skilled staff to deliver care

- Staff had considerable experience of working in the field of homelessness and substance misuse. Four members of staff had worked at the service for over 30 years. A further four members of staff had worked in this field for over 20 years. Two employees had qualifications in social work. Five staff had qualifications in counselling.

- The director held records of the date and reference number of the Disclosure and Barring Service (DBS) check for each member of staff. A DBS certificate had not been received for one member of staff due to delays at the DBS office. The director had informed CQC about this in advance and ensured the member of staff was working under supervision.
- The service had an induction programme for new employees based on the standards of the Care Certificate. This programme required the new employee to complete a checklist for each of the 12 competencies defined by the care certificate, such as understanding the role, working in a person-centred way and handling information. New employees completed this programme during the first three months. During this time, employees were not allowed to work unsupervised. Therefore, they did not do night shifts or work at weekends.
- We reviewed two supervision records at random. Both records showed the employee had participated in supervision each month. Records of these sessions were thorough, covering a review of direct working with clients, organisational administration and discussions about maintaining a positive work-life balance. All staff received an annual appraisal. We reviewed two appraisal records selected at random. These records included a review of the employee's performance, a record of training and development, and reflections of the appraiser and the employee.
- Some staff had completed specialist training for their role. The director and deputy manager had completed a training course for registered managers. One project worker had completed a course about facilitating group work. Employees discuss continuing professional development with their manager in appraisals. Staff we spoke to said they were supported to access professional development courses
- Managers addressed poor performance in supervision. The organisation had a disciplinary procedure in which managers gave verbal and written warnings that could lead to dismissal.

Multidisciplinary and inter-agency team work

- Handover meetings involving all staff took place each morning. At the meeting, staff discussed the events of the day and discussed individual risk where it was

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present. Staff used a standardised template to record events and progress of clients in writing to hand over to the next shift. We observed one handover meeting. During this meeting, staff discussed the specific practical and emotional support a client needed.

- Staff had frequent contact with the Department for Work and Pension and the housing benefit office at the local authority. This meant they were able to support clients with financial matters. This included advocating for clients in order to resolve disputes and deal with debts.

Good practice in applying the MCA (if people currently using the service have capacity, do staff know what to do if the situation changes?)

- Clients were required to have sufficient mental capacity to engage within the therapeutic programme. Within the initial assessment, the director assessed whether the applicant could understand what was involved in the programme, retain this information and communicate their views. Whilst the assessment did not refer to the components of decision making set out in the Mental Capacity Act (MCA), these were effectively covered in the interview.
- Whilst the director was familiar with the principles of the MCA, staff did not receive any training on the Act or its Code of Practice. This meant that if a client did not have capacity to make a specific decision, staff may not be able to provide support in accordance with the Act.

Equality and human rights

- The service developed individual recovery plans for each client that included specific support in relation to protected characteristics. The service had installed a stair lift to enable disabled access.

Management of transition arrangements, referral and discharge

- Clients who successfully completed the six-month primary programme moved on to the secondary programme, living more independently within the same building. Staff continued to provide support to clients on the secondary programme. When clients left the service before completing the programme, staff provided information about other services that could help. Staff gave these clients advice on the heightened

risk of taking drugs or drinking alcohol after a period of abstinence. Clients were encouraged to attend ninety 12-step meetings in ninety days to sustain their recovery.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed a caring attitude towards clients from across the staff team. Clients valued the practical support staff gave with managing financial matters and social stresses. They also said that counsellors had helped to guide them through the 12-step programme.
- We met with all five clients. Clients said they felt supported by staff and that staff were always available.
- During the daily handover meeting, we observed that all staff had a detailed knowledge and understanding of each client. Staff had an awareness of clients' specific difficulties in relation to the pressures of potential relapse. They were also aware of clients' social circumstances and support available to them from family and friends. Clients said that staff had a very good understanding of the experiences people have with alcoholism and drug addiction.

The involvement of clients in the care they receive

- Clients were fully involved in decisions about care planning and risk assessment. Clients wrote their own daily journal that provided the primary daily record of clients' therapeutic activities.
- Families could be involved in a client's programme of recovery if the client wanted this.
- The service conducted an annual quality assurance survey. This survey contained 17 questions about the responsiveness of the service and staff and the quality of the environment. In 2015, five clients completed the survey. Almost all questions achieved a score of 10 out of 10. None of questions received a score of less than eight. The director showed us cards and letters of thanks from former clients and their families.
- Clients said they were able to contribute to decisions about the programme through regular meetings or discussions with their project worker. A house meeting took place every Friday morning where clients were able

Substance misuse services

to give feedback and make requests to staff. Clients we spoke with commented that they felt any complaints, concerns or requests they raised were dealt with promptly by staff.

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

Access and discharge

- The service invited applications from men who were seeking abstinence-based recovery from addiction to drugs and alcohol. Applicants needed to be homeless, or at risk of becoming homeless, and receiving state benefits. All referrals were made by clients, who presented themselves to the service.
- During their first two weeks at the programme, clients could only leave the premises if another client accompanied them. Once they had completed the first two weeks, staff gave clients a key to the building. Clients confirmed their consent to these arrangements when they signed the licence agreement.
- Charis was a small service, with capacity for up to seven clients. There had been thirteen admissions to the service in the eleven months prior to our inspection. Clients completed the programme in six months, hence the turnover of clients was relatively low.
- There were five people on the waiting list for the service. Once accepted onto the waiting list, people could wait up to six months to be admitted. The list was closed to further applications
- During 2016, three clients had left the programme before completion. Whenever possible, they would meet with a client who intended to leave before completing the programme. At this meeting, staff would talk to the client about their reasons for leaving and give advice on the serious dangers of using drugs and alcohol after a period of abstinence. This was not always possible as some clients left the service without informing the staff. In response to this, all clients received a copy of an internal document called 'Exit Strategy Procedures'. This document included advice on the dangers of using drugs and alcohol after abstinence and details of other organisations that could provide support.

The facilities promote recovery, comfort, dignity and confidentiality

- The facilities included bedrooms, bathrooms, offices, group rooms, counselling rooms and activity rooms. Within the building, there was a calm, quiet and respectful atmosphere. There were separate interview rooms for counselling sessions. We saw one vacant bedroom. This was comfortable and well furnished. There was a comfortable lounge where clients could watch television together. There was a small library of books and DVDs. These opportunities for socialising and recreation supported the clients' recovery.
- There were quiet areas throughout the building where clients could meet with visitors.
- There were two payphones that clients could use in private.
- Clients could access a tidy and well-maintained garden.
- During their first two weeks at the programme, clients could only leave the premises if another client accompanied them. Once they had completed the first two weeks, staff gave clients a key to the building. When clients left the building, they were required to return by 9.30pm, or by 11.00pm if they were attending another 12-step group or religious meeting.
- Staff cooked all the client's meals. Clients said these meals were very good and there was always an excellent choice of food available. The service provided clients with an allowance to purchase their own fruit.
- Clients were able to make hot drinks and snacks at any time.
- Clients could personalise their bedrooms.
- Clients could lock their bedrooms, providing a secure place to store their belongings.
- There was a full range of activities throughout the week. During the weeks, the clients began the day with breakfast, followed by household tasks, prayer and meditation. There was a comprehensive programme of completing daily journals, therapy groups and one-to-one counselling. In the evenings, clients were required to attend two external 12-step meetings each

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week. On Wednesdays, clients had a free afternoon. Once a month, staff and clients arranged a trip to an event or place of interest. At weekends, the timetable of activities was less structured

Meeting the needs of all clients

- The facilities were spacious and could accommodate people with limited mobility. The service had installed a stair lift.
- Clients were required to speak English to participate in group therapy. Some clients had poor standards of literacy. This made it difficult for them to engage fully in private study and writing their journal. The service provided one-to-one literacy support to these clients and used educational CDs on the 12-step programme to assist the clients with studies.
- The service displayed information on the 12-step programme and local support services on notice boards.
- The service provided food that met the ethnic and religious needs of clients.
- The service actively encouraged clients to engage in spiritual support. The daily programme included dedicated time for prayer and meditation. The service provided bus fares for clients to attend their church, synagogue or Buddhist centre. The service provided a copy of the bible in each bedroom if it was required.

Listening to and learning from concerns and complaints

- There had been no complaints about the service in the twelve months prior to the inspection.
- The service had a formal complaints procedure. Details of this procedure were provided to each client in the 'User Guide and Statement of Purpose'. The procedure stated that clients had the right to be accompanied by another client at any meetings. The policy also provided an assurance that no victimisation would follow the making of a complaint.

Are substance misuse services well-led?

Vision and values

- The organisation was committed to providing independence, empowerment and individuality for clients. They sought to achieving this by encouraging clients to make their own choices and decisions, involving clients in the delivery and development of the service, upholding equality of opportunity, and being caring towards clients. All staff were committed to these values and we saw this during the inspection visit.
- The service reflected these values in its aims. The aims were to enable clients to break the cycle of addiction and rebuild purposeful, stable lives through the provision of high quality, comprehensive residential therapy and rehabilitation. The specific aims for 2016/17 were set out in an annual development plan. This plan included aims to improve the effectiveness of the therapeutic process, enabling clients to establish stable and purposeful lives, and to improve efficiency within the service.
- There was a small, well established staff team who all knew the director and deputy manager.

Good governance

- The director provided daily management of the service. The deputy manager supported the director. The managing committee of the Tower Hamlets Mission was responsible for the overall governance of the service. This committee had eleven members with experience in alcohol and drug recovery work, as well as a range of professional disciplines. New members of the committee received a structured induction. The managing committee met three times each year, along with additional meetings of sub-committees. The minutes from March 2016 showed the meeting was well attended. The committee heard reports from the director and secretary. The finance sub-committee and policy and procedures sub-committee also provided reports. The Tower Hamlets Mission is a registered charity.
- During the inspection, we reviewed documents that showed the governance of the service was effective. For example, mandatory training rates were high, staff received good quality supervision and appraisals, and there was an experienced staff team. Staff maximised the time they spent on direct care activities. They met every day to discuss clients' needs and progress in detail.

Substance misuse services

- The service kept basic information on the number of people admitted, the number of people who completed the programme and the number of people who discharged themselves. For example, from 1 April 2015 to 2016, 21 people had participated in the programme. Eight people successfully completed the programme had moved on to the secondary programme. The service had discharged three residents early and four residents had discharged themselves before completing the programme. The service published these figures in its annual report. The service also produced an annual quality assurance performance monitoring survey of clients' views. The director presented the results of this survey to staff and clients.
- The manager said they had sufficient authority to make decisions. Two administrators provided administration support the director, and they were well supported in their roles
- The service had a risk management policy. This included arrangements for the identification and monitoring of risk and risk evaluation. The service provided details of risks and mitigating actions relating to staff retention, a fall in admissions, changes to government policy and threats to the security of the electronic data.

Leadership, morale and staff engagement

- We interview five members of staff during the inspection. Staff were all committed to their work. Staff told us that they were happy in their work and that morale within the staff team was high. All the staff said they were supported by the director.
- None of the staff raised concerns about bullying, harassment or whistleblowing and they were confident about raising concerns if they had some.
- Staff said that the team was very supportive of each other and there was a strong sense of shared values.
- Staff said they could give feedback on the service and contribute to service at the handover meetings and through discussions in supervision sessions.

Commitment to quality improvement and innovation

- The service had been involved in a research project that was investigating the use of conscience therapy. Conscience therapy endeavours to facilitate a process of recovery from addiction.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that staff make contemporaneous records of all one-to-one sessions held with clients.
- The provider should ensure the safeguarding policy is reviewed and it is consistent with the safeguarding practice in the service

Action the provider **SHOULD** take to improve

- The provider should review the training to ensure all staff have a good understanding of the Mental Capacity Act and their responsibilities.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Staff did not make accurate, complete and contemporaneous records in respect of each one-to-one sessions with clients.</p> <p>The service must maintain accurate complete and contemporaneous records, including a record of care and treatment provided and decisions taken in relation to care and treatment provided.</p> <p>Regulation 17 (1)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The policy on safeguarding adults was not consistent with practice. The policy did not provide clear instruction on how staff should act in response to disclosures of historic abuse.</p> <p>The service must establish systems and processes to investigate allegations and evidence of abuse.</p> <p>Regulation 13 (2) and (3)</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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