

# Park View Project (Havens)

## Quality Report

30--34 Kremlin Drive  
Stoneycroft  
Liverpool  
L13 7BY  
Tel: 0151 228 9167  
Website: [www.riverside.org.uk](http://www.riverside.org.uk)

Date of inspection visit: 30 September 2016  
Date of publication: 21/11/2016

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

## Overall summary

This was an unannounced focused inspection. We went back to check on the progress that the provider told us they had made since our last inspection on 12 July 2016. At that time we issued a warning notice due to a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 15 (premises and environment).

During this inspection, we assessed how the provider had addressed those issues raised. We found significant improvements had been made and that the provider had met the requirements of the warning notice. We found:

- The building was clean and well maintained
- a deep clean of the building had been undertaken
- an increase in domestic staff had been employed to establish cleaning routines and improve standards
- cleaning schedules and guidance for clients to follow were available

- the provider had replaced or refurbished all of the bathrooms and toilets
- furniture had been replaced and there was more on order.

We had not planned to review the progress that the provider had taken in relation to a requirement notice. However, we saw improvements had been made. Immediate remedial action had been taken and there was an action plan to address a range of fire safety improvements. The provider was due to meet with the landlord to review outstanding actions.

- An external fire contractor had undertaken a detailed fire risk assessment of the building
- the provider was addressing the fire assessment
- all fire doors were closing appropriately
- a detailed zone map was placed by the fire panel.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Park View Project (Havens)	3
Our inspection team	3
Why we carried out this inspection	3
How we carried out this inspection	4
What people who use the service say	4
The five questions we ask about services and what we found	5

### Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	6
---	---

# Summary of this inspection

## Background to Park View Project (Havens)

- The Riverside Group Limited provides Park View Project (Havens). It was registered under The Riverside Group Limited on 11 April 2016 to provide accommodation for persons who require treatment for substance misuse
- The project provides residential substance misuse services for adults aged from 18 years. The majority of clients are resident within the city of Liverpool area, although this is not a requirement of admission.
- Havens provides abstinence-based residential treatment in a 29 bed unit. This is delivered via a 12-step programme. The focus is on recovery from alcohol misuse however many clients have concurrent drug or other addictions also.
- There is a structured programme which includes group and individual therapy, participation in therapeutic activities, which include cooking and cleaning for the group and attendance at community based specialist addiction groups.
- There are no medical interventions offered during the admission except for registration with a local GP practice. Clients complete detoxification prior to admission. A requirement of the programme is to remain abstinent from alcohol, drugs, or non-prescribed medications for the duration of admission.
- The 12-step programme is delivered in two stages: the primary stage at Havens and the secondary stage at Unity House. Unity House is another residential substance misuse service in the same neighbourhood. It is also provided by Riverside Group Limited. Clients complete steps one to five of the 12-step programme at Havens then automatically transfer to the secondary stage at Unity House.
- Referrals are accepted from a range of services. These include the criminal justice system, GPs, mental health teams and local hospitals. Self-referrals are encouraged.
- When offered a place on the programme clients receive a tenancy agreement funded through housing benefit. There is an additional service charge funded by the client.
- At the time of this inspection, there was an interim manager in post. They were undertaking the role and responsibility of the registered manager. A permanent replacement was being recruited. There was an operations manager and a newly appointed team manager.
- The programme was available to men and women over the age of 18 years.

## Our inspection team

The team that inspected Park View project (Havens) comprised two CQC inspectors and was led by Paula Cunningham, CQC inspector.

## Why we carried out this inspection

We undertook this inspection to find out whether the provider had made improvements at Park View Project (Havens) since our comprehensive inspection on 12 July 2016. Following that inspection we issued a warning notice. This unannounced inspection was to check what actions the provider had taken to rectify those concerns.

We issued the provider with a warning notice. This related to:

- Areas of the premises were not clean or properly maintained. We saw mould in the bathrooms. Shower enclosures had ingrained dirt, cracked tiles and poorly applied/decaying sealant.

# Summary of this inspection

- Cleaning mops were not being used according to their colour codes, meaning that there was no way of ensuring that mops used to clean toilet floors were not also used to clean the dining room and kitchen.
- There were no procedures for ensuring the building was properly cleaned, or for ensuring that appropriate infection control measures were in place.

We issued the provider with a warning notice. This related to Regulation 15, (1)(2), premises and environment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also issued the provider with a requirement notice. This was because:

- There were fire safety measures in place. However, on the day of inspection we had to notify the operational manager that two fire doors were not fully closing.
- The planned fire alarm activation test had not occurred as required.
- There was no corresponding code to explain which areas of the building corresponded with the zones on the fire panel.

The requirement notice related to Regulation 17, (2)(b), good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## How we carried out this inspection

We asked the following question:

- is it safe

On this inspection we assessed whether Park View Project (Havens) had made improvements to the specific concerns we identified during our last inspection. We found that the provider was fully compliant with regulation 15.

We found that the provider had an action plan for addressing the issues identified under regulation 17.

These did not require completion by the time of this unannounced inspection. However, we noted that action had been taken to address immediate environmental concerns.

During the inspection visit, the inspection team:

- Visited the building and looked at the quality and the cleanliness of the environment.
- Interviewed the regional manager with responsibility for the service.
- Interviewed the acting manager.
- Looked at a range of policies, procedures and other documents relating to infection control and fire safety.

## What people who use the service say

We did not interview any clients during this inspection.

# 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?**

- The building was clean and well kept. External contractors had undertaken a deep clean of the building. Domestic staff had been employed to establish cleaning routines and standards. They were working alongside the clients to support them developing skills around these.
- The provider had implemented cleaning schedules and guidance and the building was clean and well maintained.
- The provider had replaced or refurbished all of the bathrooms and toilets.
- Some furniture had been replaced and there was more on order.

The provider had developed an action plan to address the issues which resulted in a requirement notice. We saw that:

- An external fire contractor had undertaken a detailed fire risk assessment of the building.
- A detailed action plan had been developed to address the issues raised in the fire risk assessment.
- All fire doors were closing fully.
- A detailed zone map was placed by the fire panel.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

We did not review the use of the Mental Capacity Act at this inspection.

# Substance misuse services

## Safe

### Are substance misuse services safe?

#### Safe and clean environment

Following the inspection in July 2016 we issued the provider with a requirement notice for breach of regulation 17, (good governance). Two fire doors were not fully closing as required. A fire alarm test should have been undertaken but did not occur. The provider informed us that the maintenance person who would usually undertake the tests was not in work that week. There was no description of the building zones to assist with the location of a fire. We pointed out these concerns to the operational manager. They advised the issues would be dealt with immediately. We received confirmation that action had been taken the following day.

During this inspection the provider shared a fire risk assessment that had been undertaken in the building. This had been completed since July 2016 and had been undertaken by an independent contractor. We saw a number of recommendations for improvements had been made and an action plan developed to address these. Some actions had already been taken specifically fire extinguishers had been checked, all fire doors were closing properly and an explanation of the building zones had been located next to the fire alarm panel. The provider was meeting with the landlord the following week to discuss the additional requirements identified within the fire risk assessment and agree a programme of work to address these.

Following the inspection in July 2016 we issued the provider with a warning notice for breach of regulation 15 (premises and equipment). At that time we saw that clients were responsible for cooking and cleaning. This was part of the programme's therapeutic activities. However there was no guidance for clients to follow to ensure they were cleaning appropriately and no systems or checks in place to monitor the standards. Areas of the premises were not clean or properly maintained and there were no effective infection prevention control measures.

In July 2016, there was mould in the bathrooms and shower enclosures had ingrained dirt, cracked tiles and poorly applied/decaying sealant. Cleaning mops were not being used according to their colour codes, meaning that there was no way of ensuring that mops used to clean toilet floors were not also used to clean the dining room and kitchen. There was no process for ensuring that mops were cleaned effectively after use.

When we returned for this inspection the building was clean and well kept. External contractors had undertaken a deep clean of the building. Domestic staff had been employed to establish cleaning routines and standards. They were spending five days per week working for the provider. This time was divided between this location and the sister service located at Unity House. They were working alongside the clients to support them developing cleaning skills. Cleaning schedules had been put in place and there was evidence that these were being audited to ensure good quality cleaning was taking place. There was guidance throughout the building to ensure clients knew which types of cleaning equipment to use for which areas. This included colour coded mops and buckets and these were being stored in an appropriate area to maintain their cleanliness.

Baths and showers throughout the building had been replaced or refurbished. New sealant had been applied and cracked tiles addressed. Shower curtains had been replaced with shower screens. Bathrooms that had multiple shower enclosures had been redesigned to single use showers.

The communal areas throughout the building had been painted and in addition to being clean the areas were bright and well maintained. New dining furniture had been provided and new chairs ordered for the group rooms where therapy was undertaken. A permanent maintenance staff member had been appointed to oversee ongoing maintenance and general upkeep of the building.