

# Mount Carmel

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

- The provider had failed to identify significant risks within the premises and risks presented by and to clients. There was a lack of awareness of the need for rigorous risk assessments throughout the service. As a result of this, risks were not identified and steps were not being taken to mitigate any risks.
- The provider had not carried out an assessment to determine whether there were sufficient staff on duty at any time to meet the needs of clients and ensure they were safe at all times. The provider had not assessed the risks of arrangements for giving responsibilities to clients designated as house leaders. There were no records of the competency of house leaders being assessed.
- The provider did not have effective arrangements in place to assess, monitor and improve the quality and safety of services provided.
- The service did not have adequate arrangements in place to assess the risk of, prevent or to control the spread of infections. No action was taken to ensure the main fridge, storing clients' food, was kept at the correct temperature after records showed the temperature was too high.

# Summary of findings

- The service had not carried out checks on people before they became volunteers at the service. Staff supervision records were kept at home by supervising staff. They were not available at the service and staff could not access their own records.
- Clients were not able to store their own medicines securely and make sure no one else could access them. Medicines administration records did not include a list of any allergies.
- Children were able to visit the premises without supervision or staff being present. There were no records kept of children visiting the premises. Staff had not received training in safeguarding children.

As a result of our serious concerns about the service we served a warning notice on the provider. We asked them to make urgent improvements to the service and take steps to protect clients from avoidable harm.

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

- Current and former clients were overwhelmingly positive about the service. They told us that the service had transformed their lives, and that staff were professional and caring.
- Once someone had been a client at the service, Mount Carmel offered free after care for life.
- Treatment at the service was based on the well-established 12-step programme, along with acupuncture, meditation and yoga.
- The service provided joint counselling sessions in which two counsellors would facilitate conversations between clients and their partners.
- The staff team was skilled and experienced. Morale within the staff team was very positive and staff were motivated by the achievements of their clients.

# Summary of findings

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# Mount Carmel

**Services we looked at**

Substance misuse services

# Summary of this inspection

## Background to Mount Carmel

Mount Carmel provides residential rehabilitation for people with serious alcohol problems. The primary model of treatment offered at the service is the 12 step programme. This programme is supplemented by therapy groups, peer support and individual counselling sessions. The service also provides yoga, acupuncture and meditation.

At the time of the inspection, all clients were funded by their local authority. The service could accept people who were funding themselves.

The service is registered to provide the following regulated activity:

- Accommodation for persons who require treatment for substance misuse.

There was a registered manager in post at the time of the inspection.

Mount Carmel has been registered under the Health and Social Care Act 2008 since 7 January 2011. There have been four inspections carried out at Mount Carmel since that time. During an inspection on 11 December 2012, it was found that action was needed in relation to regulation nine, Management of Medicines. A follow-up inspection on 28 January 2013 found that these concerns had been addressed. The most recent inspection was conducted on 24 September 2014. On this inspection the service was found to be meeting all essential standards, now known as fundamental standards.

## Our inspection team

The inspection team comprised of two inspectors and a specialist advisor who was a nurse who had experience working in a substance misuse service.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- Visited the location, looked at the quality of the physical environment and observed how staff were caring for clients
- Spoke with five clients including the house leader and deputy house leader, and three former clients

# Summary of this inspection

- Spoke with the registered manager and the chair of the management committee
- Spoke with six other staff members employed by the service provider, including a nurse, social worker and counsellors
- Spoke with one care co-ordinator who placed clients at the service
- Attended and observed a hand-over meeting
- Looked at eleven admission forms and two care and treatment records, including medicines records, for clients
- Looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with five clients. Two former clients spoke to us about their experiences of being at the service and we spoke with one former client who now volunteered for the service, cooking evening meals for the current residents. Comments from all of these people were very positive.

Two clients said they valued the structure of the treatment programme and the boundaries that were in place. They said that this helped them to feel safe at the service. This included feeling safe at night as they knew on-call staff could be contacted at any time.

None of the clients had experienced abusive or aggressive behaviour and they felt confident that they could report any concerns to staff if incidents did arise.

Clients told us that the service had led to very positive changes in addition to achieving abstinence from alcohol. For example, one client had mobility problems when they arrived and had to walk with a stick. After a programme of acupuncture, yoga and staff encouraging them to walk they no longer needed the stick. Another client said that they isolated and neglected themselves when they arrived at the service. They said they had overcome these problems with the support and encouragement from staff. One client said they had overcome a fear of travelling on buses.

Clients told us that staff cared about them. One client told us that they had been admitted to a general hospital for two nights. They said that staff stayed in contact with them throughout the admission. A former client described how they had pushed the boundaries of the service and staff responded with care and compassion.

Clients spoke positively about the individual support sessions that were provided according to the client's need. One former client told us they had had up to three individual sessions each week in addition to a programme of cognitive behavioural therapy.

Two clients who had been appointed to the voluntary roles of house leader and deputy house leader said that they valued the opportunity to take on responsibility for themselves and other clients as part of the therapeutic programme. These activities involved cleaning the premises, supporting other clients and being responsible for contacting on-call staff outside office hours.

Clients also felt reassured by the service offering to provide support for the rest of their lives if they needed it.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We do not currently rate standalone substance misuse services.

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

- The provider had failed to identify significant risks within the premises. As a result, action was not being taken to mitigate these risks. Risks throughout the premises included unrestricted access to kitchen knives, cleaning materials, the absence of alarms, the absence of records of people entering and leaving the building and bedroom doors that could not be locked.
- There was no recognised tool used for assessing the risks presented by and to clients and staff did not receive training in conducting risk assessments.
- Staff were only present at the service between 8.am and 7.30pm during the week, and between 10am and 5pm at weekends. Outside these hours, a client was appointed as house leader and was responsible for contacting on-call staff if any problems arose. The risks of this arrangement had not been assessed.
- Clients did not have facilities to store their medicines securely.
- There were no single sex areas in the residential part of the building.
- The temperature of the fridge was above the required maximum temperature on 15 out of the 25 days before the inspection.
- The service did not have adequate arrangements in place to assess the risk of, prevent or to control the spread of, infections. Medicines administration records did not include a list of clients' allergies or the details of the person who had prepared the record.
- The record of contacts made with the on-call member of staff did not identify which member of staff was contacted.

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

- Clients told us they felt safe at the service.

### Are services effective?

We do not currently rate standalone substance misuse services.

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

# Summary of this inspection

- Some volunteers had not been checked with the Disclosure and Barring Service (DBS).
- Records of staff supervision were kept at the home of the supervisor. This meant that there was a risk that confidential information was not being securely maintained.
- Some volunteers preparing meals for residents had not completed a food hygiene certificate.
- The provider did not have a consistent way of recording incidents.

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

- On average, 78% of clients completed the treatment programme successfully.
- The service provided was consistent with guidance issued by the National Institute for Health and Care Excellence.
- There was a skilled and experienced staff team that included registered mental health nurses, a social worker, counsellors and support workers.
- Staff were encouraged and supported to complete specialist training.
- Staff and care co-ordinators spoke positively about how the service kept the commissioning local authority informed of the client's progress.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were overwhelmingly positive about the staff and the service overall. People told us that the service had transformed their lives. Clients said staff were caring and professional.
- We observed staff interacting positively with clients, acknowledging the difficulties they needed to overcome and celebrating clients' achievements.

## Are services responsive?

We do not currently rate standalone substance misuse services.

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

- There were no facilities for residents to store their medicines and possessions securely.

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

- The length of stay at the service was between three and six months depending on the progress the client had made.



# Summary of this inspection

- There was a full programme of therapeutic activities throughout the week.
- Once someone had been a client at the service, Mount Carmel offered free after care for life.
- Former clients cooked meals for residents on a voluntary basis, ensuring that balanced and nutritious meals were available.
- For some clients, the service provided joint counselling sessions in which two counsellors would facilitate conversations between clients and their partners.

## Are services well-led?

We do not currently rate standalone substance misuse services.

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

- The provider did not have effective arrangements in place to assess, monitor and improve the quality and safety of services provided. The service did not carry out sufficient audits of health, safety and quality of services and had failed to identify serious shortfalls in risk assessment that left clients at risk of avoidable harm.

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

- Staff were committed to the organisation's vision and values.
- The service had systems in place to monitor staff training.
- The service had recently introduced key performance indicators (KPIs) covering the percentage of clients successfully completing the programme, the number of safety incidents and complaints, the financial surplus/deficit and the number of referrals. These KPIs were monitored consistently each month.
- Morale within the staff team was good. Staff had a strong sense of job satisfaction and were motivated by the achievements of their clients.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

The manager told us that all clients had capacity to make decisions about admission to the service and participating in the treatment programme. They said it

would be unusual for a client to present as potentially lacking capacity. However, all staff had received training in the Mental Capacity Act and a statement of the principles of the Act was displayed in the staff offices.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

- The service was provided in a large property in a quiet residential area. The property had 18 bedrooms situated in the upper storeys. On the ground floor there was an office, kitchen, dining room and areas for group meetings.
- Clients had unrestricted access to a fully equipped kitchen with a comprehensive range of kitchen knives stored in an unlocked drawer. There were cleaning materials, including bleach and other detergents, throughout the building. These were kept on shelves, on top of cisterns and next to toilets. The doors to clients' bedrooms could not be locked. We checked referral forms of clients using the service. Five of these forms indicated that the clients presented a risk of harm to themselves. All five of these clients had previously attempted suicide, of which four also had a history of self-harm. There was no environmental risk assessment to show that the risks had been identified and, consequently, no evidence to show how the risks were being mitigated.
- The service accommodated both male and female clients. The 18 single bedrooms did not have en-suite facilities. Staff told us that rooms tended to be allocated to male and female clients on different floors of the building. However, bathrooms, showers and toilets were not provided on all floors. Some clients had to walk through areas occupied by another sex to reach toilets and bathrooms. For some clients, this meant walking up and down stairs. There was no signage to indicate which bedroom corridors, toilets and bathrooms were designated for men or women. There were separate lounges for men and women on the ground floor.
- Medicines held by staff at the service were kept in a locked cupboard in an office. There was no sink in this room which meant that people could not wash their hands before and after handling medicines. There was no clinic room or resuscitation equipment. In the event of an emergency, staff or clients would contact the emergency services.
- The property was reasonably clean and well-maintained. Furnishings and the kitchen units showed signs of wear. In some areas there were marks on the walls and paint was peeling off radiators. Cleaning was carried out by clients in accordance with a fortnightly rota displayed on a notice board. There was no record to show that the cleaning tasks had been completed. Whilst daily cleaning activities were taking place, there was no evidence of a more thorough deep clean taking place.
- The temperature of the main fridge in the kitchen was checked each day and written on a record sheet. The records sheet stated that the temperature should not exceed three degrees centigrade. On 15 of the previous 25 days, temperatures had been recorded above three degrees, reaching eight degrees and nine degrees on some occasions. No action had been taken to resolve this, raising the risk of harmful bacteria causing infections.
- Health and safety audits had been carried out by the administrator in May 2016, October 2015 and June 2015. These included checks of fire extinguishers, bins, sockets, trailing wires, cleaning materials and fire doors. The audits did not include an audit of infection control. One bin in a toilet did not have a lid. Disposable towels were not always placed in dispensers. These towels were in a pile next to the taps. In a staff meeting room

# Substance misuse services

we found ant powder and window cleaner stored on top of a filing cabinet amongst a range of condiments. There was no environmental risk assessment. This meant that there was a heightened risk of infections spreading.

- Equipment was clean. Stickers showing that portable appliance tests had been completed were in date.
- The premises had a fire alarm that was tested and maintained by a contractor. There were no other call buttons or alarms at the premises. Staff were not provided with personal alarms.

## Safe staffing

- Staff were on-site between 8am and 7.30pm. The service operated three shifts from 8am to 3pm, from 10am to 5pm and from 12.30pm to 7.30pm. This system meant there were between two and six members of staff on duty during the day. All staff were on shift for the daily handover at 12.30pm. On Saturday and Sunday there were two members of staff on site between 10am and 5pm.
- Outside these hours, a senior member of staff was on call. On-call duties were shared between three senior members of staff. There was a rota for these duties. The manager told us that these members of staff lived locally and that they could be at the property within half an hour. However, there was no policy on the requirements of the on-call member of staff. Responsibility for contacting staff outside the working hours rested with a client who was appointed by the staff team as the house leader. They were supported by a deputy house leader who was also appointed by the staff team.
- The staffing rota showed that at times there was only one member of staff on site at weekends. The manager told us this would occur if there was a low number of residents. There was no policy that stated the point at which staffing would reduce from two to one member of staff at weekends. There was no assessment of the risks that these staffing arrangements presented. Failure to assess the risk of staffing arrangements could result in clients being at risk of avoidable harm.
- The service did not use bank or agency staff.
- There were sufficient staff to ensure that clients received one-to-one time with a member of staff each week.

- All clients were required to be registered with the local GP. Clients saw the GP if they had any concerns about their physical health. Staff supported clients to attend the GP if necessary. In an emergency, a member of staff or the house leader contacted the emergency services.
- The policy on training and continuing professional development did not include a list of training that was mandatory. However, all staff had received training in fire safety and adult safeguarding. The nurses, social worker, senior counsellor and support workers had received training in dispensing medicines, fire safety, infection control and the Mental Capacity Act. Nine members of staff had completed first aid training.

## Assessing and managing risk to clients and staff

- Staff did not carry out individual risk assessments when clients were admitted. An admission form set out the client's history in relation to their family, drug and alcohol, physical health, and mental health history along with a list of and offences and convictions. In eight out of 11 admission forms we checked, information was based entirely on the client's own testament. Only three records included details of the client's history provided by the referring local authority.
- Staff did not use a recognised risk assessment tool. None of the staff had received training in completing risk assessments.
- The service had a list of rules that formed part of the therapeutic programme. On admission, clients signed a form to confirm they gave consent to any restrictions that these rules placed upon them. If a client did not abide by these rules they would, in the first instance, have a discussion with a member of staff. Continued non-compliance would lead to a verbal warning and, if the concerns were not addressed, a written warning would be given. The clients care co-ordinator would be informed of any warning. Persistent non-compliance would lead to a person being discharged.
- The service had not made any safeguarding alerts related to children or adults. Staff had received in-house training on safeguarding adults. Staff told us that if they were concerned about a possible safeguarding matter they would discuss this with the manager who would contact the local authority. The provider had organised safeguarding training for the week after the inspection. Staff did not receive training in safeguarding children.

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This was not consistent with the provider's child protection procedures stating that Mount Carmel will ensure staff understand their responsibility in being alert to the signs of abuse. There was a risk that staff would not know how to respond if a client disclosed concerns about a child or if an allegation was made about abuse of a child whilst visiting the premises.

- Staff breathalysed clients if they were suspected of drinking alcohol.
- When clients first arrived at the service, prescription medicines was handed to staff and kept in a locked cupboard in an office for daily dispensing. An initial medicines administration record (MAR) was prepared by staff. Medicines could be administered by any member of staff. In the first days of admission, clients registered with the local GP who prescribed medication that was dispensed by a local pharmacist and accompanied by an MAR prepared by the pharmacist. These MARs did not include a list of any allergies a client had or the signature of the person who had prepared the record. Staff continued to store medication and dispense daily for the first week of admission. After the first week of admission, staff spoke to the client about whether they understood the purpose of the medication and understood the instructions for taking any tablets. There were no records of the assessments of clients' understanding of the instructions. However, if clients appeared to understand this, a weekly dose of medication was provided in a dosette box. The dosette box was divided into days of the week so medication for different times of the day were stored together. By storing unlabelled medication together, clients may not be able to identify the correct tablets, raising the risks of them taking incorrect doses with possible adverse side effects.
- The medication given to clients weekly was kept by clients in their bedrooms. Bedroom doors were not locked and there were no lockable cabinets in the rooms. Therefore, there was unrestricted access to medication. Out of office hours, the house leader was provided with eight paracetamol tablets each evening. They could administer these tablets to clients. The house leader telephoned the on-call member of staff who authorised the dispensing of these tablets by telephone. The administering of these tablets was recorded in the 'bleep-book' which included all contact

with on-call staff. This practice was not included in the medicines policy. House leaders did not receive training administering paracetamol and may not be aware of the risks and potential adverse effects of this medication. The service had not assessed the risks of these arrangements. For example, the authorising bleep holder would not have access to client records and may be unaware of the client's medical history. This risk is exacerbated by clients having a heightened risk of liver disease.

- Children were able to visit the premises. There was risk assessment or formal oversight of these visits. When clients arranged for their children to visit at weekends, they were asked to include this in their written weekend plans which were prepared with staff each Friday. Clients were asked to complete a form with the child's name and sign an agreement to say that they would take responsibility for the child. Visits from children who were looked after by the local authority were supervised by someone appointed by that authority. Other visits were not supervised. Visits could take place when staff were not on site. There were no records kept of when children had visited.

## Track record on safety

- There were no entries in the incident book. However, there were entries in another book called the 'bleep book'. This showed that there was a lack of clarity regarding what an incident was.
- There were 39 entries in the accident book which began in January 2009.

## Reporting incidents and learning from when things go wrong

- When the house leader called the on-call member of staff, this was recorded in the 'bleep-book'. The majority of entries in this book did not include a signature or any indication of who made the entry.
- Incidents were discussed in daily handover meetings.

## Duty of candour

- Staff showed that they acted in an open and transparent way, and were willing to apologise to clients when mistakes were made. For example, the manager told us they had apologised to a client after staff had failed to address a conflict the client had had with another client.

# Substance misuse services

There had been no notifiable safety incidents that required the service to notify the relevant person and provide support in relation to that incident. However, staff did not receive training in their duty of candour and there was no guidance available to them.

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

### Assessment of needs and planning of care

- Clients were assessed in order to develop a recovery plan within the first days of their admission.
- We checked 11 client records. Each client record contained a detailed medical history from their GP. Clients were required to register with a local GP. Ongoing monitoring of physical health problems was done by the GP.
- Recovery plans were generic. Plans did not clearly state the actions that would be taken to support the client's recovery. Plans did not set out the client's strengths or goals they were seeking to achieve. As a result, it was unclear what the service was actually doing to help the clients address their specific needs, such as mental health needs that may have a significant impact on the client's alcohol use and ability to manage stressful situations. There was a risk that these individual needs could be ignored. Clients had a one-to-one session with a member of staff to discuss their progress at least once a week. Some plans were updated after each session.
- Client records were stored in the staff office. Clients' personal information was stored in a locked filing cabinet.

### Best practice in treatment and care

- The primary model of treatment offered at the service was the 12 step programme. This programme was supplemented by therapy groups, peer support and individual counselling sessions. The service also provided yoga, acupuncture and meditation.
- In the four months from April to July 2016, 78% of clients admitted to the service completed the programme successfully.
- Staff told us they were not familiar with guidance issued by the National Institute for Health and Care Excellence

(NICE). However, many areas of practice at the service generally reflected these guidelines which were relevant to the user group. For example, motivational interviewing formed part of the service. This involved helping people recognise problems or potential problems related to drinking, resolving ambivalence, encouraging positive change and belief in the ability to change and adopting a persuasive and supportive approach rather than an argumentative approach. Case management was provided by the care co-ordinator at the commissioning local authority.

- All clients were required to register with the local GP and were encouraged to register with a dentist. Some clients had been referred to specialist services at the local general hospital and were supported by staff to attend these appointments if necessary.
- The clients progressed through three stages of treatment. During the first month of admission, clients were placed in a primary group which provided an introduction to basic therapy groups. Following evaluation by the other clients and staff, the client would then move to a transitional stage of treatment that involved more intense therapy. In the final, secondary stage of treatment, clients would work on producing a story of their lives and work to understand the barriers to their recovery. The service did not use recognised rating scales to assess and record severity and outcomes. This meant that the effectiveness of the programme was not being measured.

### Skilled staff to deliver care

- The staff team was made up of a manager, deputy manager, senior counsellor, clinical practitioner, social worker, four counsellors, a support worker and two administrators.
- The staff team was stable, with most employees having worked at the service for a long time. Within this team, two members of staff were registered nurses and one was a social worker. Professional registration for these three members of staff was up to date. The recruitment policy stated that applicant's qualifications, references and criminal records would be checked. Checks had been made with the Disclosure and Barring Service (DBS) for all staff in the last three years. However, the recruitment policy did not provide a process for



# Substance misuse services

assessing whether the disclosure of convictions would prevent an applicant from being employed by the service. A volunteer providing acupuncture had been checked with the DBS.

- Former clients cooked the evening meal for current residents on a voluntary basis. Only three out of five volunteers who cooked the evening meal on the week of the inspection had a food safety certificate. Another former client said they helped to run a study group on a voluntary basis. None of these volunteers had a DBS certificate although this was required by the organisation's policy for students and volunteers. The manager said that participation in these voluntary activities was part of therapy and, therefore, DBS certificates were not required. This meant that there was a risk that clients' may be exposed to risk related to those who worked as volunteers in the service.
- The induction policy stated that each new employee, student and volunteer received orientation to facilities, emergency procedures, fire procedures, health and safety and safeguarding procedures. One member of staff had recently joined the organisation. They said that they began working in their role straight away and that they were given a form to fill in to show that they had completed induction tasks. This meant that the induction policy had not been followed.
- The supervision policy said that staff received formal supervision six times each year. The deputy manager showed us record of the dates on which supervision sessions had taken place. The frequency of supervision was in accordance with the policy. However, we were unable to read the notes of these sessions as records were kept by the supervisors at their homes. This meant that confidential staff records were not held securely. All staff had received an appraisal in the year prior to the inspection.
- The service had supported staff to complete specialist training, such as the Diploma in Counselling awarded by the Counselling and Psychotherapy Central Awarding Body. A counsellor told us that the service had funded their training in cognitive behavioural therapy.
- Poor practice was addressed through the supervision process.

## Multidisciplinary and inter-agency team work

- Team meetings were held once a month and attended by seven to 12 members of staff. At team meetings staff discussed practical matters relating to the delivery of the service such as rotas and health and safety matters.
- Handover meetings took place at lunchtime each day when the early and later shifts overlapped. During these meetings each client was discussed in depth. Notes were recorded in the client's record.
- A care manager who had placed a number of clients at the service said that communication with the staff team about the progress their clients were making was very good. She said that 90% of people she had placed with the service had completed the programme. The care co-ordinator and manager told us that support was provided to homeless clients in securing housing when they left the service. Staff also supported clients to visit the GP and attend the local hospital.

## Good practice in applying the MCA

- The manager told us that all clients had capacity to make decisions about admission to the service and participating in the treatment programme. They said it would be unusual for a client to present as potentially lacking capacity. However, all staff had received training in the Mental Capacity Act and a statement of the principles of the Act was displayed in the staff offices.

## Equality and human rights

- The service provided care and treatment according to the individual needs of each resident.

## Management of transition arrangements, referral and discharge

- Referrals were made by either the client themselves if they were self-funding, or by the commissioning local authority. Some clients were admitted directly from detoxification services.

## Are substance misuse services caring?

## Kindness, dignity, respect and support

- We observed interactions between staff and clients at an event to acknowledge the achievements of a client

# Substance misuse services

who was leaving the service. Staff showed a very positive attitude towards clients, recognising the difficulties they had overcome and congratulating them on their achievements.

- Current and former clients were very positive about the support they had received from staff. They told us that the service had transformed their lives. All clients said that staff really cared and provided encouragement. Clients spoke positively about the nature of the treatment programme highlighting how they valued the structure and boundaries of the programme. Clients also said they felt safe at the service. They said that staff managed difficult situations well and responded to clients challenging the boundaries of the service with care and compassion.
- During the handover meeting we observed, staff showed they had a very thorough understanding of the individual needs of clients. Clients said they valued the individual counselling sessions they had with staff.

## The involvement of clients in the care they receive

- When new clients were admitted they were shown around the premises and introduced to staff and clients. Staff met with them to discuss the treatment programme and the rules by which residents needed to abide. New clients were encouraged to attend one of the groups within the first 24 hours. New clients also had their first individual counselling session within the first 24 hours.
- The 12 step programme was dependent on clients' active involvement and participation. Clients met with their allocated member of staff each week to discuss their progress.
- The service encouraged the involvement of families and carers. The service ran groups for families to help them understand the treatment programme and provide mutual support. Families and friends were invited to attend the annual barbecue. For some clients, the service provided joint counselling sessions in which two counsellors would facilitate conversations between clients and their partners.
- Community meetings were held each week as part of the therapeutic programme. The management committee had held a 'surgery' in May 2016 and November 2015 at which clients could speak to them

about any concerns independently of the staff. At the surgery in May, two clients approached the committee member to say thank you for the service they received. In November, one client suggested an additional issue for therapy to address and another client requested more advice on money and managing debts. There were no complaints.

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

### Access and discharge

- Most clients accessed the service through a referral from a local authority substance misuse service or community mental health team. Some clients funded their admission themselves, although there were no self-funding residents at the time of the inspection. Some clients were admitted directly from detoxification services. Discharges were planned for when clients completed the programme. If a client left due to relapse or chose not to complete the programme, their care co-ordinator was contacted and staff provided advice on the risks of drinking after a period of abstinence.
- The length of stay at the service was between three and six months. The organisation had two houses in the community that clients could be discharged to if they did not have their own accommodation. The organisation offered a life-long follow-up service which allowed former clients to return to the service at any time to meet with a counsellor or support worker. The follow up service was highly valued by clients.
- During the four months before the inspection there were, on average, nine clients staying at the service at any one time.
- Referrals could be accepted from anywhere in the country, but most clients were admitted from the surrounding areas of South London.

### The facilities promote recovery, comfort, dignity and confidentiality

- The premises had rooms large enough for groups, along with smaller rooms for individual interviews.



# Substance misuse services

- There were separate lounges for male and female clients. Clients could meet visitors in these lounges or in the dining room.
- Clients were not permitted to have mobile telephones as there were considered to be a distraction from the therapeutic programme. There were two payphones. One payphone was installed in a basement area to ensure greater privacy.
- There was a well-kept garden where clients could smoke, and a summerhouse that could also be used for therapeutic meetings.
- The weekly menu showed that a variety of balanced and nutritious meals were provided for clients throughout the week. Meals were prepared in the kitchen. Clients told us that the meals were of a high standard. The service had a food hygiene rating issued by the local authority of four out of five.
- There was a small kitchen where clients could make hot drinks and snacks throughout the day.
- Clients were able to personalise their bedrooms. We saw some clients had pictures of their families and other personal items in their rooms.
- There were no facilities for clients to store their possessions securely.
- There was a timetable of groups and activities throughout the week. Most therapeutic groups took place between Monday and Friday. Individual sessions with counsellors and support workers took place at weekends.

## Meeting the needs of all clients

- The residential service was not accessible to people using wheelchairs. The service could be provided to clients with mobility impairments attending each day. The service had supported a client with visual impairments by providing documents in a large font.
- The 12 step recovery programme run by the service was carried out in English. The service did provide information about support available to people who spoke other languages, including a list of alcoholics anonymous meetings that were held locally in Spanish.
- On admission, clients received an information booklet. This included details of how clients could submit

suggestions or complaints to the manager, the management committee or to the CQC. Complaints regarding the premises could be sent to the Housing Trust that had responsibility as the landlord. Details of the doctors surgery where clients must register was also included, although there was no information about other local services.

- Meals were prepared on site and could be made to meet the specific dietary requirements of clients.
- Clients could attend religious groups in the community.
- The service was part of a network of organisations providing substance misuse recovery services. This network was known as Choices. Members of this network had an arrangement that if a service could not accommodate the specific needs of a client they would refer them to another member of the network. For example, a female client who wanted to be treated within a female only environment could be offered a place with another organisation within the network that offered this service.

## Listening to and learning from concerns and complaints

- The service had a complaints procedure. The procedure set out a four stage process that began with a discussion with a member staff, and escalated to an investigation by the management committee.
- Clients were given information on how to complain in the information booklet. This booklet gave an assurance that clients and families would not be victimised in any way for making a complaint.
- There had been no complaints in the 12 months prior to the inspection. Clients told us they would speak to the manager if they had any concerns.

## Are substance misuse services well-led?

### Vision and values

- There was a strong sense of vision and values among both staff and clients. The service had a written statement of the philosophy on which the treatment

# Substance misuse services

programme was based. This philosophy included a statement that clients deserve the best available treatment and that treatment should be tailored to individual specific needs.

- The chair of the management committee was developing a board assurance framework that set out six key objectives for the service. These objectives were consistent with the values and philosophy, including the provision of the most effective treatment. However, this document was in the early stages of development and had not been presented to the management committee.
- The manager was well known to all the staff and clients. Staff and clients were also able to attend meetings of the management committee.

## Good governance

- Day to day management of the service was provided by the manager, supported by the deputy. Governance was provided by a management committee that met four times each year. The management committee was made up of the directors of the organisation, Mount Carmel Hostel for Recovering Alcoholics, and the service manager. At least half of the management committee were former clients.
- There were systems in place to ensure that staff completed key training courses, and received supervision and appraisal. Shifts were covered by the required numbers of staff. The staff team had recently been strengthened by the appointment of a further registered mental health nurse. The service was focused on the needs of clients, and staff maximised the time spent on directly providing care. Staff were aware of the Mental Capacity Act, although it was unlikely that clients would lack capacity to make decisions relating to their admission, care or treatment
- There was no evidence of formal audits taking place. A member of the management committee had carried out an inspection of the service in April 2016 and October 2015. However, there was no evidence to show that people carrying out these inspections had had any training in this, or had a clear understanding of what they were looking for. As a result, records of these inspections were very brief, providing a couple of sentences about discussions with staff and clients. Comments on other aspects of service were limited to

‘inspected’ or were left blank. The inspection in October 2015 stated that the handle on the door to the boiler room needed replacing. No other actions were identified. This meant that risks were not being identified and the management committee remained oblivious to risks arising from unrestricted access to kitchen knives, the absence of alarms, there being no system for monitoring who was on the premises, the absence of locks on bedrooms, children visiting the premises and unsecured medication in client’s bedrooms.

- The chair of the management committee was developing key performance indicators (KPIs). These covered the percentage of clients successfully completing the programme, the number of safety incidents and complaints, the financial surplus/deficit and the number of referrals. The service had begun to monitor these indicators in April 2016. The figures were presented to the management committee in a simple table that provided a monthly comparison through the financial year.
- The manager had sufficient authority to make decisions and was supported by two administrators.
- Aside from brief checks by a management committee member, there were no audits. Risks presented by individuals and environmental risks were not being identified, assessed or monitored and, as a result, the service was not safe.

## Leadership, morale and staff engagement

- In the 12 months prior to the inspection, the 13 staff accumulated a total of 67 absences due to sickness. This amounts to an average of 5.2 days sickness each year for each member of staff.
- There were no concerns raised about bullying or harassment.
- Staff told us they would be happy to raise any concerns with the manager. There was no system in place for staff to raise concerns about the manager with a more senior member of the organisation.
- Staff consistently told us that morale within their team was good. Staff had a strong sense of job satisfaction and they were motivated by the achievements clients made in their recovery.

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- The daily handover meetings provided opportunities for team working Staff could give feedback on the service and input into service development through the monthly team meetings.
- The service had a quality assurance policy. This policy was limited to stating that staff would operate in accordance with policy and procedures and that staff would attend regular supervision, training and staff meetings. Given the number of serious concerns highlighted in the report, the effectiveness of this policy appears inadequate.

## **Commitment to quality improvement and innovation**

# Outstanding practice and areas for improvement

## Outstanding practice

- Once someone had been a client at the service, Mount Carmel offered free after care for life. This aftercare service could include attendance at the 'planning your day' meetings, one-to-one

counselling sessions, attending an aftercare group up to twice a month, social events, attendance at meditation and yoga groups, informal visits, evening meals and laundry services.

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that all risks to the health and safety of clients, such as risk presented by kitchen knives, cleaning materials, the absence of alarms, the absence of records of people entering, medication not securely stored and leaving the building and unlockable bedroom doors are assessed and steps are taken to mitigate these risks.
- The provider must ensure that risks are assessed at the point of referral and that this is updated during the admission. Risks must be assessed and steps taken to mitigate these risks.
- The provider must ensure that equipment is used in a safe way. For example, the temperature of the main refrigerator must be checked regularly and there must be a process to follow when there is a fault with the temperature.
- The provider must assess the risk of infections and take action to mitigate these risks.
- The provider must assess the risks of the current staffing arrangements, including the appointment of clients as house leaders. There was no record of assessing the competency of house leaders.
- The provider must ensure that clients are able to store their medication securely.
- The provider must ensure that regular audits or equivalent checks are carried out to assess, monitor and improve the quality and safety of the services provided.
- The provider must ensure that checks are made with the Disclosure and Barring Service (DBS) for people volunteering at the premises.

- The service must ensure that records kept in relation to persons employed in the carrying out of the regulated activity, including supervision records, are kept and maintained securely.
- The service must ensure that arrangements are in place to ensure the safety of children visiting the premises. This includes records being kept of when children enter and leave the premises.

### Action the provider **SHOULD** take to improve

- The provider should ensure that a recognised tool is used in risk assessments and that all staff carrying out risk assessments are trained to do so.
- The provider should ensure that areas for male and female bedrooms, toilets and bathrooms are clearly designated with appropriate signage.
- The provider should ensure that medication administration records include a list of the person's allergies and include the name of the person who prepared the record.
- The provider should ensure that entries in the on-call record include details of which member of staff was called.
- The provider should ensure that all the volunteers working in the kitchen have completed the food hygiene certificate.
- The provider should ensure there is a consistent way to record incidents to ensure that learning is embedded in the service.

## 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure that the equipment used by the service provider was safe to use for its intended purpose and was used in a safe way.</p> <p>The registered person did not ensure that the main fridge was the correct temperature or that action was taken when the fridge temperature was outside the required range.</p> <p>The registered person had not assessed the risk of, and prevented, detected and controlled the spread of infections.</p> <p>The registered person did not assess the risk of infections and had not taken actions to mitigate these risks.</p> <p>The registered person did not ensure the proper and safe management of medicines. The registered person did not ensure that clients could store their medication securely.</p> <p>This is a breach of Regulation 12 (1)(2)(e)(g)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not carry out regular audits of the health, safety and quality of services provided.</p> <p>The service did not ensure that records kept in relation to persons employed in the carrying out of the regulated activity, including supervision records, are kept and maintained securely.</p>

This section is primarily information for the provider

## Requirement notices

Supervision records were kept at the homes of the supervising staff.

There were insufficient arrangements in place to ensure the safety of children visiting the premises

This is a breach of Regulation 17 (2)(a)(b)(d)

### Regulated activity

Accommodation for persons who require treatment for substance misuse

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered provider did not ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet the requirements.

The registered person did not assess whether it was sufficient for staff to be present at the premises only during the day and not overnight. The provider did not formally assess the competency of clients acting as house leaders.

This is a breach of Regulation 18(1)

### Regulated activity

Accommodation for persons who require treatment for substance misuse

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not ensure that staff were of good character. The registered person did not ensure that checks were made with the Disclosure and Barring Service (DBS) for people volunteering at the premises.

This is a breach of Regulation 19(1) and (3)

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.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>The service was not assessing risks to the health and safety and not taking steps to mitigate these risks</p> <p>The registered provider must ensure that risks to the health and safety of clients are assessed and that that the service is doing everything that is reasonably practicable to mitigate these risks.</p> <p>This is a breach of Regulation 12 (1)(2)(a)(b)</p>