

# Mews House

## 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

At the time of the inspection, we did not rate substance misuse services.

We found the following areas of good practice:

- The service had systems in place to oversee the service and to drive improvements. Information from audits and surveys demonstrated that the leaders understood the needs of the client group and delivered services to meet them. The service kept to its admission criteria of only accepting low risk clients, which meant that staff were not treating clients whose risk was more than they could safely manage.
- The service was careful to admit only clients who demonstrated good motivation to complete treatment. The service showed that clients maintained abstinence for an average of 288 days after treatment. All clients were still attending 12 step fellowship meetings at the time of the latest survey.
- Staff made good use of recognised rating scales, which were repeated upon discharge from the service to highlight improvement in the clients' condition.
- Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the patient group.
- There were no waiting lists and referrers said that the service was responsive to new referrals.
- Interactions between staff and clients were supportive and enabling. Clients said that staff were very professional and they had confidence in the ability of staff to support them in their abstinence.

# Summary of findings

- Clients' specific personal background, cultural and religious needs were discussed and incorporated into care plans.
- The service updated the referrers weekly on the progress of their client, and referrers gave positive feedback on the effectiveness of the treatment.
- All staff were trained in adult and children safeguarding. The service kept a safeguarding register which they reviewed during their monthly safeguarding committee meetings.
- The service had systems and processes in place to ensure that the environment was kept clean and safe. The service carried out environmental and fire safety audits, which were overseen by monthly health and safety committee meetings.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Substance misuse services</b>		No rating given

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# Summary of findings

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# Mews House

**Services we looked at**

Substance misuse services

# Summary of this inspection

## Background to Mews House

Mews House provides residential substance misuse support and recovery services to people who have completed primary treatment, often involving a medical detox, at another service. The service is not commissioned by a local authority and people pay for the service themselves.

Treatment at the service involves the 12-step approach to achieving and maintaining abstinence through a structured intervention programme. This consists of morning therapy sessions Monday through Saturday, and two evening therapy sessions.

The service was first registered with the Care Quality Commission in November 2017 to provide accommodation for persons who require treatment for substance misuse. It has a Registered Manager.

This is the first time this service has been inspected.

## Our inspection team

The team that inspected the service comprised of a CQC inspector and a specialist advisor who was a nurse with experience in substance misuse services.

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- 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 environment and observed how staff were caring for clients;
- spoke with four clients who were using or had used the service;
- spoke with the registered manager and one of the directors of the service;
- spoke with three other staff members;
- received feedback about the service from five referrers;
- attended and observed a therapy group;
- looked at five care and treatment records of clients; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

# Summary of this inspection

## What people who use the service say

We spoke to four clients, three of whom had recently finished treatment at the service and were no longer in receipt of the regulated service. All of them said they felt safe at the service, and that staff were kind and helpful. Clients said that they were aware of the strict condition to remain abstinent while in treatment and said that staff were very good at supporting clients to remain drug and alcohol free.

Clients said that the assessment and treatment was very effective. They said that staff referred them to physical or

mental health support quickly when they needed it. Clients said that their care plans were personalised and holistic, and clients appreciated that staff recognised when they had achieved their goals.

Clients found the living arrangements clean and comfortable and some clients had been there for months after the formal treatment had stopped, attending the daycare programme. Clients said that staff were very respectful of their privacy. However, two of the clients said that there was not the space in the service to have visitors come round whenever they wanted to.

# 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?**

At the time of the inspection, we did not rate substance misuse services.

We found the following areas of good practice:

- The service had a policy of only admitting low risk clients. Mews House had procedures and policies for mitigating risk and promoting the safety of staff and clients. Clients would only be admitted after completing primary treatment, such as a medical detoxification programme.
- All staff were trained in adult and children safeguarding. The service held monthly safeguarding meetings and kept a safeguarding register, which they reviewed during their monthly safeguarding meetings.
- Staff liaised with clients' GPs and consultant psychiatrists regularly to make sure there was oversight over the clients' physical and mental health where necessary.
- The service had systems and processes in place to ensure that the environment was kept clean and safe. The service carried out environmental and fire safety audits, which were overseen by monthly health and safety meetings.

### **Are services effective?**

At the time of the inspection, we did not rate substance misuse services.

We found the following areas of good practice:

- The service showed that clients maintained abstinence for an average of 288 days after treatment. All clients were still attending 12 step fellowship meetings at the time of the latest survey.
- Staff supported clients to create a bespoke treatment programme which matched the clients' needs to the different workshops and groups available.
- If clients demonstrated that they were not interested in continuing with the treatment, or if they tested positive for alcohol or substances, then the service signposted them to other services.
- Staff made good use of recognised rating scales, which were repeated upon discharge from the service to highlight improvement in the clients' condition.
- Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the client group.



# Summary of this inspection

- The service updated the referrers weekly on the progress of their client, and referrers gave positive feedback on the effectiveness of the treatment.
- Staff provide clients with workshops, community groups and weekly one to one meetings to discuss their progress and address any obstacles that they were facing.
- Staff completed care plans soon after admission and they were holistic, person-centred and concentrated on recovery.

## Are services caring?

At the time of the inspection, we did not rate substance misuse services.

We found the following areas of good practice:

- Interactions between staff and clients were supportive and enabling. Clients said that staff were very professional and they had confidence in the ability of staff to support them in their abstinence.
- Feedback from clients confirmed that staff treated them well and with compassion. We looked at the latest client surveys which showed that 96% of clients felt the service was good or outstanding.
- Clients said that they appreciated the bespoke nature of their care plans, which were tailored to their specific needs. Clients said that staff spent time each week going through their care plan to make sure that it still reflected their needs and goals. Care records showed that clients' specific cultural and religious needs were discussed and incorporated into care plans.

## Are services responsive?

At the time of the inspection, we did not rate substance misuse services.

We found the following areas of good practice:

- There were no waiting lists and referrers gave positive feedback regarding the effectiveness and responsiveness of the service.
- Staff developed thorough discharge plans for clients and their referrers. Staff offered clients private one to one counselling sessions and daycare workshops after discharge. Staff also offered carers of discharged clients a weekly group for carer support.
- The service routinely followed up with clients a month after they were discharged to ensure that the treatment worked.
- Clients held keys to the front door and were free to come and go as they wished, as long as they kept to the conditions of their admission.

# Summary of this inspection

- The service complied with relevant quality standards in regards to informing clients of the admission criteria. Clients entered into a contract with the service, which clearly set out the conditions of admission and the reasons why they might be asked to leave.

## Are services well-led?

At the time of the inspection, we did not rate substance misuse services.

We found the following areas of good practice:

- The service had systems in place to oversee the service and to drive improvements. Information from audits and surveys demonstrated that the leaders understood the needs of the client group and delivered services to meet them. The service kept to its admission criteria of only accepting low risk clients, which meant that staff were not treating clients whose risk was more than they could safely manage.
- The service had strong leadership from a director and managers who understood the needs of clients and who created a stable and expanding service. There had been no staff turnover, low staff sickness and staff were supported to take on new training and diploma level courses, which benefited the clients and the service as a whole.
- The service held regular meetings covering health and safety, clinical governance, safeguarding and client care. There were effective systems in place to ensure that the service was safe, well-maintained and clean.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had training in the Mental Capacity Act (MCA). The service only accepted clients who had the capacity to consent to admission and treatment. Since the treatment depended on agreement and motivation on the part of the client to be successful, the role of the MCA was limited in this service.

Clients had signed a consent form so that the service could share information with the referrer and the medical professionals involved in the clients' care. Clients had also signed a contract stating that they understood the conditions of their admission into treatment.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

- All areas were clean, comfortable and well maintained. Living rooms, bedrooms, kitchen and toilet facilities were clean and furnishings were homely and welcoming. Cleaning records and maintenance logs were up to date and showed that repairs were completed within a reasonable time.
- We looked at the risk assessment for the premises and saw that it covered appropriate issues and was reviewed monthly by the health and safety committee. The latest environmental risk audit was completed in June 2018 and repairs needed were rated in order of level of risk. The provider had completed many of the recommendations and had an action plan in place to complete the others. A control of substances hazardous to health (COSHH) risk assessment was in place.
- The service had records to show relevant safety checks had been carried out by appropriate contractors.
- There were regular fire safety audits and the service had carried out two fire drills since January 2018 and noted the time taken to safely evacuate the building. There was adequate signage indicating fire exits and escape rooms, and fire alarms were in each bedroom and on each floor. The kitchen had a fire blanket and fire extinguishers within easy reach. Staff produced personal fire evacuation procedures for clients with mobility impairments. There were named first aiders and fire wardens, their names and contact numbers were displayed throughout the service.
- The service had an effective clinical waste management system. Staff undertook urine screening tests to ensure that clients had not used substances that were prohibited by the service. Clients used disposable pots when providing urine samples. When testing the urine samples, staff wore disposable gloves and then

disposed of the gloves and pots in clinical waste bags. These waste bags were collected by an external waste disposal company on a regular basis. This reduced the risk of infection within the service.

### Safe staffing

- The service had enough staff to keep clients safe. There were five full-time counsellors, five full-time recovery workers, and two part-time peer mentors employed by the service. There was also a practice manager, a registered manager and administrative support. The service had determined safe staffing levels according to the number of residents in the service and the number of outpatient groups and support sessions that clients needed.
- We spoke to four clients who said that there were always staff to talk to and that they felt safe at the service. They said that staff were always available, including at weekends and in the evenings.
- Staff worked a four-day week, and there were recovery workers on site seven days a week and in the evenings. There was one client receiving a regulated service at the time of the inspection. The rest of the residents were receiving outreach support and did not fall under scope of this inspection.
- There was no use of agency or bank staff. There had been no turnover of staff in the previous year and the sickness rate was 2.8%. All shifts had been filled during the previous year.
- All staff had received, and were up to date with, appropriate mandatory training. Mandatory training included first aid, health and safety, data protection, and fire safety.
- We checked the files of four staff members and found that all included disclosure and barring service (DBS) checks, two references from previous employers, copies of proof of identification and all their training

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certificates. We also checked the files of the two peer mentors, who were also paid to support clients at the service. They included DBS checks, two references from previous employers and proof of address.

## Assessing and managing risk to patients and staff

### Assessment of patient risk

- Staff completed risk assessments with clients as part of the admission process and regularly thereafter. All risk assessments were up to date. The provider had its own risk assessment format that was in line with best practice. Staff also assessed risk during weekly individual therapy and monthly risk assessments. Therapy staff and recovery assistants monitored emerging risks through ongoing and active observation of clients. Peer mentors also shared any concerns with staff.
- Staff conducted room searches every morning to ensure that clients were upholding the conditions of their admission and not bringing in contraband items. Staff did not search clients on their return to the service.
- We reviewed five care records and found the risk assessments were appropriate for this client group and included previous substance misuse treatments and any risks concerning children, family and accommodation.
- Staff routinely assessed clients for the risk of disengaging with treatment and for self-harm. All staff had signed to confirm they had read the service's policies covering suicidal behaviour, self-harm, and suspected drug overdose.

### Management of risk

- The service had a policy of only admitting low risk clients. The service had procedures and policies for mitigating risk and promoting the safety of staff. These included a lone working policy and a challenging behaviour policy. If staff were concerned about their safety, they conducted individual therapy in a downstairs consulting-room, close to the main office, and carried personal emergency alarms.
- All staff had done health and safety training and were trained in the need for using personal safety devices, such as personal protection equipment (PPE), when performing certain tasks. All cleaning staff were trained in control of substances hazardous to health (COSHH) to safeguard their personal safety in performing their work.

## Safeguarding

- All staff were trained in adult and children safeguarding. The service held monthly safeguarding committee meetings and staff could explain how they would raise a safeguarding concern with the local authority. Staff gave an example of raising a safeguarding alert when a client disclosed an incident of drink driving with children in the car. This was their only safeguarding notification in the previous 12 months. The service kept a safeguarding register, which they reviewed during their monthly safeguarding committee meetings.

## Staff access to essential information

- The service used paper files to keep care records in and kept these in a locked cupboard in the staff office. The care records were well ordered and contained everything relevant to the client within them. Emails and electronic documents were printed out and placed in the care records. All staff had undertaken mandatory training on data management and protection.
- All computers, including personal staff devices, were password protected, and all emails regarding client information were secured with passwords which were sent by separate cover. The service was registered with the information commissioner's office and had a data protection policy in place.

## Medicines management

- The service did not prescribe medication. Clients would only be admitted after completing primary treatment, often involving a medical detoxification programme. One of the admission criteria was that clients could safely self-administer their own medication, if they needed to take it for physical or mental health reasons. There were lockable safes for each client in their bedrooms. There was also a locked medication cabinet in the staff office, if clients needed temporary support from staff to prompt them to take their medication; however, clients were responsible for administering the medication themselves.
- Staff liaised with clients' GPs and consultant psychiatrists regularly to make sure there was medical oversight of the clients' physical and mental health where necessary. This correspondence was copied into client files.

## Track record on safety

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- There were no serious incidents at the service during the previous 12 months.

## Reporting incidents and learning from when things go wrong

- All staff knew what incidents to report and how to report them. The service had an incident reporting system in place. Staff used incident reporting processes appropriately. Two incidents had been reported in the period January 2018 to July 2018.
- One incident involved a client who perceived that preferential treatment was taking place. This was disclosed in a community meeting and the staff team discussed the incident and how to prevent it happening again. The staff explained how they had learned to minimise the risk of this happening again.
- Staff met to discuss incidents and formulate action plans or learning points during monthly safeguarding committee meetings. We reviewed three months of meeting minutes. They covered incidents, the self-harm register, and the safeguarding register.
- Staff debriefed after incidents on the day with their manager and then during weekly ward rounds where all incidents were discussed.
- The service's governance policy and staff handbook emphasised openness and transparency with regards to explaining the treatment approach and the reasons for the rules in place. Staff had a duty of candour to clients and care records demonstrated frank discussions between staff and clients and their families.

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

### Assessment of needs and planning of care

- Staff completed a comprehensive mental health assessment of each client. We reviewed five care records and found that each client had had a mental health examination by a qualified professional using a recognised screening tool, upon admission. Staff also liaised with the client's consultant psychiatrist where necessary to ensure continuity of care, including supporting the client to take medication necessary for their mental health condition.
- Staff completed a basic physical health assessment upon admission and supported clients to attend their GPs or other physical health professionals, if the client needed this support.
- Care records showed that staff recorded previous access to treatment for substance misuse and associated outcomes. They recorded the client's motivation to change before accepting them to the service.
- Staff completed care plans soon after admission and they were holistic, person-centred and concentrated on recovery. The service only supported clients who were motivated to go through this programme. If clients demonstrated that they were not interested in continuing with the treatment, or if they tested positive for alcohol or substances, then the service signposted them to other services.
- Staff carried out monthly audits on client care records to ensure that all necessary information was included, such as next of kin and GP contact details and crisis plans. We looked at five care records and found that they had all the information that staff needed to support clients with their recovery.

### Best practice in treatment and care

- The service based its model of care on an approach called the 12-step programme. This programme emphasises the importance of clients helping other clients with an addiction to obtain abstinence. Each step builds upon the previous step in the progressive course of action. The service supported clients through this process by providing a place to live with other clients on the same journey. Clients also attended 'fellowship' meetings five times a week, or three times a week if they were in work. Staff provided clients with workshops, community groups and weekly one to one meetings to discuss their progress and address any obstacles they were facing.
- Clients had access to personalised support programmes and they could choose from a variety of groups, such as mindfulness, meditation, art, and education and employment groups.
- Staff supported clients to create a bespoke treatment programme from the different workshops and groups available. We spoke to four clients who said that the service was effective in supporting them to remain

# Substance misuse services

abstinent. We looked at a care records which demonstrated access to personalised activities, including equine therapy and support to regularly go horse riding.

- We observed a group and found that staff facilitated this well and clients had the time and space to express their ideas and objectives. The group went at a good pace and provided a forum for challenging and probing questions in a supportive, caring and comfortable space.
- We reviewed five care records and saw that staff made good use of recognised rating scales, such as the generalised anxiety disorder test (GAD -7), patient health questionnaire (PHQ-9), and the Johns Hopkins questionnaire. The Johns Hopkins questionnaire is used for clients to self-assess whether they have an alcohol problem. These rating scales were repeated upon discharge from the service to highlight improvement in the clients' condition.
- Staff participated in monthly clinical care quality committee meetings which discussed the results of clinical audits and surveys and formulated action plans to address any recommendations. For example, upon analysis of client feedback regarding the lectures and workshops, the committee in May 2018 instigated audits of lectures and workshops to observe delivery and content and reviewed the need for lecture delivery training.
- The service contacted ex clients after one month and then after three months to assess the effectiveness of the treatment. In April 2018, the analysis of clients who had attended the service between June and December 2017 showed that clients maintained abstinence for an average of 288 days. The same analysis showed that all clients were still attending 12 step fellowship meetings at the time of the survey.

## Skilled staff to deliver care

- Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the patient group. Counsellors were registered with organisations such as the British Association of Counselling and Psychotherapy and/or the Federation of Drug and Alcohol Practitioners. Staff had various qualifications such as a diploma in sex addiction and counselling, diploma in therapeutic counselling, diploma in integrative counselling, and a Bachelor's degree in psychology. Counsellors and recovery workers had

specialist training such as working with survivors of childhood sexual abuse, working with anger, mindfulness-based relapse prevention, family groupwork, post-traumatic stress disorder and attachment theory.

- We saw that the induction programme for new staff included fire procedures, staff handbook, safer working practice, safeguarding, infection prevention and control, equality and record keeping.
- Managers provided all staff with supervision (meetings to discuss case management, to reflect on and learn from practice, and for personal support and professional development) and appraisal of their work performance. Managers ensured that staff had access to regular team meetings.

## Multi-disciplinary and inter-agency team work

- The core team included five counsellors, five recovery assistants, two peer mentors, a service manager, and a director who was also a psychologist. The service had access to a pool of external contractors that included mindfulness, art and meditation therapists and two yoga trainers. Staff handed over information at 5pm every weekday to the recovery assistants and external contractor who ran the evening class.
- There were weekly ward rounds and monthly clinical and safeguarding committee meetings where each client was discussed. We looked at three months' of meeting minutes and found that they covered each client.
- Staff also had monthly team meetings to discuss issues concerning the running of the service; these meetings were a chance for staff to highlight any risks that needed to be added to the service's risk register, and to discuss changes to the service.
- The service updated the referrers weekly on the progress of their client. We received feedback from five referrers who said that the service kept them fully informed about their clients. In client files, we saw extensive liaison between clients' psychiatrists and the service, to ensure that the service had all the information it needed to support clients effectively.

## Good practice in applying the MCA

- All staff had training in the Mental Capacity Act (MCA). The service only accepted clients who had the capacity

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to consent to admission and treatment. Since the treatment depended on agreement and motivation on the part of the client to be successful, the role of the MCA was limited in this service.

- Clients had signed a consent form so that the service could share information with the referrer and the medical professionals involved in their care. Clients had also signed a contract stating that they understood the conditions of their admission into treatment.

## Equality and human rights

- We spoke to four clients who all said that the staff were sensitive to their background and cultural needs.
- Staff came from a variety of backgrounds and lived experiences.
- Staff were able to link clients up with LGBT+ orientated fellowship groups for those who preferred them.
- Staff were able to show us how they had provided support to meet the diverse needs of clients using the service, including those related to gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well. People using the service also commented on how well their individual needs were met.

## Are substance misuse services caring?

### Kindness, privacy, dignity, respect, compassion and support

- Interactions between staff and clients supportive and enabling. We observed a therapy group, as well as several instances of staff/client interactions, and staff were respectful and kind towards each other and clients. We spoke to four clients who all said that staff were respectful and polite. Clients said that staff were very professional and they had confidence in the ability of staff to support them in their abstinence.
- Feedback from clients confirmed that staff treated them well and with compassion. We looked at the latest client surveys which showed that 96% of clients felt the service was good or outstanding.

### Involvement in care

### Involvement of patients

- Care records demonstrated client involvement in shaping their care plans.
- Clients were clear on the criteria of admission to the service, and signed client codes of conduct, which were in their care records.
- The service carried out surveys on client satisfaction, with the latest survey held in May 2018. There were also weekly community meetings where clients said they could raise concerns and give feedback to the service. Three of the four clients we spoke to had finished the structured programme offered by the service, and they said that they were invited to give detailed feedback on every aspect of the service.

### Involvement of families and carers

- We saw evidence of family and carer input in the care records we reviewed. Clients all said that their family was involved as much as they wanted. The service provided a weekly session for family and carers. There was a post-treatment meeting with family and carers, if the client wished.

## Are substance misuse services responsive to people's needs?

(for example, to feedback?)

### Access and discharge

- We received feedback from five referrers who said that they found the service responsive and professional. The referrers were aware that the optimum time to organise an admission was once the client had started medical detoxification treatment, which meant that the service usually at least three weeks' notice of a new referral.
- One referrer we spoke to said that the service rarely had a waiting list for new clients. It was a condition of admission that clients came after completing primary treatment, such a medical detoxification programme, therefore the service did not receive urgent referrals.
- The service followed up on clients who had attended the service with a meeting or telephone call a month after treatment to ensure the clients were still abstinent. We looked at the care records of three discharged clients and saw that a post treatment report was developed a month after discharge for clients and their



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referrers. Staff offered discharged clients private one to one counselling sessions and daycare workshops. Staff also offered carers of discharged clients a weekly group for carer support.

- We found that the service was compliant with the Residential Rehabilitation Quality Standards Framework Section Two, Standard Five: Contracting. Clients were given a written agreement before they entered the service, which staff explained to them before they signed. The contract was based on an agreement to abide by the terms and conditions of admission. Care records demonstrated that, when necessary, staff reminded clients of the content of their contract and the reasons why the service may ask clients to leave. Staff gave examples to show that they upheld these conditions and asked clients to leave if they did not follow them. We saw an example where a client did not keep to the client contract and was quickly referred to an in-patient service to have additional support for their substance misuse. This meant that the staff acted in a way that was consistent with the service's policies and procedures.

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

- The rooms, bedrooms and therapy rooms were all well furnished, comfortable and well lit. The clients we spoke to said that the environment was always very clean and that the cleaner was very hard working.
- Clients had a choice of en-suite bedrooms or shared bedrooms with en-suite toilet and shower facilities, depending on what they wanted to pay for. Clients who were in shared bedrooms said that they had the space and privacy they needed. Each room opened onto a large balcony, which was well-maintained.
- Staff and clients said that there were enough rooms for the therapy groups which were scheduled, but there were no spare rooms for other activities when the groups were in session. Staff and clients said that the service could be improved by having more space and more rooms. The service was in the process of expanding into another building, which should provide more room for clients and their activities.
- Staff kept client information confidential. Staff stored care records in locked cupboards in the staff office, which was also locked when not in use. Electronic mail and documents concerning client information was

encrypted and staff used passwords to access their work email accounts. Referrers told us that when they received emails containing client information, it was sent password protected.

## **Patients' engagement with the wider community**

- Care records showed that staff encouraged clients to develop and maintain relationships with people that mattered to them. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.
- The service did not allow visitors onto the site unless prior permission was obtained from the counselling team. This was to protect the confidentiality and safety of clients and to manage limited space. The clients were not subjected to blanket restrictions and were free to meet families/ friends anywhere they wished off site. The staff encouraged clients to spend time at their own homes and many spent nights at home while being resident at Mews House. Many clients also went on holidays with their families. If staff gave a client permission to receive a visitor, this visit would take place in the communal sitting-room; bedrooms were out of bounds to anyone other than the occupants of those bedrooms.
- Clients held keys to the front door and were free to come and go as they wished, as long as they kept to the conditions of their admission.
- Part of the treatment programme was for clients to have a 'sponsor', who was a client who had been through the 12-step programme, either from the service or from other services. The programme encouraged a community approach so that clients could encourage each other in their road to recovery.
- Where possible the service provided access to local events to enhance social activities, taking into account their individual interests and links with different communities.

## **Meeting the needs of all people who use the service**

- The service made some adjustments for clients with disabilities. There was a lift to clients' bedrooms and the service was able to admit clients with mobility impairments; however, the lack of space meant that the

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service did not admit wheelchair users. They accommodated visitors to the service who were wheelchair users with a level access entrance and rooms.

- The service did not admit clients who did not have fluent English. This was because the treatment depended on talking therapies and group work which was facilitated in English.

## Listening to and learning from concerns and complaints

- Clients had raised one formal complaint during the previous year, but this had been withdrawn before it could be formally resolved by staff.
- All clients we spoke to said they knew how to complain. Information on the complaints procedure was in the client handbook, which they were given upon admission.
- The service had a complaints policy and procedure, which all staff had read.
- We spoke to four staff members who were confident about raising concerns about other staff members' behaviour or attitudes, without fear of retribution.

## Are substance misuse services well-led?

### Leadership

- The service was led by a director and managers who had many years experience in addiction services, were academically qualified and were members of registered professions. The service was well established and growing in capacity. Leaders could explain the objectives of the service and how they supported clients to remain in treatment and recover from their substance misuse. The managers supported staff to maintain a high standard of service delivery through regular analysis of client feedback and clinical audits. It was a small service and the managers were on site most of the time and shared an office with the staff, which ensured they were accessible.

### Vision and strategy

- We spoke to four staff and they explained the service's vision and values. They understood the treatment approach and delivered care and support in line with that approach. The service's vision and approach was in the staff handbook and in the governance policy. Staff

were in constant contact with the provider's senior leadership team. We found instances which showed that the service upheld its own policies and admission criteria, which meant that the staff were acting in accord with the service's strategy and policies.

- Staff contributed to discussions about the ongoing strategy for the service and were involved in the current expansion of the service to accommodate more clients. These discussions happened during monthly team meetings.

### Culture

- Staff told us that they felt respected, supported and valued. Staff said they worked in a close team that felt like family. They were proud of the number of clients that received effective treatment and were able to stay abstinent after treatment. Staff had collected thank you cards from clients into a large framed display, which was in the reception.
- Staff knew how to use the whistle-blowing process and said that they had confidence in the service to take their concerns seriously.
- Managers identified staff training needs during regular supervision and appraisal, and staff had attended a variety of specialised training. There was no turnover for the previous year, and sickness rates were low.
- Staff records showed that the service promoted equality and diversity in their hiring process and there were staff from a variety of backgrounds and lived experiences.

### Governance

- The provider had an effective governance structure in place, which was underpinned by a governance policy and implemented through structured management meetings; health and safety committee meetings, safeguarding committee meetings and clinical care quality meetings. Results from clinical audits and surveys were discussed monthly and the service made improvements because of them. Clients were treated well, there were no waiting lists, and audits at the service found that most clients remained abstinent after treatment.
- The clinical governance arrangements conformed to the Residential Rehabilitation Quality Standards Framework, standard three: Clinical Governance. There

# Substance misuse services

were clear complaints and compliments procedures, regular reviews of policies, procedures and service delivery, and effective methods for gathering and analysing client feedback.

## Management of risk, issues and performance

- Environmental risks were addressed through monthly health and safety committee meetings, and maintenance and review of the service risk register. The service contracted with external organisations to ensure that fire and other safety measures were checked yearly.
- The service mitigated risks through strict observance of its admission criteria, to ensure that the service did not take on clients who posed a level of risk that the service was not set up to manage safely. Remaining client risks were addressed through weekly ward rounds, and a centralised safeguarding register. There had been no serious incidents and one safeguarding concern during the previous year.

## Information management

- The service used paper records for client care, which were comprehensive and audited regularly to ensure staff had the information they needed to deliver safe and effective care.
- There were enough staff to carry out audits and they had the time and means to discuss the results to ensure that any improvements were made.
- The service ensured the confidentiality of client records through their data protection policy, staff training, and practical measures such as encrypted emails and locked offices. There had been no issues with the IT infrastructure or telephones since the service opened. Referrers said that staff protected emails with passwords if they had client information in them.

- The service had made notifications as needed to the local authority safeguarding team.

## Engagement

- Staff met regularly to discuss the service and plans for improvement and expansion.
- Managers and staff had regular feedback from clients through weekly community meetings, one to one sessions with clients, client feedback surveys and exit interviews at the end of treatment. There were examples of the service making changes because of client feedback.
- Clients, and their families, were able to contact the director directly concerning their care. We saw examples of correspondence and meetings between the director and clients in care records.

## Learning, continuous improvement and innovation

- Staff kept up to date with the latest developments and areas of concerns in addiction, which had led the service to arrange training in online screen addiction to support clients who presented with this need.
- The service recently commissioned an independent researcher to look at the effectiveness of the service, and this led to planned further training for staff and auditing of the groups which had received the lowest marks from clients for during the survey.
- The service was currently expanding to another building, so that it could accept more clients. It was also refurbishing the basement within the main building, so that staff had more room to undertake sessions with clients.

# Outstanding practice and areas for improvement

## Outstanding practice

Start here...

## Areas for improvement

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

Start here...

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

Start here...

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.

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.