2nd Stage House

Quality Report

13 Donnybrook Road
London SW16 5AT
Tel: 020 7713 7655
Website: https://www.hopeworldwide.org.uk

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

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

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

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

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

Overall summary

We do not currently rate standalone substance misuse services.

This was a short notice announced, comprehensive inspection. Also, during this inspection we checked the progress the provider had made in addressing the breaches of regulations identified at the previous inspection in May 2016.

At this inspection, we found the following improvements:

- The provider had made improvements on the issues found in the May 2016 inspection, which related to the safety of the service. The provider's management of medicines had improved, the medicine policy now included guidance on monitoring and recording changes to client's medicines, action to be taken by staff if a client could no longer self-administer and what staff should do if there was a medicines incident out of hours. Staff no longer stored over the counter medicines. The provider had improved clients' crisis planning and management, this included plans to minimise the risk of overdose when clients had completed opiate detoxification. The provider ensured safe staffing, they had systems in place to ensure pre-employment checks were carried out and improvements made for compliance with mandatory training. The provider had made improvements to ensure a safe and clean environment, there were improved fire safety procedures in place that clients were aware of and there was an improved system for infection control risk.
- The provider had made improvements from the issues found at the May 2016 inspection, which related to the

Summary of findings

effectiveness of the service. At this inspection, the provider ensured staff received specialist training in substance misuse, mental health concerns and safeguarding children from abuse. The service now kept a stock of naloxone for clients at the recovery house and staff and volunteers were trained on how to use it. Staff had a good understanding of the Mental Capacity Act.

In addition, we found the following areas of good practice:

- The house was visibly clean and furnishings well maintained. Volunteers completed weekly health and safety checks of the house to ensure the kitchen was clean, fire doors were fit for purpose and the naloxone supply was in date.
- The provider had a system in place to deal with staff shortages. Staff sickness levels were low and there was no staff turnover in the last 12 months. There was always a manager on call for clients to contact out of hours. The provider had clear systems in place in the event a client had an unplanned exit. Staff demonstrated a sound understanding of safeguarding issues and their responsibilities. Staff used incident-reporting processes appropriately.
- Staff completed comprehensive admission assessments for clients. Care records were personalised, holistic and recovery orientated. The service offered clients a range of psychological therapies recommended by The National Institute for Health and Care Excellence (NICE). There were good working relationships between the staff and volunteers, and good working relationships with external healthcare professionals. Staff and volunteers supported clients to the GP and hospital appointments to support them with physical healthcare needs. Staff received regular supervision.
- Staff had a good understanding of clients' recovery and needs. Clients reported staff treated them with dignity and respect. We observed good interactions between staff and clients and this impacted positively on client's recovery. Feedback from clients confirmed that staff treated them well and with compassion.
- The service offered treatment to clients who had no access to funding through the provision of a bursary. The service offered clients a variety of support and activity groups. The service supported with their spiritual needs. The service had access to an interpreter. Clients knew how to complaint and the service held service user forums for clients to raise concerns.
- Senior management were visible throughout the service and volunteers and clients said they were approachable. Staff and volunteers enjoyed working at the service and were committed to providing good quality care and support to clients with their substance misuse abstinence. Staff and volunteers were able to feedback on the service and they felt valued. The service had a risk register in place and senior management reviewed it regularly. Staff had access to the equipment and information technology to do their job.

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

- On this inspection, we found that the provider did not have appropriate systems in place to assess clients' ability to self-administer their medicines upon their admission to the service. Although the provider had made effective changes to the management of medicines policy and procedures, these had not been fully embedded yet.
- The service admissions policy did not clearly describe the criteria for accepting a client with complex mental health needs.
- Whilst the service carried out appropriate checks on the environment to ensure client and staff safety, these were not always recorded. Similarly, we saw that for one client a small number of their key working sessions had not been recorded in their care and treatment records.
- The provider carried out a clinical audit regarding infection control. However, staff did not conduct any other monitoring which meant the provider had not assured themselves of the quality of the service they provided for client. The provider had recently introduced measures to identify treatment outcomes for clients, which required further embedding into practice.

Summary of findings

- Although the provider reported safeguarding alerts through NHS systems or local council systems, they did not have a policy in place for notifying CQC.

Summary of findings

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Background to 2nd Stage House

The 2nd Stage House is a male only residential rehabilitation service for up to five men who have experienced substance misuse issues. It is a second stage recovery house and provides accommodation to clients who have successfully completed an initial recovery therapy programme at 1st Stage House. The 2nd Stage House continues to provider a therapy programme, with a focus on re-integration to the community. At the time of our inspection there were two clients using the service. Clients were funded either by the local authority, self-funded or through bursaries provided by Hope Worldwide. The programme is based on a model of recovery that is used in the United States, which emphasises the importance of peer support and personal accountability. As part of the programme, clients were offered therapeutic interventions and appointments with their key worker at the day service, which was located nearby.

There was a registered manager for the service at the time of the inspection.

The service is registered to provide:

- Accommodation for persons who require treatment for substance misuse.

This service was inspected at the same time as the provider's 1st Stage House located at 26 Blairderry Road, Streatham, SW2 4SB.

We last inspected 2nd Stage House in May 2016. The inspection in May 2016 was an announced comprehensive inspection and part of our national programme of inspections. We found that there were concerns about the safety of the service and issued a number of requirement notices.

Our inspection team

The team that inspected the service comprised two CQC inspectors (Sophia Del-Gaizo inspection lead), a specialist advisor who was an addictions nurse, and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

Why we carried out this inspection

This was a short notice announced, comprehensive inspection. Also, during this inspection we checked the progress the provider had made in addressing the breaches of regulations identified at the previous inspection in May 2016.

Following our inspection in May 2016 we issued eight requirement notices requiring the service to make the following improvements:

- The provider must ensure that they have robust processes to manage infection control risks and dispose of clinical waste.
- The provider must ensure that staff complete their mandatory training
- The provider must ensure that staff have sufficient training and skills to provide care and support to clients in respect of substance misuse and mental health concerns.
- The provider must ensure that there are criminal records checks for staff and volunteers prior to commencing employment and where there are difficulties in obtaining this that a robust written assessment of risk takes place to provide assurances that the individual does not pose a risk to the clients in the service. The provider must ensure that they have processes in place to ensure that those employed in the service remain fit and proper persons.

Summary of this inspection

- The provider must ensure that staff and volunteers are aware of the legislation, procedures and processes in place that safeguard children.
- The provider must ensure that they have robust fire safety procedures and that the clients are aware of these procedures.
- The provider must ensure that all clients have risk and clear crisis management plans, which have the identified risks and wishes of the individual in the event of the crisis and liaise with support services such as funding authorities, social care and local primary and secondary health care services to ensure that crises can be managed and planned for. The provider must ensure that the risk assessments/care plans outline the plans to minimise the risks of overdose post opiate detox.
- The provider must ensure that the medicines policy is robust and has guidance on how to support clients who can no longer self-administer. The provider must ensure that there is clear guidance as to what action should be taken if there is a medicines incident out of hours. The provider must ensure that they record why changes to client's medication have been made. The provider must ensure that the medicines policy outlines what action staff should take if they wish to give a client over the counter (OTC) medication.

These related to breaches of the Health and Social Care Act (Regulated Activities) regulations 2014:

Regulation 12 (safe care and treatment)

Regulation 18 (staffing)

Regulation 19 (fit and proper persons employed)

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 2nd Stage House and looked at the quality of the physical environment and observed how staff were caring for clients
- visited the day service based at premises nearby
- spoke with two clients and one former client
- spoke with the members of senior management, including the registered manager, director of recovery services, therapy manager, house manager and chief executive.
- spoke with four peer support volunteers who were working at the service on the days of inspection
- attended and observed a weekly breakfast meeting for clients
- looked at 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

Clients' feedback was very positive about the service and the staff. Clients reported that staff treated them well and with compassion.

Clients described how staff treated them fairly through the duration of their stay and said they felt respected.

Staff accompanied clients to hospital appointments and supported clients with further education. Clients felt this supported them to maintain their independence and consolidate daily living skills for when they moved on.

Summary of this inspection

We saw staff spending time with clients in the communal areas during the day and speaking to them in a friendly and respectful manner.

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.

At this inspection, we found the following improvements:

- The provider had made improvements on the issues found in the May 2016 inspection, which related to the safety of the service. The provider's management of medicines had improved, the medicine policy now included guidance on monitoring and recording changes to client's medicines, action to be taken by staff if a client could no longer self-administer and what staff should do if there was a medicines incident out of hours. Staff no longer stored OTC medicines and the provider's medicine's policy indicated. The provider had improved clients' crisis planning and management, this included plans to minimise the risk of overdose when clients had completed opiate detoxification.
- During this inspection, we also found improvements in the systems to ensure pre-employment checks were carried out and improvements made for compliance with mandatory training. The provider had made improvements to ensure a safe and clean environment, there were improved fire safety procedures in place that clients were aware of and there was an improved system for infection control risk.

In addition, we found the following areas of good practice:

- The house was visibly clean and furnishings well maintained. Volunteers completed weekly health and safety checks of the house to ensure the kitchen was clean, fire doors were fit for purpose and the naloxone supply was in date.
- The provider had a system in place to deal with staff shortages. Staff sickness levels were low and there was no staff turnover in the last 12 months. There was always a manager on call for clients to contact out of hours.
- The provider had clear systems in place in the event a client had an unplanned exit. Staff demonstrated a sound understanding of safeguarding issues and their responsibilities. Staff used incident reporting processes appropriately.

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

Summary of this inspection

- Staff did not assess and record whether clients could self-administer their medicine during the admission assessment. This meant staff could not be sure that clients' support needs regarding medicines were identified and met.
- Although the service had implemented changes to their management of medicines at the service, this was new and further embedding was required.
- The service did not always keep up to date records, which included clients' key working sessions and health and safety checks.

Are services effective?

We found the following areas of good practice:

- The provider had made improvements from the issues found at the May 2016 inspection, which related to the effectiveness of the service. At this inspection, the provider ensured staff received specialist training in substance misuse, mental health concerns and safeguarding children from abuse. The service now kept a stock of naloxone for clients at the recovery house and staff and volunteers were trained on how to use it. Staff had a good understanding of the Mental Capacity Act.
- Staff completed comprehensive admission assessments for clients. Care records were personalised, holistic and recovery orientated.
- The service offered clients a range of psychological therapies recommended by The National Institute for Health and Care Excellence (NICE).
- There were good working relationships between the staff and volunteers, and good working relationships with external healthcare professionals.
- Staff and volunteers supported clients to the GP and hospital appointments to support them with physical healthcare needs. Staff received regular supervision and appraisals.
- Staff used the treatment outcomes profile, which is the national outcome monitoring tool for substance misuse services."

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

- The service conducted a clinical audit for infection control. Records demonstrated staff completed these monthly. This

Summary of this inspection

helped to ensure a safe and clean environment for clients. However, staff did not conduct any other monitoring, which meant the provider did not assure themselves of the quality of the service they provided for client.

- Staff did not always complete or keep up to date records at the service. For example, one client did not have a key working session recorded three weeks. Staff said this key working had taken place but staff had not recorded this. Staff did not always record when they carried out health and safety checks at the house.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff we spoke with had a good understanding of the clients' recovery and needs. We observed good interactions between staff and clients and this impacted positively on client's recovery.
- Clients told us that staff treated them with dignity and respect. They felt safe at the service. Feedback from clients confirmed that staff treated them well and with compassion.
- Clients were involved in the planning of their care. Clients met every week with their key worker to discuss their goals and objectives for the week.

Are services responsive?

We found the following areas of good practice:

- The service could offer treatment to clients who had no access to funding through the provision of a bursary.
- Therapy sessions and programmes were delivered throughout the week. There were a range of activities available throughout the week and weekend that delivered support for substance misuse and promoted health and well-being. Clients were encouraged to undertake activities that promoted independence.
- The service was a faith based organisation, but staff welcomed clients from different faiths and supported them to practise their own faith.
- The service had access to an interpreter. Clients knew how to complaint and the service held service user forums for clients to raise concerns.

Summary of this inspection

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

- The service's admissions policy was not clear regarding the criteria for accepting a client with complex mental health needs.

Are services well-led?

We found the following areas of good practice:

- Senior management were visible throughout the service and volunteers and clients said they were approachable.
- Staff and volunteers enjoyed working at the service and were committed to providing good quality care and support to clients with their substance misuse abstinence.
- Staff and volunteers were able to feedback on the service and they felt valued. The service had a risk register in place and senior management reviewed it regularly.
- Staff had access to the equipment and information technology to do their job.
- The service had a risk register that was comprehensive and reviewed regularly by senior management.

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

- Although the provider reported safeguarding alerts through NHS systems or local council systems, staff were not aware of the need to notify CQC.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

At the May 2016 inspection, none of the staff had completed training related to the Mental Capacity Act (MCA) and deprivation of liberty safeguards. During this inspection, the service had introduced MCA training as mandatory and 100% of staff had completed the training.

Staff displayed a clear understanding of how the principles of the MCA would be relevant to their role. The service had a mental health policy, which included the mental capacity act.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The service was visibly clean and staff could support people to recover in a safe environment. The house had good, comfortable furnishings and was well-maintained.
- 2nd Stage House provided accommodation for clients whilst a therapy programme to support their recovery took place at a separate day service.
- During the previous inspection in May 2016, we identified that the service did not have robust systems in place to manage infection control and dispose of clinical waste. At this inspection, we found that the service had made improvements. Staff followed good infection control practice and the service managed infection risk well.
- The provider had an infection control policy which highlighted the procedures for the prevention of spreading infectious diseases. It included bodily fluid spillages and hand washing techniques. Records confirmed that staff carried out monthly audits of infection control procedures. Handwashing facilities were available for staff.
- 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 volunteers wore latex 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.
- A first aid box was kept on the premises, staff checked the equipment regularly.
- At the last inspection in May 2016, we found that the service did not have processes in place to ensure that good food hygiene was maintained. At this inspection, we found that the service had made improvements. As part of the weekly health and safety checks, volunteers checked that the fridge in the kitchen was clean and food was in date. We found that food was labelled in the fridge and in date. Open food was stored in airtight containers.
- The service had a control of substances hazardous to health policy, which outlined how substances should be stored. This guided staff and clients as to how hazardous substances should be stored. Hazardous substances were kept in a locked cupboard.
- At the last inspection in May 2016, we identified that fire safety procedures were not clear and clients were not aware of the fire safety procedures. The service did not have any fire extinguishers in the house. At this inspection, the service now had a fire extinguisher within the house and the registered manager checked these monthly. A fire safety risk assessment had been completed in October 2016.
- As part of the weekly health and safety checks, volunteers checked the fire doors were fit for purpose.
- A senior manager carried out comprehensive health and safety checks of the house. We found some checks were missing from the health and safety records.There was a three month gap in the two-weekly recorded general health and safety checks but smoke detectors, carbon monoxide detectors, emergency lighting and fire drills continued to be recorded on a monthly basis. The inspection team raised this with senior management during the inspection who confirmed the health and safety checks had been completed in line with policy and procedure, but had not been recorded.
- Clients said they knew the fire safety procedures and took part in the weekly health and safety checks of the house. Clients took part in monthly fire drills to check

they knew what to do in the event of a fire. We saw evidence this was taking place monthly and they outlined which clients attended and the duration of the fire drills.

- The environment had clear fire exits and were free from obstructions. The electrical and gas appliances had been safety tested within the last 12 months. This was in line with formal guidance from the health and safety executive and ensured the safety of the clients.

Safe staffing

- The service had enough staff to keep clients safe. The service had four full time staff and four volunteers working Monday to Friday. The house was not staffed on evenings and weekends. Volunteers provided out of hours support to clients where needed and there was a paid member of staff on call to deal with any emergencies that occurred on evenings and weekends.
- The service did not use any agency or bank staff to cover shifts. The service had arrangements in place to cover staff absence. For example, the service used external addiction and mental health specialists to cover the therapist when they were on leave. This meant client groups were rarely cancelled due to shortage of staff. When the service was short of volunteers, the other volunteers were contacted to work in the service; this was only between office hours Monday to Friday. However, sickness levels for staff were low for the period between July 2016- August 2017 at less than 1% and the service did not have any turnover of staff in the last 12 months.
- At the last inspection in May 2016, we found not all staff had completed mandatory training. At this inspection, we found that the service had made improvements. All staff and volunteers had completed mandatory training for safeguarding vulnerable adults, prevention of blood borne diseases and emergency first aid and 89% of staff had completed safeguarding children, handling medication and avoiding drug errors and health and safety.
- At the last inspection in May 2016, we found the provider had not competed Disclosure and Barring Service (DBS) criminal records checks for all staff and volunteers prior to commencing employment. At this inspection, we checked eight personnel files of staff and volunteers and found that appropriate checks had been completed for each. Although no new staff had joined the organisation since the last inspection, the provider had systems in place to check that all paid and unpaid staff had received a criminal record check. Staff told us they conducted risk assessments for prospective employees if their DBS checks indicated a criminal history.

Assessing and managing risk to clients and staff

- We looked at the risk and crisis management plans for two clients at the house. When clients were referred to the service, the therapy manager assessed the potential risks to the client and staff. The therapy manager completed a comprehensive risk assessment upon admission to the service. It included a full risk history including risks of sex working, domestic violence and blood-borne viruses. A blood-borne virus is a disease that can be spread through contamination by blood and other body fluids. Staff updated updating risk management plans every six weeks, or as risks changed. Risk was discussed during weekly key worker sessions.
- At the last inspection in May 2016, we identified that the provider did not have clear risk and crisis management plans outlining the risks and treatment preferences of the client in the event of a crisis. At this inspection, we found that the service had made improvements. Staff had documented the identified risk and management plans appropriately. Each client had an appropriate crisis management plan. For example, the plans gave information about who to contact in an emergency or in the case of a relapse or overdose. The provider had a clear unplanned exit policy in place, which outlined what staff would do in the event that a client decided to leave the programme early or if they were asked to leave the service for breaching the rules. This meant that staff knew what to do in the event of an unplanned exit.
- At the last inspection in May 2016, we identified that risk assessments did not outline the plans to minimise the risk of overdose post opiate detoxification. At this inspection, we found that the service had made improvements. The provider had followed public health guidance on opiate overdose and had a supply of naloxone medication at the house in the event a client had an opiate overdose. We looked at the risk assessments for two clients' and found that staff had completed a section on what staff should do to minimise the risk of overdose. We saw evidence of clients receiving training from staff on using the medicine naloxone.

Substance misuse services

- At the last inspection in May 2016, we found that staff were not trained in safeguarding children from abuse and did not know the procedures in place to safeguard children. When we re-inspected the service in August 2017, we found all staff were now trained in safeguarding children from abuse. Staff understood the importance of safeguarding children who may have contact with the clients' at the service. The provider had implemented a children's safeguarding policy, which outlined how to identify signs of abuse in children. Staff said that children were not allowed to visit the service and if necessary volunteers could accompany clients to visit their own children in the community if they wished.
- Staff understood how to keep clients safe from abuse and the service worked effectively with other agencies to do so. Staff had good liaison with different health and social care professionals to adequately meet the needs of clients. All safeguarding alerts were reported through NHS systems or local council systems. The providers safeguarding policy outlined how to safeguard adults from abuse and how to identify abuse.
- All staff and volunteers were trained in safeguarding vulnerable adults from abuse. There were no safeguarding incidents in the last 12 months. Staff demonstrated a sound understanding of safeguarding issues and their responsibilities.
- Clients provided urine samples for drug testing. If clients used alcohol or drugs whilst in treatment, they were required to leave the service. Staff said they made this clear to clients upon admission.
- At the last inspection in May 2016, we found staff were not always following the lone working procedure. When we re-inspected the service in August 2017, we found that the service had made improvements. All staff knew the lone working procedure. Volunteers mostly attended the houses in pairs. When volunteers attended the house on their own, they informed their line manager and followed the lone working protocol. The service had a lone working log that all staff signed when they were working on their own. A staff member then followed this up with a telephone call to check their whereabouts.
- The service had made improvements to their systems for management of medicines since the last inspection. At the May 2016 inspection, the service medicines policy was not robust and did not offer clear guidance on what would happen if someone already admitted into the service was no longer able to self-administer medicines. The service did not adequately monitor changes in client need. During the August 2017 inspection, the provider had made improvements to the medicines policy. It clearly identified what procedure staff would follow if a client needed support to self-administer their medication. The management of medicines policy was in accordance with best practice guidance from the National Institute of Health and Care Excellence (NICE).
- At the May 2016 inspection, there was no clear guidance as to what action should be taken if there was a medicines incident out of hours. During the August 2017 inspection, the provider's medicines policy included clear and appropriate guidance on what staff should do if there was a medicines incident out of hours.
- At the May 2016 inspection, we found clients used medication self-administration sheets to record what medicines they had taken. The provider did not record if and why changes to client's medication had been made. During the August 2017 inspection, the provider was still using the same medication self-administration sheets. Clients filled these out daily and staff reviewed and signed them at the end of each week, however, it was not clear what they were checking them for. We highlighted this issue to management during the inspection, and action was taken. The service provided new self-administration sheets, which meant volunteers supported clients to complete a weekly stock check of their medication, this was then given to the recovery director to monitor. At the time of the inspection, the recovery director told us they were the lead for medicines management.
- At the last inspection in May 2016, the provider's policy did not reflect how staff should manage clients' over the counter (OTC) medicines. We found staff were storing a supply of non-prescribed OTC medication for minor ailments. If a client felt unwell out of hours, the senior resident contacted the duty worker to authorise giving them to the client. During the August 2017 inspection, the provider had updated their medicine policy to reflect that staff were no longer storing or dispensing OTC medicines at the service. Staff told clients they had

to acquire their own OTC medication if they needed it and to store it in their own lockable containers. This reduced the risk of staff dispensing medication when they were not trained to do so.

- Medicines were prescribed by the client's GP. Staff provided clients each with a lockable container to store their medication safely. However, when clients were admitted to the service staff did not assess whether a new client could self-administer their medication. Staff recorded what medication clients had with them when they first arrived, but we did not see evidence that staff had completed an assessment of client's abilities to self-administer their own medicine. This meant that staff might not respond appropriately if a client had a high level of support around their medicines management once admitted to the service. We raised this with the recovery director during the inspection. They acknowledged that an additional section on the assessment form could guide staff in determining what support a client needed to self-administer their medication, and planned to add this to their admission assessment.

Track record on safety

- The service had reported no serious incidents in the last 12 months.

Reporting incidents and learning from when things go wrong

- The provider had an incident reporting system in place. Staff used incident reporting processes appropriately. Two incidents had been reported in the period January 2017 to August 2017.
- The service had a policy for reporting incidents. Staff knew what incidents to report and how to report them. Volunteers reported any incidents from the house to their line manager who then would report the incident. Another incident involved a client on client verbal discrimination.
- Incidents were included as an agenda item at team meetings and there was evidence of learning from incidents as a result. For example, we saw because of one incident staff amending the therapy programme.

Duty of candour

- Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. Staff were aware of the need to be open and transparent when things went wrong. The service had a duty of candour policy. Staff understood the importance of needing to be open, transparent and apologise to clients when things went wrong.

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

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

- Staff completed comprehensive admission assessments for clients. The assessment included sections such as their medical, financial, blood borne virus status, domestic violence, mental health, physical health and social care needs.
- We reviewed two care records in detail. The therapy manager completed the risk assessments and the keyworkers completed the care plans. Key workers updated client care plans on a weekly basis. There was evidence that keyworkers discussed medication changes with clients. However, we found one client did not have a key working session recorded three weeks. Staff said this key working had taken place but staff had not recorded this.
- At the May 2016 inspection, staff ensured all care plans had objectives but they were not recovery focussed or specific, measurable, achievable, realistic or time bounded, (SMART). During this inspection, we found an improvement and care plans were SMART. Key workers and clients reviewed clients' objectives weekly and followed these with actions. Objectives were realistic and personalised to the client.
- Clients had early exit plans that gave information about who to contact in an emergency or in the case of a relapse, for example next of kin or care manager. This included information staff gave to clients in regards to alcohol and substance relapse.
- The service had paper based client records. All clients had care plans. Staff stored these files in a locked

cabinet. The client timetable included therapeutic and group work sessions, these included one to one counselling sessions, anger management, relapse prevention, reflection group and yoga.

Best practice in treatment and care

- At the May 2016 inspection, the service did not keep a stock of naloxone for clients following opioid detoxification in accordance with The National Institute for Health and Clinical Excellence (NICE) guidance. Naloxone reverses overdose if an individual relapses and uses drugs. During this inspection, the service kept a stock of naloxone for clients at the recovery house. The naloxone was clearly displayed in the house, was in date and appropriate for use. Staff, volunteers and clients had received naloxone training should they need to use it.
- The service based its model of care on a programme used in the United States called One Day At A Time (ODAAT). The programme emphasised the importance of peer support and personal accountability. It delivered a structured programme, including therapeutic input, Monday to Friday at the day service. Whilst clients were accommodated at the shared 2nd Stage residential house.
- The 2nd Stage House programme was to provide a bridge between the intensively structured programme from the provider's 1st Stage House and independent living that clients must prepare for once they complete the programme. Ex-clients of the programme told us the programme worked, and that they had remained drug and alcohol free.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. In accordance with the NICE guidance, the service provided cognitive behavioural therapy and psychodynamic therapy for clients. The service provided a number of self-help groups, which included relapse prevention and anger management. The therapy manager ran these groups and received appropriate external supervision in line with NICE guidance. The service encouraged clients to attend external self-help groups and there was evidence of clients attending alcohol anonymous, narcotics anonymous and cocaine anonymous. Clients attended these groups in the community, which gave clients the opportunity to receive support from individuals who were abstinent from drugs and alcohol, and were positive role models.
- Shortly after clients were admitted to the service, they were registered with a local GP. The GP prescribed the clients' medication. Where clients had additional healthcare needs, the staff made referrals to secondary health care services such as mental health services. The staff shared information with these services with the consent of the client. The client also liaised with referrers when necessary and other third party organisations. The service ensured clients' physical healthcare needs were being met. We saw evidence that staff and volunteers supported clients to attend their hospital or GP appointments to address physical health issues.
- The service had recently included the treatment outcomes profile (TOP) within clients' admission packs. TOP is the national outcome monitoring tool for substance misuse services.
- The service conducted a clinical audit for infection control. This helped to ensure a safe and clean environment for clients. However, staff did not conduct any other clinical audits, which meant the provider did not assure themselves of the quality of the service they provided for client.

Skilled staff to deliver care

- At the May 2016 inspection, staff did not have sufficient training and skills to provide care and support to client in respect of substance misuse and mental health concerns. During this inspection, improvements had been made. The service had introduced specialist training modules on drugs and alcohol (including relapse prevention and effects of detox) , mental health , naloxone and overdose awareness, all staff had completed these.. This training included a module on novel psychoactive substances (legal highs), which demonstrated staff received training on new drug culture. Staff had also attended a substance misuse training event at an external NHS provider.

- The service supported volunteers to enrol onto a level 3 diploma in alcohol and substance misuse. This supported volunteers to receive training to enable them to undertake their job role and also supported with their professional development.
- Staff received regular one to one supervision every four to six weeks. All staff had received an appraisal in the last 12 months. Volunteers received group supervision, which varied in frequency depending on client needs. Group supervision took place at least once every two months and was often more frequent, we saw that in some months two group supervisions had been provided to volunteers.

Multidisciplinary and inter-agency team work

- The core team included four volunteers, a therapist, a house manager, a director of recovery services and a support manager for the volunteers to meet the needs of the clients. The service had access to a pool of external contractors that included a counsellor, a yoga instructor, addiction and mental health specialists and a 2nd Stage Life Skills worker. The service also had access to a pool of trainee counsellors to support the service's therapy programme.
- Staff handed over information to each other about clients throughout the day on an ad hoc basis. This worked well and staff and volunteers described good communication between the team. Staff said the on call manager was always available.
- Staff attended regular team meetings, we reviewed minutes from these meetings that used a standard agenda and covered topics such as complaints and incidents.
- If staff identified that clients were struggling with their abstinence, the service ensured that the client would be supported in the community by contacting other organisations including the local homeless persons unit.
- The service had good multi agency working. We saw good communication with the staff and clients' care managers.

Good practice in applying the MCA

- At the May 2016 inspection, none of the staff had completed training related to the Mental Capacity Act (MCA) and deprivation of liberty safeguards. During this inspection, the service had introduced mental capacity act training as mandatory and 100% of staff had completed the training. Staff displayed a clear understanding of how the principles of the mental capacity act would be relevant to their role. Staff recognised that clients had the right to make decisions that they may be regarded as unwise, and that everyone had their own values and preferences that may not be the same as theirs.
- The service had a mental health policy, which included the MCA. The policy provided guidance to staff on the principles of the MCA.

Equality and human rights

- The service provided training in equality and diversity with a 100% take up by staff.
- There was evidence that the provider supported clients around their sexuality, for example staff facilitated a group session on lesbian, bisexual, gay and transsexual (LBGT) rights.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Staff treated clients with dignity and respect. We observed the weekly brunch morning that was held at the main office, which clients from 1st Stage and 2nd Stage Houses attended daily. Staff joined the clients in eating brunch and talking about the week's current affairs. This was a way for clients and staff to meet in a structured way outside of the therapeutic programme. We saw staff spending time with clients in the communal areas during the day and speaking to them in a friendly and respectful manner.
- Feedback from clients confirmed that staff treated them well and with compassion. We spoke with two clients at the house and a client from the providers' third stage 'move on' accommodation.
- Clients described how staff treated them fairly through the duration of their stay and that they felt respected. Staff accompanied clients to hospital appointments and supported clients with further education. Clients felt this supported them to maintain their independence and to re-establish their daily living for when they moved on.
- The service hosted graduations for current clients and ex- clients could attend to discuss their experiences of

recovery. Clients were able to attend the service after they graduated to continue with support if they needed it and we saw clients who had graduated still attend the service.

- Staff understood the needs of the clients. Staff knew the importance of abstinence within this client group and supported them to maintain this. We saw evidence of staff liaising with criminal justice systems, social care and children services in order to support clients with their particular needs. For example, we saw staff supporting clients with their court appearances and liaising with the probation officers and care managers.

The involvement of clients in the care they receive

- Staff involved clients and those close to them in decisions about their care and treatment. For example, each week clients met with their key worker to discuss their progress and identify goals for the week. We looked at two clients key working sessions and saw evidence of clients discussing where they needed support and what they wanted to achieve, including family contact and attending college. Staff provided training for clients in food hygiene and fire safety.
- On admission all clients signed consent to treatment and share information forms. This was included as part of their welcome pack.
- Staff appropriately involved client's families in their care. Staff assessed client's family relationships at admission. Staff understood the need to support clients with their families. For example, clients described when staff had supported them maintain contact with their family and reconnect.
- Clients were able to feedback about the service they received. Staff gathered feedback regarding the service by asking the clients to complete feedback forms and verbally at the end of therapeutic sessions. Additionally clients could feedback in the monthly service user forums, which was led by the support manager and held at the day service. This had a standard agenda and the provider used the feedback to improve the service.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Access and discharge

- There was no waiting list for a place at the service. The service admitted clients once they had been at the provider's 1st Stage House for at least three months. Clients moving from the 1st Stage house to the 2nd Stage house could do so in a phased manner. This enabled them to continue to receive peer support from the clients who were at the 1st Stage House.
- Funding for treatment came from a variety of sources, which included local authorities and self-funding clients. The service also provided treatment to those who could not access funding through the provision of a bursary.
- The service had an admissions policy that outlined it would only admit men aged 18 and over and who were abstinent from drug and/or alcohol. The policy outlined it admitted men with low support mental health needs only. Staff said they would not admit anyone who was actively suicidal or had chronic schizophrenia, but this was not outlined in their policy. Staff therefore were not guided in what low support mental health needs meant and may not have effectively responded to client's complex mental health needs.
- The provider had a third stage house, which clients could move into once they had completed their treatment at 2nd Stage house.

The facilities promote recovery, comfort, dignity and confidentiality

- The programme aimed to empower clients during their residence at the recovery house. Staff closely monitored and supervised the house, but the house was not staffed 24 hours a day, as staff encouraged clients to assume personal and individual responsibility for their abstinence and recovery one day at a time.
- Clients did not access therapy sessions at 2nd Stage House. They had therapy sessions, one to one meetings or group work sessions at the day service, which was located in another building. Clients used a local bus route to travel from the house to the day service. The facilities available to clients at the house were a communal lounge, dining room, kitchen and garden, which were accessible 24 hours a day. During the May 2016 inspection, the accommodation was tired and needed redecorating. Before this inspection, the provider had redecorated the accommodation.

- The service had a pay phone that clients could use to make calls. Staff allowed clients to have their mobile phone.
- The house was non-smoking. If clients wished to smoke, they could do so in the garden. The service did not offer smoking cessation sessions but supported clients who wished to stop smoking by signposting them to appropriate services.
- Volunteers were available to accompany clients if they had appointments or wished to go for a walk or shopping. However, the majority of clients did not require this level of support. The activities timetable was posted in the reception area. The clients also had access to a range of activities and were encouraged to get fit and healthy as part of their recovery. Staff had also arranged a workshop for clients at a local restaurant. Clients were able to learn about food hygiene, nutrition and had the opportunity to cook and try out different recipes. Clients said they found this workshop a positive experience.
- Client's belongings were stored securely. Items of value could be stored in the service's safe. The service kept a log of the items that were stored in the safe. Clients were able to personalise their bedrooms. Clients had their own bedrooms.
- Clients cooked for themselves and there was a cooking rota at the house in order to support their daily living skills. Staff said this was to encourage independence and for them to take responsibility of their finances as the client progressed through the programme.

Meeting the needs of all clients

- The service was a faith based organisation but supported clients from different faiths. They were flexible with their therapy programme to accommodate clients' spiritual needs. We saw evidence of staff supporting a client with their spiritual needs.
- The service was not accessible to people who used a wheelchair. If a prospective client was identified as having mobility difficulties, they were signposted to other substance misuse services by the provider.
- At the time of inspection, staff identified there was one client who was a vegetarian and they supported them with this dietary requirement.
- Staff delivered group work and therapy sessions in English. However, the service was able access a translator to support individuals whose first language was not English.

Listening to and learning from concerns and complaints

- Information on how to complain was readily available to the clients, this information was contained in their admissions pack. Clients told us they knew how to complain. Staff encouraged clients to raise concerns/ complaints and compliments during monthly service user forums. These forums included clients from the 2nd Stage House and the 1st Stage House, which was another of its services. The provider responded to complaints and issues raised by clients. For example, in July 2017, clients fed back that they like to have a complaints box. We saw that the provider had responded appropriately to this complaint and placed a box in the day service.
- The service had a complaints policy and procedure that staff were aware of. The service had not received any complaints in the last 12 months.

Are substance misuse services well-led?

Leadership

- The service had a two-tier leadership model, which consisted of a trustee board and a senior management team. The provider had recently recruited a specialist substance misuse nurse to their trustee board, who provided advice on medication. The chief executive of the service attended monthly trustee board meetings. We reviewed the meeting minutes from the last four months, which demonstrated they happened regularly. Topics of discussion included the operational running of the recovery service and the service's risk register.
- The senior management had remained stable and been with the service for a number of years. They had a variety of skills, knowledge and experience to perform their roles. Senior management had a good understanding of the service they managed.

- Senior management were visible in the day service and volunteers and clients said they were approachable. For example, a member of senior management was always on call.

Vision and strategy

- The service had clear vision and strategy that all staff understood and put into practice. The service's vision and values were rooted in their faith-based ethos. The aim was to assist people who were in difficulty, to support clients to make changes in their lives and to help them make a new start.
- The provider's senior leadership team had successfully communicated the service's vision and values to the volunteers at the service.

Culture

- Staff and volunteers felt respected, support and valued. All staff we spoke with told us how they had worked at the service for a long time and felt it was a supportive place to work.
- The service had a whistleblowing policy that detailed bullying and harassment. Staff told us they felt able to raise issues with their line manager or the director where appropriate. Staff did not report any bullying or harassment at the service.
- Staff appraisals included conversations about learning and development and how the service could support them. For example, we saw managers had supported volunteers to enrol onto a substance misuse diploma to assist with their career progression.
- The service had low levels of sickness and there were no members of staff on long term sick.

Good governance

- There were systems and procedures in place to ensure that the premises were safe and clean; there were enough staff; staff were trained and supervised; patients were assessed and treated well; referrals and waiting times were managed well; incidents were reported, investigated and learned from. Some further improvements were needed to ensure that governance systems were embedded. There was a clear agenda of what was discussed in team meetings to ensure essential information was shared. For example, complaints and safeguardings were discussed and shared.
- Staff understood arrangements for working with external teams, such as the local authority and other health care providers to meet the needs of the clients.

Management of risk, issues and performance

- The service had a risk register in place. This was a comprehensive risk register that had a staff member accountable for each action. For example, risk of infection was an item included on the risk register and detailed how checks should be made during house visits. We found evidence that these checks were happening via the volunteers.
- The service had a business continuity plan in place in case of emergencies.

Information management

- Staff and volunteers had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well.
- Information governance systems included confidentiality of patient records.
- Senior managers had access to information to support them with their management role. This included information on staffing and client care.
- There had been no incidents within the previous 12 months that should have been reported to CQC by the provider. However, the chief executive and director of recovery were unaware of the need to notify CQC of some incidents that may occur within the service. We told the chief executive and director of recovery about this during the inspection and they assured us that going forward they would ensure that any incidents that should be notified, were notified to CQC.

Engagement

- Staff, volunteers and clients had access to up-to-date information about the work of the provider and the service they used. For example, there were information leaflets about the programme in the day service.

- Senior management actively engaged with staff and volunteers in regards to changes to the service's policies and procedures. For example, the recovery director led a team meeting with staff and volunteers to discuss the new way of monitoring client's medication

Learning, continuous improvement and innovation

- The managers and staff embraced change and worked hard to improve the sustainability of the service. The provider had a vision and mission for recovery services. This set out objectives that the service wanted to achieve within three years. For example, objectives to increase awareness of the service and improve client experience. The provider wanted to bring in experts to help deliver career opportunities for clients by 2018/19. This was a clear document for staff to use and follow to drive improvement within the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must have appropriate systems in place to assess clients' ability to self-medicate during their admission to the service and ensure this is addressed in clients' care planning.
- The provider must notify the CQC of all notifiable incidents. The provider was unaware that any notifiable incidents' that occur must be notified to the CQC.

Action the provider SHOULD take to improve

- The provider should continue to embed the new polices and protocols for management of medicines at the service. New systems to ensure that staff monitor that clients are taking their medication as prescribed should be embedded.
- The provider should ensure that a complete and contemporaneous record in respect of each client is maintained, including a record of the care and treatment provided to the client. The provider should keep up to date records of health and safety checks at the recovery house.
- The provider should ensure their admissions policy clearly outlines what level of mental health needs the service can accept and safely support at the service
- The provider should consider carrying out regular monitoring to improve the running of the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not assess clients' ability to self-medicate when they were admitted to the service. This was breach of regulation 12 (1) (2) (a) (g)

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The provider was unaware of the need to notify the CQC of all notifiable incidents. This was a breach of Regulation 18 (1)(2)(e)(f)