

# Good News Family Care (Homes) Ltd

## Charis House

### Quality Report

Hardwick Square East  
Buxton  
Derbyshire  
SK17 6PT  
Tel: 01298 24761  
Website: [www.gnfc.org.uk](http://www.gnfc.org.uk)

Date of inspection visit: 14 -15 December 2015  
Date of publication: 21/07/2016

### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-961288186	Charis House	Charis House	SK17 6PT

This report describes our judgement of the quality of care provided within this core service by Charis House. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Good News Family Care (Homes) Ltd and these are brought together to inform our overall judgement of Good News Family Care (Homes) Ltd.

#### **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

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

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

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	3
The five questions we ask about the service and what we found	4
Information about the service	8
Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	8
What people who use the provider's services say	9
Areas for improvement	9

---

### Detailed findings from this inspection

Locations inspected	10
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Findings by our five questions	11
Action we have told the provider to take	19

---

# Summary of findings

## Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following issues that need to improve:

- The service needs to evidence it uses a clinical and social governance framework that would monitor and review learning from audits and incidents.
- There had been one serious incident in the previous 12 months. We were concerned that when speaking to staff members they were not able to identify any learning in relation to the incident. No learning had been identified or actions taken to prevent a similar occurrence.
- Medication audits completed identified numerous errors in the dispensing of medication. The staff team had recorded no learning although additional training had been provided.
- The staff team did not plan for individual client's early or unexpected exit from treatment. The client within the service did not have a care plan for early or unexpected exit. Generic information packs were available which contained helpline numbers and relapse prevention advice. There was general information available to clients on the loss of tolerance and increased risk of overdose. This did not meet individual client risks.
- The service had identified potential exclusion criteria. These included convictions for arson, sexual offences, or serious violence. Staff told us that the final decision was the managers and the providers and they agreed admission on an individual basis. If the issues were historic, they may not be a barrier to accessing the service. We were concerned that if exclusion criteria were not fully applied this could have presented a risk to other clients and / or their children.

- Records checked including client records, medication administration records, team meeting minutes, and staff supervision records did not evidence actions the service said it had taken. Not all records were completed in a timely manner.

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

- The service operated with permanent staff. There was no use of agency or bank staff. Staff were familiar with the service and the clients.
- Mandatory training was completed. Training records demonstrated staff were up to date.
- Staff were respectful, relaxed, and responsive to requests made of them. Staff provided practical and emotional support.
- Clients were involved in the planning of their care. They were encouraged to take responsibility for their own recovery.
- There was a regular activity programme available over seven days. The programme provided a range of activities to meet needs. Staff provided religious based activities on a daily basis, which were a part of the therapeutic programme.
- Staff provided group sessions, one to one's and counselling.
- Clients current and past spoke extremely positively about the treatment programme. They identified positive staff attitudes.
- Staff members had a clear understanding of the vision and values of the service.
- Staff felt they were providing a worthwhile service. They enjoyed their jobs and morale was good.

# Summary of findings

## The five questions we ask about the service and what we found

### **Are services safe?**

We do not currently rate standalone substance misuse services.

We found things that need to improve, including that:

- There had been one serious incident in the previous 12 months. We were concerned that when speaking to staff members they were not able to identify any learning in relation to the incident. De-brief and discussion had taken place. No learning had been identified or actions taken to prevent a similar occurrence.
- We reviewed the medication administration records. We found they were confusing and not clear. Several errors had occurred in the previous three months relating to the storage and administration of medications.

However, we also found areas of good practice, including that:

- Clients signed a detailed written treatment contract. This contained consent to bag searches, urine screening and breathalyser tests, reduced access to the telephone and restricted access to their money. This ensured that clients fully understood and consented to the restrictive practices. These are an important part of the rehabilitation process.
- Mandatory training was completed. Training records demonstrated that staff were up to date.
- There was no use of agency or bank staff. All staff were permanent staff. This meant that staff were all familiar with the service and the clients.

### **Are services effective?**

We do not currently rate standalone substance misuse services.

We found things that need to improve, including that:

- Medication audits completed identified numerous errors in the dispensing of medication. The staff team had recorded no learning although additional training had been provided.
- The staff team did not plan for individual client's early or unexpected exit from treatment. The client within the service did not have a care plan for early or unexpected exit. Generic information packs were available which contained helpline numbers and relapse prevention advice. There was general information available to clients on the loss. This did not meet individual client risks.
- The care record we reviewed had an individualised plan present. Weekly one to one sessions were part of the care. The

# Summary of findings

last documented session was several weeks before. Staff told us that the one to one would have taken place but staff had not written it up. We were concerned that information was not recorded in a timely manner and not available for all staff.

- Staff were not able to identify any learning in relation to incidents.

However, we also found areas of good practice, including that:

- Staff registered all clients with a local GP and dentist. Staff supported clients to access these services.
- Charis House referred to local community substance misuse services when substitute opiate prescribing was required. Staff attended these appointments with clients ensuring collaborative care.

## **Are services caring?**

We do not currently rate standalone substance misuse services.

We found areas of good practice, including that:

- Staff were respectful, relaxed, and responsive to requests made of them. Staff provided practical and emotional support.
- Current and former clients were very complimentary about the staff
- Clients said they felt safe and that staff demonstrated belief in their ability to recover from addiction.
- Staff had a good understanding of the individual needs of clients.
- Staff provided written information to clients outlining the service.
- Clients were involved in the drawing up of their plans of care and assessing their risks.
- Clients were actively encouraged and supported to maintain contact with their children.
- Regular monthly house meetings took place.
- Every six months the service held a feedback event. This was a chance for staff and clients to discuss how improvements could be made

## **Are services responsive to people's needs?**

We do not currently rate standalone substance misuse services.

We found areas of good practice, including that:

# Summary of findings

- Staff supported clients who wished to move areas to make a new start to relocate locally following completion of their treatment. This enabled clients to access ongoing support after discharge.
- There was a regular weekly activity programme over the seven days. The programme provided a range of activities to meet needs. Staff provided religious based activities on a daily basis.
- There was an on-site children's nursery that clients could use without cost to care for their children. This enabled clients to participate in the therapeutic programme provided.
- There was open access throughout the 24-hour period to hot and cold drinks and snacks.
- Clients made and prepared their own meals, supported by staff if necessary. Staff supported clients to gain budgeting skills.
- Staff provided group sessions, one to one's and counselling
- Staff completed an exit interview using a generic 'leaver's pack' to support discharges. The pack contained telephone numbers of support agencies.
- A medication protocol was in place for unplanned leavers, which provided three days medication.
- A leaflet was available advising clients who used the service how to complain. Clients said they would know how to complain and would be confident to do so.
- An information booklet contained information on local GP's, social services, dentists, and local support services.

However, we also found areas that the service provider could improve, including that:

- We did not see any evidence of learning from complaints documented.
- There were no posters displayed on how to contact the care quality commission.

## **Are services well-led?**

We do not currently rate standalone substance misuse services.

We also found areas that the service provider could improve, including that:

- There was no evidence that the service used a clinical and social governance framework that would monitor and review learning from audits and incidents.
- Supervision records showed inconsistencies in recording. One member of staff had not received an annual appraisal, although this was planned.
- There was no documented evidence of staff learning from incidents, complaints, or service user feedback.

# Summary of findings

- Records checked including client records, medication administration records, team meeting minutes, staff supervision and appraisal records did not evidence actions the service said it had taken. Not all records were completed in a timely manner.

However, we also found areas of good practice, including that:

- Staff had a clear understanding of the vision and values of the service.
- Staff felt they provided a worthwhile service, enjoyed their jobs and morale was good.
- Staff felt supported. They felt they worked well together as a team.
- Team members had varying backgrounds and knowledge. Staff accepted and recognised other team member's skills and knowledge.
- Staff told us they felt confident to raise issues without fear of reprisal. Staff felt senior staff supported them.
- Mandatory training was completed. Staff completed level three safeguarding training for adults and children every three years. Staff completed health and safety, fire, first aid, and risk assessment training.
- Staff reported incidents. Staff we spoke with knew what they should report and how to do this.
- Staff knew how to raise concerns. They were aware of and knew the whistle blowing procedure. Staff told us they would feel confident to raise concerns and managers would take these seriously.

# Summary of findings

## Information about the service

Charis House is registered for accommodation for persons who require treatment for substance misuse. The registered manager is Christine Norman.

Charis House provides a residential rehabilitation substance misuse service. It uses the 12-step model of abstinence. It provides a residential service to females only and accommodates up to four clients. Clients fund their service by signing a tenancy agreement and claiming housing benefit. Charis House does not provide alcohol detoxification. Opiate detoxification is in partnership with the local community substance misuse service. The service has staff present between 8.00am and 8.00pm each day. At night an on-call system operates.

Referrals come from churches, prisons, specialist drug and alcohol teams and other substance misuse services. Clients have an average length of treatment of approximately 26 weeks. Charis House provides a therapeutic day programme. Clients participate in work-based activities at the provider's farm that is registered with the Care Quality Commission as a separate location.

Following treatment, clients may move to supported accommodation provided on a separate floor of the building, not registered with the Care Quality Commission. Clients who have completed their programme are encouraged to come back to the service to attend groups as part of their after-care package.

## Our inspection team

Team leader: Amy Owen, Inspector, Care Quality Commission

The team that inspected the service comprised of two CQC inspectors. The team did not include an expert by experience or specialist advisor as there was only one client in the service. The inspection team size was in accordance with this.

## Why we carried out this inspection

We inspected this service as part of our inspection programme to make sure health and care services in England meet fundamental standards of quality and safety.

## 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, asked other organisations for information.

During the inspection visit, the inspection team:

- visited Charis House, looked at the quality of the environment and observed how staff were caring for clients
- spoke with five clients who were using or had used the service



# Summary of findings

- spoke with the registered manager
- spoke with four other staff members
- received feedback about the service from other local organisations who worked with Charis House
- looked at one care and treatment record
- reviewed medication management procedures
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

- Clients who used the service (or had used the service) were very complimentary about the staff. They told us they felt safe and valued by staff. Staff were non-judgemental and went the extra mile for them.
- Staff showed genuine care for them and they felt like staff treated them as part of a family.
- Staff were supportive and always made time for them.
- Staff believed in them and developed their self-esteem.
- Staff had provided both practical and emotional support during their treatment programme.
- Previous clients told us aftercare from the service continued in the community after the treatment programme had ended if they chose to stay in the locality.

## Areas for improvement

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

- The provider must improve medicines management practice by identifying learning from audits and errors.
- The provider must ensure that learning from incidents takes place in order to minimise the risk of such incidents reoccurring.
- The provider must ensure that all records are completed in a timely manner.

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

- The provider should ensure that client care plans address the potential risks to clients of early exit from the treatment programme.
- The provider should identify clear exclusion criteria for clients entering the service and apply it consistently.

# Good News Family Care (Homes) Ltd

## Charis House

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Charis House	Charis House

#### Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff told us they assessed a client's capacity during the assessment process. There was no recording of this in the assessment documentation. However, clients were informed of restrictions prior to them entering the service and signed a license agreement on admission.
- Staff had not received specific training on the Mental Capacity Act. Staff told us they would seek advice from the manager if unsure.
- Charis House did not admit clients under the influence of alcohol or other substances, which could temporarily impair capacity.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

- Charis house is a large multipurpose building and the recovery centre is located on the second floor.
- The unit was clean and tidy although the building was old and other parts of the building were in a poor state of decoration.
- There were no cleaning rotas in place as there was an expectation that clients would clean the unit themselves.
- Bedrooms were cold at the time of inspection.
- Charis House did not have an examination room or emergency drugs. Community services such as GPs, community substance misuse services and community mental health teams met healthcare needs. The teams said Charis House were proactive in seeking advice and referring clients if needed. The staff would dial 999 in the event of an emergency.
- There was no ligature mitigation in place. The provider had chosen not to remove door closers. Previously these had been used as ligature points.
- There was a fire risk assessment in place, which included actions staff had taken to mitigate risk. These included a fire register, portable appliance testing (PAT) testing of any electrical items, a fire alarm system, fire doors, and a daily fire risk check.
- The fire service had also carried out a risk assessment on the premises and this demonstrated they were compliant with fire service standards.
- In addition to the risk assessments and annual reviews there was a fire and health and safety checklist. Staff completed this daily. Records were complete.
- There was an environmental health and safety risk assessment in place, alongside annual checks. Staff last completed this in April 2015.
- Charis House only accepted female clients. Therefore, Charis House met all the guidance on same sex accommodation.
- Two rooms on other floors of the building were available for clients to see visitors. This enabled service users to have privacy and ensured no males accessed the unit.

### Safe staffing

- The service employed five staff members. They also had a visiting counsellor and volunteers at times. During the inspection there were no volunteers or counsellors present. Managers told us volunteers would have access to the same training and supervision as permanent staff.
- The service was staffed by two members of staff Monday to Friday. At weekends there was one member of staff and they were supported by staff working in the family centre on the first floor of the building. Between 8.00am and 8.00pm staff were present within the service. Outside of these hours there was an internal phone where the clients who used the service could contact on-call staff or staff working in the family centre on a separate floor of the building for support or in an emergency. Routine checks were not completed between 11pm weekdays, midnight at weekends until 8am the following morning.
- Clients generally said staff were available when needed. One person told us they had rung the phone out of hours and not received a response so they had set the alarm off on the buildings doors which had gained staff attendance.
- All staff including volunteers had disclosure and barring service (DBS) checks completed.
- Staff were available for individual support when required. Clients told us they were not rushed when undertaking activities or when going out.
- One to one time for each client was provided by a keyworker at least once a week.
- Mandatory training was completed. Staff completed health and safety, fire, first aid, and risk assessment training. Training records demonstrated that all members of staff were up to date with training.
- There was no use of agency or bank staff. All staff were permanent staff members. This meant that staff were familiar with the service and the clients.

### Assessing and managing risk to patients and staff

- Staff risk assessed clients. We examined the care records for the current client. We found that a risk assessment was present. The risk assessment tool used was a tick box rating risks as high, medium, low or none. If staff assessed risks as medium or high, they formulated risk management plans. The risk assessment in the care

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

record we looked at did not contain any identified medium or high risks. Staff updated risk assessments weekly; following one to one keyworker sessions or if any incidents happened.

- Children up to the age of seven were able to stay with their mothers if the local authority assessed their mothers as safe and competent to care for them. Clients on the unit without children were risk assessed as part of the admission process.
- Medications were stored in a locked cabinet fixed to the wall in the main staff office.
- Staff completed level three safeguarding training for adults and children. Staff could discuss with confidence what would constitute a safeguarding concern and knew their responsibilities to report concerns.
- Staff raised safeguarding concerns with the registered manager or responsible individual. The manager would report to the local safeguarding team if appropriate. There were no recent examples of referrals. However, there were examples of staff working closely with the local authority with on-going cases.
- Children who resided at the premises with their mothers remained the responsibility of their mother. This was clear in the licence agreement.
- Clients signed a written treatment contract. By agreeing to take part in the programme of treatment clients consented to bag searches, urine screening and breathalyser tests, reduced access to the telephone and restricted access to their money. This ensured that clients fully understood and consented to the restrictive practices, which are an important part of the rehabilitation process.
- We reviewed the medication administration records. We found that staff had missed administering prescribed medication to the client. One staff member had recently provided medication management training to the team.

- There had been one serious incident in the previous 12 months. This was still an on-going case with the coroner. We were concerned that staff were not able to identify any learning in relation to the incident. De-brief and discussion had taken place but no learning or action plan identified.
- The serious incident involved a client using a door closer as a ligature point. Despite the potential level of incidents the provider had taken no actions. There were still a large number of door closers in place at the time of the inspection. There were no changes to risk assessments or staffing levels following this incident.
- There was a bottle of white spirit on a shelf in the laundry room which was accessible to clients and potentially their children had any been in residence. Staff immediately removed this when we discussed it with management. This was a breach of the control of substances hazardous to health (COSHH) regulations.

## Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and what to report as an incident.
- There was evidence of incidents being reported using the organisations paper records.
- Following the serious incident earlier in the year one of the directors had facilitated a staff de-brief. Charis House offered staff directly involved individual counselling.
- Clients who were residing in Charis House at the time of the incident were also offered de-brief and additional support.
- There was no evidence of learning from incidents. Management told us they shared learning in team meetings. We looked at team meeting minutes for the past six months and could find no evidence of this.

## Track record on safety

# Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

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

- Two staff members carried out pre-assessments of clients in person or over the telephone. This was good practice. Staff then had a discussion with the registered manager and responsible individual who decided if the referral was appropriate. A more in-depth assessment took place on admission.
- Staff registered clients on admission with a local GP and dentist. Local primary care services addressed physical healthcare needs. Staff supported clients in accessing these services to meet their physical health needs.
- The provider was not a prescribing service. Any substitute opiate prescribing required was through referral to local community substance misuse services. Staff attended these appointments with clients to ensure sharing of information and collaborative working.
- The reviewed care record contained an up to date care plan, which clearly reflected the individually identified needs and goals of the client. However, the last recorded key worker session was several weeks previously. Staff told us the session would have taken place, but they had not yet written it up.
- Information needed to deliver care and treatment records were paper based. Staff organised documents in two separate folders and stored these securely in a locked cabinet. The use of two folders could potentially risk staff missing information. However, the small staff team mitigated this risk, as they all understood where information was stored.
- Drug misuse and dependence UK, guidelines on clinical management highlight that early or unexpected exits from treatment can be a time of increased risk. There were no documented early or unexpected client exit from treatment plans. However, staff could explain what they would do in the event of a client wanting to leave. There were also information packs available with helpline numbers and relapse prevention advice, these were generic and did not assess individual risks.

### Best practice in treatment and care

- The service followed a twelve-step programme approach and offered individual counselling and group work. There was also a farm project based at a different location, which offered opportunities to develop skills in woodwork, horticulture, and joinery.
- If clients developed mental health issues, staff referred them to local community mental health services. The local community mental health team spoke positively of how effective the service was in making referrals.
- Staff had recently introduced a tool called Wheel of Wellbeing (WoW). This is a goal and outcome setting measure, which looks at aspects of a person's life and scores them on a one to five scale. Staff completed the tool at admission, three months into treatment and at discharge. The two clients' staff had completed it with showed significant improvement during the course of their treatment.
- We spoke to one client who entered the service while pregnant. Antenatal care had been organised for her by the staff. During inspection, we saw a community midwife visiting the premises.
- One of the recovery workers audited medication administration records on an ad hoc basis. These audits identified numerous errors in the dispensing of medication. The service had recorded no formal learning from these audits, but recent in-house training had taken place in an effort to improve on the situation. Staff did not complete any other clinical audits.

### Skilled staff to deliver care

- The staff team included a general nurse, a social worker, and an occupational therapist. The social worker and occupational therapist worked in generic recovery worker roles as the service had not employed them as their previous professional roles. The general nurse was the registered manager. A further staff member had experience of working in substance misuse services.
- There were no mental health nurses within the team. Senior management had identified this as an area, which needed addressing. They had plans to recruit a mental health nurse. The manager had advertised the post but not been successful in appointing to the position.
- Staff received annual appraisals. Records showed that one staff member had not received their scheduled appraisal at the time of our inspection, although this was planned.

# Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Staff told us individual supervision occurred every two months and extra supervision was available through weekly team meetings and the weekly 'walk the floor' forms. Walk the floor was a form, which staff completed with any issues and forwarded to the manager. We reviewed records from June 15 until October 15 and found inconsistencies in supervision recording. No staff member had received all supervision as scheduled
- Weekly team meetings enabled staff to give feedback or suggestions for the service to improve. We reviewed six months of minutes from these meetings. A set agenda was used that included rotas, service users, issues, referrals and any other business. The minutes did not contain any information regarding staff learning from complaints or incidents.
- Staff told us they used team meetings to share and learn from complaints or incidents and to discuss policy review and training. There was no record of staff reviewing policies or updating them.
- Staff at Charis House and those at partner organisations told us that they worked collaboratively. Partner organisations included primary care, mental health services, and the community substance misuse team. Staff at partner organisations said Charis House was proactive at referring to services.

## **Good practice in applying the Mental Capacity Act** (if people currently using the service have capacity, do staff know what to do if the situation changes?)

### **Multi-disciplinary and inter-agency team work**

- Clients signed a contract and license agreement at admission consenting to the therapeutic programme and the restrictions that were in place.
- Staff told us they assessed a client's capacity during the initial assessment process and on an on-going basis. There was no recording of this in the client records.
- Staff received no specific training on the Mental Capacity Act (MCA) and, apart from one member of staff, could not describe the statutory principles. However, staff told us they would seek advice from the manager if they were concerned about a client's capacity.
- Charis House did not admit clients under the influence of alcohol or other substances that could temporarily impair capacity.
- The service had a communication book and daily log, which provided a written record of handover information for shifts. Staff needed these resources, as there were on-call staff on duty between 8pm and 8am so staff did not always hand over directly to one another.

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### Kindness, dignity, respect and support

- Staff were respectful, relaxed, and responsive to requests made of them. They provided practical and emotional support to clients.
- Clients were very complimentary about the staff. They told us that staff showed genuine care for them and treated them as part of a family. They said they felt safe and staff believed in their ability to recover from addiction. One person told us they felt moving to Charis House had transformed their whole life.
- Staff had a good understanding of individual clients' needs.

### The involvement of people in the care that they receive

- Staff gave all new clients an information booklet. This outlined the rules of the service and contained information on local support services and organisations.
- Clients, if able, visited the service prior to moving there to help with their orientation. On entering the service, clients signed a license agreement this contained rights, rules and expectations of clients who used services and staffing information.
- Clients were involved in the drawing up of their care plans. Through discussion with staff, clients identified what their individual aims were. Staff reviewed risk assessments with clients as part of one to one sessions that occurred weekly.

- Within the first month of entering the service there was a rule of no contact with families or carers. We saw that staff actively encouraged and supported clients to maintain contact with their children following this initial period. One client told us staff had taken her to visit her children, who were several hours away. Without this, she said she would not be able to see her children as frequently as public transport was too expensive.
- Regular monthly house meetings enabled clients to raise issues. The team allocated a staff member to follow up actions identified. We reviewed six months of minutes from these meetings and saw that some issues were resolved. However, one issue had remained outstanding for three months.
- Every six months the service held a feedback event, attended by clients and staff. This event was to discuss how services could improve. The most recent event was in July 2015.
- The craft group held regular on-going discussions with clients to identify future group activities. They kept informal minutes of the discussions, which showed that the service regularly met the women's requests.
- Clients could seek help via an internal phone outside of the services normal working hours. One client told us staff responded when they rang the phone out of hours. However, another client told us they had rung the phone out of hours and nor received a response. This client then had to set off an alarm to attract staff attention.

# Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### Access and discharge

- Over the previous six months, beds were available when needed. On the days of inspection, one bed was occupied and three beds were vacant.
- The service had identified potential exclusion criteria. These included convictions for arson, sexual offences, or serious violence. Staff told us that the final decision was the manager's and provider's and they agreed admission on an individual basis. If the issues were historic, they may not be a barrier to accessing the service. We were concerned that if exclusion criteria were not fully applied this could have presented a risk to other clients and / or their children.
- Of the five clients we met, four were from out of area. Staff supported clients who wished to move areas after treatment. One client told us staff helped her to find information she needed to register for housing in preparation for discharge.
- Staff told us they did not prevent clients from exiting the service before the end of their treatment, although they would try to persuade the client to leave in a planned manner. If staff had significant concerns about an early exit from treatment, they would seek advice from health or social services. In an emergency, they would inform the police. Staff followed a written medication protocol and provided three days of prescribed medication to clients who left early. However, the service did not have treatment care plans for early exits. This presented a risk to both clients and their children should they chose to leave suddenly outside of normal working hours.
- Staff completed interviews if possible before clients left the service. They also used a 'leaver's pack' to support discharges. The pack contained telephone numbers of support agencies.

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

- The service had access to appropriate rooms and facilities to support recovery. The facilities included an on-site nursery that clients could use without cost to care for their children while they participated in activities.
- Staff did not allow access to mobile phones. They removed these on admission and kept them safe in the office. Clients agreed to this prior to admission.

- However, clients could use a landline to maintain contact with their children or speak to professionals. After the first month, clients could also use the landline to contact wider family and friends.
- While in the service, staff did not allow clients to leave the premises unaccompanied. Clients said if they needed to go out then staff were available to accompany them.
  - There was open access to hot and cold drinks, and snacks at all times. Clients made and prepared their own meals, supported by staff if necessary.
  - Clients were able to personalise their bedrooms. We saw clients had put up posters and displayed craftwork they had completed.
  - Each bedroom contained a small locked box where clients could secure their medication (if self-medicating) or other personal items. Money was kept locked in the staff office.
  - There was a regular activity programme across all days of the week. The programme was part of the licence agreement that clients signed on admission, and staff expected clients to attend. Activities included individual sessions and counselling, craft, parenting, self-esteem and healthy eating groups, as well as religious based activities such as church visits and morning prayers. Clients could also work at a sister farm project that offered gardening, woodwork, livery, and poultry keeping opportunities.

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

- Staff worked collaboratively with other agencies to support clients. We spoke with one client who staff had facilitated via social services to re-establish contact with her children. Staff had also provided transport and escorts as the children lived in different areas of England.
- The service could accommodate clients with limited mobility. There were stair lifts provided between the floors. However, the layout of the building excluded wheelchair users as there were steps between floors and the corridors and doorways were narrow.
- The service provided an information booklet in client's bedrooms that contained information on local GPs, social services, dentists, and local support services.
- The service was self-catering and so could meet special diets.



# Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

- There was daily access to Christian spiritual support. Staff told us they could accommodate other faiths, and they had listed other places of worship in the information booklet.
- We saw limited information leaflets available. There was no information displayed on advocacy. A local advocacy service was available to clients, this was within close walking distance of the service. The notice board had the address details for the Care Quality Commission on a piece of paper, however, the telephone number was not displayed.
- The service received two complaints in the previous 12 months and had resolved both. Staff provided written responses to complaints detailing actions taken as a result.
- The service had a leaflet advising clients how to complain. Clients said they knew how to complain and would be confident to do so. One person told us how they had raised a concern with staff and staff had addressed and resolved it.
- Staff told us that the manager shared learning from complaints with them via team meetings. However, we did not see any documented evidence of learning in the team meeting minutes we reviewed from the last six months.

## **Listening to and learning from concerns and complaints**

# Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Vision and values

- The service had clearly defined vision and values that were available to clients and staff. Staff we spoke with had a clear understanding of the vision and values.
- Staff prioritised family life as an important component of recovery.
- Staff told us they would be confident to raise issues with senior staff members without fear of reprisal. Staff felt managers supported them.
- Directors attended a meeting on site every two months. Staff felt the directors were supportive and approachable.

### Good governance

- There was no evidence that the service used a clinical and social governance framework that would monitor and review learning from audits and incidents.
- We reviewed records and found not all staff members received supervision as scheduled. One staff member had not received their appraisal, there were plans in place to complete this.
- Records checked including client records, medication administration records, team meeting minutes, staff supervision and appraisal records did not evidence actions the service said it had taken. Not all records were completed in a timely manner.

- Staff reported incidents. Staff we spoke with knew what they should report how to report it. However, there was no clear documented evidence of staff learning from incidents or complaints.
- Administration staff worked on site. This allowed other staff to focus on client care.
- Mandatory training was completed. Staff completed health and safety, fire, first aid, and risk assessment training.
- Staff completed level three safeguarding training for adults and children. Staff could discuss with confidence what would constitute a safeguarding concern and knew their responsibilities to report concerns.

### Leadership, morale and staff engagement

- In the previous 12 months one staff member had been off work for an extended period due to sickness. At the time of inspection no staff were absent from work.
- Staff knew how to raise concerns. They were aware of and knew the whistle blowing procedure. Staff told us they would feel confident to raise concerns and managers would take them seriously.
- Staff told us they enjoyed their jobs and morale was good. Staff felt they provided a worthwhile service.
- Staff felt supported and that they worked well together as a team. The service was relatively new and the development of the team had taken a few months. Team members had varying backgrounds and knowledge, and staff appreciated the benefits of this.
- We reviewed minutes from weekly team meetings and saw that managers welcomed feedback or suggestions for the service from staff.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p data-bbox="831 680 1501 748">Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p data-bbox="812 775 1501 918">The service did not protect clients against the risks associated with medication errors because the provider had recorded numerous medication errors with no documented learning from incidents.</p> <p data-bbox="812 943 1469 1086">Clients were not protected from the reoccurrence of serious incidents because following a recent serious incident in the service no action had been taken to remedy the situation and prevent further occurrence.</p> <p data-bbox="812 1111 1310 1144">This was a breach of regulation 12 (2) (b)</p>

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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