

New Writtle Street

Quality Report

53 New Writtle Street
Chelmsford
Essex
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alcohol-drug-rehab-chelmsford-essex

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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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



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.

Summary of findings

Overall summary

We rated New Writtle Street as requires improvement because:

- The provider was unable to demonstrate they had considered the risks posed by mixed sex accommodation. Female clients were situated in bedrooms next to male clients. Bedrooms did not have ensuite bathrooms, which meant that women would have to walk past men's bedrooms to get to the bathroom. The provider had not fitted locks on the bedroom doors which posed a risk others could go into the rooms. This posed a risk to clients' safety, privacy, and dignity. The provider had not completed a risk assessment of mixed sex accommodation, so were unaware of potential risks, or how these should be managed. The service was not accessible for people with disabilities. The service did not use key performance indicators and there were no auditing processes in place to monitor staff compliance.
- The door to the bedrooms did not have a lock. The provider did not have governance systems in place to monitor mandatory training, supervision, and appraisals for staff. The provider could not provide information on compliance rates.

However:

- Staff completed risk assessments of clients. If staff considered clients a risk of self-harm or suicide, staff would increase observation levels to reduce any risk identified. The provider covered shifts with sufficient staff of the right grades and experience. There was adequate medical cover for the service. A doctor was available on call should the staff require medical advice. If there was a medical emergency staff called the emergency services. Staff received safeguarding training and knew how to raise safeguarding alerts. Staff knew how to report incidents and what to report. Staff knew how to use the provider's whistleblowing

processes. Staff received feedback from the investigation of incidents during team meetings. Staff were open and transparent and explained to clients when things went wrong.

- Staff had good staff morale throughout the service. Staff told us they felt happy in their role and that senior colleagues supported them.
- All areas of the service were clean and tidy. The provider recently redecorated the service and installed new furniture. The service employed a cleaner who attended once a week. The service adhered to infection control principles. There were hand-washing facilities and disinfectant gel was located throughout the service. The service had policies and procedures in place for the use of observations and searching clients. The service had beds available when clients needed them.
- The service did not admit clients who were detained under the Mental Health Act. Clients were aware of the right to leave at any time. Clients received a comprehensive assessment following admission which covered substance misuse history as well as all other needs. Clients received a physical examination upon admission. Clients told us staff were very kind and caring and treated them with dignity and respect. Clients told us that staff were very responsive to their needs and very supportive. Staff showed clients around the service on arrival and provided a welcome pack containing information about the service. Clients gave feedback on the service they received. Clients attended community meetings in which they could give their input. Clients made private phone calls in bedrooms, and had access to outside space. Clients could personalise their rooms, and each room had a small safe and a lockable drawer to keep valuables secure.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Substance
misuse
services**

Requires improvement



Summary of findings

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Requires improvement 

New Writtle Street

Services we looked at

Substance misuse services;

Summary of this inspection

Background to New Writtle Street

New Writtle Street is a residential accommodation site used by PCP Chelmsford treatment centre. New Writtle Street only offers residence to clients who attend PCP Chelmsford for treatment. The location has a registered manager and a nominated individual. For full details of PCP Chelmsford treatment centre please see the report on the CQC website: <http://www.cqc.org.uk/location/1-290374861>

New Writtle Street provides accommodation for up to four clients who require treatment, including detoxification, for substance misuse at the PCP Chelmsford treatment centre. Clients may stay at New Writtle Street during their detoxification period depending on their assessment of needs. Clients attend and receive treatment at PCP Chelmsford including assisted withdrawal and detoxification programmes for clients addicted to alcohol or substances. The treatment centre at PCP Chelmsford offers one to one counselling, group therapy, 12-step groups, art therapy, medication, and equine therapy.

Staff at New Writtle Street complete night shifts where they attend the treatment centre at PCP Chelmsford for a handover at the start of their shift. Staff transport clients to the accommodation site at New Writtle Street and transport clients back to the treatment centre at PCP Chelmsford in the morning. One staff sleeps at the service

and one remains awake to provide a supportive role to clients throughout the night. There are no staff or clients at the accommodation site during the day. The service provides residential accommodation for male and female clients, most of whom are self-funded.

The service is registered to provide the following regulated activity:

- Accommodation for persons who require treatment for substance misuse

We last inspected New Writtle Street in March 2017 and did not identify any breaches of regulations. We inspected the treatment site at PCP Chelmsford in October 2017 and issued requirement notices under the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 for regulation 12, safe care and treatment and regulation 19, fit and proper persons employed. The provider sent the CQC their action plans to address these. The provider is now compliant in these areas.

Due to the nature of this service, we were unable to speak with staff at the service, however we spoke to staff at PCP Chelmsford, who also work at new Writtle Street. Please see the PCP Chelmsford report on our website: <http://www.cqc.org.uk/location/1-290374861>

Our inspection team

The team that inspected the service comprised of three CQC inspectors and a specialist advisor who was a mental health nurse who had experience of working in substance misuse services.

Why we carried out this inspection

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

Summary of this inspection

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the service environment;
- spoke with three clients who were using the service;
- spoke with the registered manager;
- spoke with three support workers who have worked at the location and work at PCP Chelmsford;
- Looked at three care and treatment records of clients;
- carried out a check of the medication management; and
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

- We spoke to clients at PCP Chelmsford who told us that staff were very kind and caring and treated them with dignity and respect. Clients told us that staff were very responsive to their needs and very supportive.
- Clients told us that staff orientated them to the service and gave them a welcome pack which contained information on treatments and services available.
- However, clients told us they were not always involved in the planning of their care. One client told us they did not know what their care plan was.

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 rated safe as requires improvement because:

- The provider was unable to demonstrate they had considered the risks posed by mixed sex accommodation. The provider had not completed a risk assessment of mixed sex accommodation, so were unaware of potential risks.
- The provider gave staff feedback from incidents which were often contradictory in nature, stating that the incident could not be avoided, but also giving suggestions as to how the incident could be mitigated.

However,

- The provider had estimated the number of staff required. The service had recently increased staffing at night to one waking staff and one sleep in staff. The provider increased staffing levels following an incident in order to maintain clients' safety.
- Staff completed risk assessments of each client upon admission. We reviewed all clients' care records.
- All areas of the service were clean and tidy. The provider had recently redecorated the service and installed new furniture. The service employed a cleaner who attended once a week to keep premises clean and tidy.

Requires improvement



Are services effective?

We rated effective as good because:

- Clients received a comprehensive assessment following admission. We reviewed the care records for the three clients and all had received an assessment from the doctor and the nurse upon admission.
- Staff were supervised and appraised and had access to regular team meetings. We reviewed staff files and saw evidence staff were receiving supervision and appraisals in line with the provider's policy.
- Clients had access to physical healthcare, including access to specialists when needed. We saw evidence in care records that showed that staff supported clients to access dentists, opticians, and hospital appointments when needed.

Good



Are services caring?

We rated caring as good because:

Good



Summary of this inspection

- We spoke to clients who told us that staff were very kind and caring and treated them with dignity and respect. Clients told us that staff were very responsive to their needs and very supportive.
- The admission process orientated clients to the service. Clients told us that when they arrived, staff showed them around the service and they were given a welcome pack.
- Clients could give feedback on the service they received. Clients attended community meetings in which they could give their input.

Are services responsive?

We rated responsive as good because:

- The service had beds available when people needed them. Staff assessed clients within 24 hours of receiving the referral.
- The service had rooms and equipment to support treatment and care within the accommodation. The service provided all equipment to enable clients to maintain their activities of daily living.
- Clients were able to personalise their bedrooms. We saw evidence that clients had bought in personal items such as photographs and personalised bedding.
- Clients knew how to make complaints. Staff provided clients with information on how to complaint upon admission as part of the welcome pack.

Good



Are services well-led?

We rated well-led as requires improvement because:

- The provider did not have a documented vision and values statement, either centrally or at a service level.
- The service did not have systems in place to monitor mandatory training, supervision, and appraisals.
- The service did not use key performance indicators and there were no auditing processes in place to monitor staff compliance.

We found the following areas of good practice:

- The service covered shifts with sufficient staff of the right grades and experience. We reviewed the duty rotas for the three months prior to inspection and saw that all shifts were covered appropriately.
- There was good staff morale throughout the service. Staff told us they felt happy in their role and that senior colleagues supported them.

Requires improvement



Summary of this inspection

- Staff were open and transparent and explained to clients when things went wrong. We saw evidence in the complaint records where staff had given feedback to clients following a medication error.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

The service did not admit clients detained under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

- The provider trained staff in the Mental Capacity Act. The provider did not provide data to demonstrated this but managers told us that all staff had completed on-line training which contained a basic introduction to the Act. Staff had a basic understanding of the Mental Capacity Act. Staff assumed clients to have capacity and supported them to make decisions for themselves.
- The provider had a policy relating to the Mental Capacity Act. This stated staff were aware of it and had access to it.
- The doctor would not admit clients who lacked capacity on admission, in line with the provider's policy. We saw evidence of an admission that staff had delayed due to a client lacking capacity. We spoke with one client who told us staff delayed their admission because they were intoxicated. However, another client told us that staff asked them to sign a contract which they did not understand due to intoxication.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Substance misuse services

Safe	Requires improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Requires improvement 

Are substance misuse services safe?

Requires improvement 

Safe and clean environment

- The layout of the service did not always allow staff to observe all areas. Staff completed risk assessments of clients. If staff considered clients a risk a risk of self-harm or suicide, staff would increase observation levels to reduce any risk identified.
- There were ligature anchor points throughout the service. The provider had completed a ligature risk assessment. This included how the service mitigated identified risks. Clients had individual risk assessments which contained information on ligature risks and actions staff should take to minimise any risks, such as increasing observation levels.
- The provider was unable to demonstrate they had considered the the risks posed by mixed sex accommodation. Female clients were situated in bedrooms next door to male clients. Bedrooms were not ensuite, which meant that female clients would have to walk past male bedrooms to get to the bathroom. There were no locks on the bedroom doors so clients could not lock the door to maintain their safety, privacy, and dignity. The provider had not completed a risk assessment of mixed sex accommodation, so were unaware of potential risks.
- Staff kept medication is in the staff bedroom in a controlled drugs cupboard. Resuscitation equipment was available at the service. Staff checked the resuscitation equipment on a weekly basis. We checked the records for the past three months and saw that staff completed these appropriately.

- All areas of the service were clean and tidy. The provider recently redecorated the service and installed new furniture. The service employed a cleaner who attended once a week.
- The service adhered to infection control principles. There were hand washing facilities and disinfectant gel was located throughout the service.

Safe staffing

- The service had estimated the number of staff required. The service had recently increased staffing at night to one waking staff and one sleep in staff. The service increased staffing levels following an incident in order to maintain clients' safety.
- The service used agency staff appropriately. We reviewed the duty rotas for the three months prior to inspection. During this period, agency staff covered three shifts.
- There was adequate medical cover for the service. The doctor was available on call should the staff require medical advice. If there was a medical emergency staff called the emergency services.
- Staff received mandatory training in medication, fire safety, infection control, consent and confidentiality, mental capacity, safeguarding adults and children and a range of other topics. Training was a mixture of on-line learning and face to face sessions. The service did not provide figures for mandatory training and did not have a target rate. However, staff we spoke with stated that they had attended this training and staff files we looked at confirmed this.

Assessing and managing risk to patients and staff

Substance misuse services

- Staff completed risk assessments on each client upon admission. We reviewed all clients care records. We found that all clients had received a risk assessment during their admission assessment. Staff reviewed these regularly throughout a client's stay with the service.
- Staff used the providers risk assessment tool. Staff completed these on the provider's computer record system.
- The provider did not admit clients who were detained under the Mental Health Act. Clients were aware of the right to leave at any time.
- The service had policies and procedures in place for the use of observations and searching clients. We saw evidence in the care records of using observations appropriately for patients considered a risk of suicide or self-harm. Staff could search clients' belongings if they thought that clients were bringing in contraband items.
- The service did not use restraint, seclusion, or rapid tranquilisation.
- Staff were trained in safeguarding and knew how to make safeguarding alerts. We saw evidence in the care records that staff had responded appropriately to safeguarding concerns.

Staff access to essential information

- Staff had access to essential information. Staff could access a laptop with which they were able to access clients care records. This was accessible by all staff including agency staff.

Track record on safety

- There had been no serious incidents at the service the past 12 months.
- There had been no adverse events reported at the service in the past 12 months.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and what to report. We reviewed the incident reports for the service and found that staff were reporting incidents appropriately.
- Staff received feedback from the investigation of incidents during team meetings. We reviewed team meetings for the six months prior to the inspection. We found that learning from incidents was a regular agenda

item. However, the feedback was often contradictory in nature, stating that the incident could not be avoided, but going on to provide suggestions as to how the incident could be mitigated.

- We saw evidence that the service made changes because of learning from incidents. The service had introduced a second member of staff at night because of an incident at the service.

Duty of candour

- Staff were open and transparent and explained to clients when things went wrong. We saw evidence in the care records where staff had explained to clients what went wrong following a medication error.

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

Good 

Assessment of needs and planning of care

- Clients received a comprehensive assessment following admission. We reviewed the care records for the three clients and all had received an assessment from the doctor and the nurse upon admission. These assessments were comprehensive and covered substance misuse history as well as all other needs.
- Clients received a physical examination upon admission. The doctor completed this as part of their assessment. Care records showed evidence of ongoing monitoring of clients' physical healthcare where appropriate.
- Information needed to deliver care was stored securely and available to staff when they needed it. Staff documented information on the services electronic recording system. This was available to all staff.

Best practice in treatment and care

- Clients had access to physical healthcare, including access to specialists when needed. We saw evidence in care records that showed that clients could access dentists, opticians, and hospital appointments when needed.

Skilled staff to deliver care

Substance misuse services

- The service employed staff with the necessary experience and qualifications. We saw evidence in the staff's records that they had completed training appropriate to their role.
- Staff were supervised and appraised and had access to regular team meetings. We reviewed staff files and saw evidence that staff were receiving supervision and appraisals in line with the provider's policy. We reviewed team meeting minutes. Staff attended team meetings monthly and the minutes were shared with any staff that were unable to attend.
- Senior staff addressed performance issues promptly and effectively. We saw evidence in staff supervision records, where senior staff had addressed issues with performance.

Multi-disciplinary and inter-agency team work

- Staff attended daily handover meetings to discuss events from the previous evening, client issues, including risk, admissions and discharges, actions for the day, volunteers and a review of client requests. We attended a daily handover meeting during the inspection, which was effective and well organised.
- There was effective interagency working between staff at the service and PCP Chelmsford, staff attended handovers at the beginning and end of shifts at PCP Chelmsford.

Adherence to the MHA and the MHA Code of Practice

- The service did not admit clients detained under the Mental Health Act.

Good practice in applying the MCA

- The provider trained staff in the Mental Capacity Act. The provider did not provide data for this but managers told us that all staff had completed the e-learning course which contained a basic introduction to the Act.
- The provider had a policy relating to the Mental Capacity Act. This stated staff were aware of it and had access to it.
- Staff had a basic understanding of the Mental Capacity Act. Staff assumed clients to have capacity and supported them to make decisions for themselves.
- Staff we spoke with told us the doctor would not admit clients who lacked capacity on admission, in line with the provider's policy. We saw evidence of an admission that staff had delayed due to a client lacking capacity.

- We spoke with one client who told us their admission was delayed because they were intoxicated. However, another client told us that staff asked them to sign a contract they did not understand due to intoxication.
- Staff recorded clients' views on consent to treatment and to sharing information. However, staff did not complete formal mental capacity assessments where they considered clients lacked capacity. Staff waited for clients to regain capacity so they could make the decisions for themselves.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- We were unable to observe staff attitudes and interactions with clients as all staff and clients were at the day service when we inspected. We spoke to clients at PCP Chelmsford who told us that staff were very kind and caring and treated them with dignity and respect. Clients told us that staff were very responsive to their needs and very supportive.

Involvement in care

- The admission process orientated clients to the service. Clients told us when they arrived, staff showed them around the service and gave them a welcome pack which contained information about what the service offers and what to expect during the day.
- Clients were able to give feedback on the service they received. Clients attended community meetings in which they could give their input. We saw evidence the therapeutic programme has changed, following requests from clients.

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

Good 

Access and discharge

Substance misuse services

- The service had beds available when people needed them. Staff assessed clients within 24 hours of receiving the referral. Staff would complete this either by telephone or face-to-face. At the time of inspection, the service had one vacancy.
- Staff discharged clients at an appropriate time of day. Staff planned discharges and arranged with family, carers, and other services to support the client upon discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had rooms and equipment to support treatment and care within the accommodation. The service provided all equipment to enable clients to maintain their activities of daily living.
- Clients were able to use their bedroom to make private phone calls.
- Clients had access to outside space as there was a small garden area outside for clients to utilise.
- Clients bought and prepared their own food. Clients were able to purchase snacks and hot drinks and could access these 24-hours.
- Clients were able to personalise their bedrooms. We saw evidence that clients had bought in personal items such as photos and personalised bedding.
- Clients had somewhere secure to store their possessions. Each room had a small safe and a lockable drawer for clients to keep their valuables secure.

Meeting the needs of all people who use the service

- The service was not accessible for people with physical disabilities. Staff told us that if someone with disabilities required their service, they would support them to find appropriate accommodation elsewhere.
- Clients had access to information on treatments, local services, and how to complain when they were admitted. Staff gave clients a welcome pack which contained all appropriate information.

Listening to and learning from concerns and complaints

- The service had received six complaints in the past 12 months. None of these complaints were upheld and none were referred to the Independent Health Complaints Advocacy Service.

- Clients knew how to make complaints. Staff provided clients with information on how to complain upon admission as part of the welcome pack. None of the clients we spoke to had made a complaint but were aware of how to make a complaint if required.
- Staff received feedback on the outcome of investigations of complaints. We reviewed the team meeting minutes and saw that feedback from complaints was a regular agenda item.

Are substance misuse services well-led?

Requires improvement 

Visions and values

- The provider did not have a documented vision and values statement, either centrally or at a service level.
- Managers and staff we spoke with told us they wanted to provide person centred care which helped clients to recover from substance misuse and maintain their recovery.

Good governance

- The service did not have adequate oversight of staff compliance with mandatory training, supervision, or appraisals. The service did not have systems in place to monitor staff compliance and did not use key performance indicators or auditing to provide assurance. Managers were unable to provide accurate and up to date information on staff compliance rates.
- The service covered shifts with sufficient staff of the right grades and experience. We reviewed the duty rotas for the three months prior to inspection and saw that all shifts were covered appropriately.
- Staff learnt from incidents and complaints. We reviewed team meetings which showed that incidents and complaints were discussed regularly. However, some of the information was contradictory in that it stated incident could not be avoided but would then explain how they could have mitigated the situation.
- The service manager had sufficient authority to carry out their role. They told us they were supported to make any necessary changes.

Leadership, morale and staff engagement

- There had been no cases of bullying and harassment of staff in the past 12 months.

Substance misuse services

- Staff knew how to use the provider's whistleblowing procedure. All staff we spoke to were able to explain what they would do if they had concerns about the service. Staff told us they felt able to raise concerns without fear of victimisation.
- There was good staff morale throughout the service. Staff told us they felt happy in their role and that senior colleagues supported them.
- Staff were open and transparent and explained to clients when things went wrong. We saw evidence in the complaint records where staff had explained to clients following a medication error.
- Staff could give feedback on services and service development during team meetings. Staff told us that senior management supported them to make changes where appropriate.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure they assess the risks posed by mixed sex accommodation. The provider must ensure they have plans in place to minimise these risks.
- The provider must ensure it has systems and processes in place to monitor the effectiveness of the service and staff compliance with training and supervision.

Action the provider **SHOULD** take to improve

- The provider should review its mental capacity training to ensure staff are fully aware of how to implement the Act when needed.

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

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- The provider had not assessed the risk of providing mixed sex accommodation, or taken appropriate action to reduce risk to patients.

This was a breach of regulation 12 (2)(a)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The provider had not ensured it had systems and processes in place to monitor the effectiveness of the service and staff compliance with training and supervision.

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