

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

New Writtle Street

53 New Writtle Street, Chelmsford, CM2 0SB

Date of Inspection: 24 January 2013

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	PCP Luton
Registered Manager	Mr. James Peacock
Overview of the service	New Writtle street is registered with the Care Quality Commission to provide accommodation for people who require treatment for substance abuse.
Type of service	Residential substance misuse treatment and/or rehabilitation service
Regulated activity	Accommodation for persons who require treatment for substance misuse

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our visit to New Writtle Street we spoke with two of the four people who were staying at this accommodation while they received treatment for substance misuse from the PCP Luton treatment centre. People we spoke with said they were happy living at New Writtle Street.

Staff showed an understanding of people's needs and preferences and we saw that staff were polite when speaking with people. We also noted that people living in the home appeared comfortable with staff and we saw good-humoured conversations.

People were satisfied with their treatment, and complimented the staff who supported them. One said. "The counsellors are very good; they are fully equipped to understand what I'm going through. I'm very happy with the programme". They said they were always treated with respect by the staff.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. Their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. Each person was fully assessed when they attended the service. Two people spoken with confirmed this, adding that they were respected and treated with dignity. Clinical tests were used in the assessment, for example urine testing to identify recent drug usage; while treatment consisted of all available community based treatment methods, including medical prescriptions and various individual and group therapies.

People expressed their views and were involved in making decisions about their care and treatment. Each person's care plan was individualised to them. People were involved in the planning of their care and set their own individual goals in their care plans. One person said. "The counsellors are very good; they are fully equipped to understand what I'm going through. I 'm very happy with the programme". They said they were always treated with respect by the staff.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. People's care plans were reviewed at weekly sessions and updated accordingly. We saw one care plan and the person to whom it related confirmed that they were always consulted about their progress. Risk assessments were detailed and carefully drawn up with people's involvement. Another person spoken to said the plans would be reviewed daily if requested.

We looked at the care files of two people who lived at New Writtle St. Each care plan had been written by the individual in consultation with their counsellor, therefore they were very person centred. The files contained an initial assessment by a counsellor, an assessment by a doctor within 24 hours of admission, a signed contract, care planning information and risk assessments. People participating in this programme wrote their own daily reports which reflected their feelings and their own perception of their progress. People also completed homework to help them consolidate their understanding of their condition, and identify other aspects of their life they wanted to address through the programme.

Care plans and risk assessments were linked together and we could see that individual circumstances had been considered throughout the process. For example, where additional issues such as people's family situations or work related problems were identified, these were incorporated into the care plans and introduced into counselling sessions. People's long standing medical conditions were also taken into account within the care plans, and if medical attention was required, people were supported to access this through local National Health Services (NHS) facilities.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risk of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that is suitably designed and adequately maintained.

New Writtle Street is one of four locations where people on the programme for substance misuse live during the course of their treatment. This particular location is situated less than a mile away from the treatment centre. The house is a mid terraced with four bedrooms.

New Writtle Street has been refurbished and has up to date appliances throughout. The environment was warm and comfortable with ample communal space including a dining room and separate lounge. People's bedrooms were individually decorated and contained evidence that people were surrounded by their personal possessions.

The communal areas were clean and tidy. A member of staff visits the house at least twice a week to check on maintenance and cleaning. The paper work for this and recent action plan were seen during the inspection.

One of the bedrooms had facilities for sharing, but on our inspection there was only one occupant; we were told this room was used with the consent of both potential residents prior to them sharing and appropriate consultation taken place.

There was fire safety equipment in place and we saw records which indicated these were checked each week. There were posters in New Writtle Street which identified 24 hour on call contact details for counsellors, medical services and an on-call electrician.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We did not speak with people directly about requirements relating to workers. However, we saw that there were good interactions between staff and people living in the home and people appeared confident in their exchanges with members of staff. People who had used the service previously, had completed surveys as part of the home's quality monitoring processes. These were complimentary about staff. One person stated "staff are always available to talk to and I feel confident I could discuss anything with any member of staff."

Personnel records confirmed that there was a process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included an application form with a clear history of previous employment, written references, proof of identity and Criminal Record Bureau (CRB) checks to confirm that newly recruited staff were suitable to work with vulnerable people.

Individual personnel records for staff confirmed that they received a range of training, which included core training such as moving and handling, infection control, food hygiene, prevention of falls, dementia awareness, challenging behaviour and safeguarding of vulnerable adults. Members of staff told us that training was good.

This showed us that people using the service had their health and welfare needs met by staff who were appropriately recruited and received training to enable them to do their job.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage the risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

During our inspection we saw that staff asked people their opinions and listened to them.

As part of the quality monitoring process the provider distributed surveys to seek the views of people using the service. We saw from the results of the surveys that people made positive comments about the service. Comments included 'this programme has given me my life back', and 'I have done the 12 steps and it has worked for me'

We saw that senior staff carried out audits to assess standards in the service, including audits of medication to ensure people were receiving their prescribed medication safely.

We also saw there was a process in place for dealing with concerns and complaints. A relative who completed a survey commented "We have no cause to complain about the service."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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