Inspection Report

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

Action for Change - Hastings and Rother

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Action for Change
Registered Managers	Mr. Paul Burley Mrs. Joanna Utting
Overview of the service	Action for Change is a charity that provides advice, information and support for people whose alcohol use causes them health or social problems.
Type of service	Community based services for people who misuse substances
Regulated activity	Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 25 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

People that we spoke with told us they were well supported by the service. They told us that decisions and changes were up to them.

We saw that people's consent was sought when they started using the service.

People told us they set their own goals. One person said, "it's just what I need."

We saw that the provider co-operated with other care providers to achieve a good level of care for people. We saw that complaints were listened and responded to appropriately.

We saw that staff received appropriate professional development and support.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

When people started using the service they completed a detailed form which included what people their information could be shared with. This included professionals such as their GP, social services, other health professionals such as mental health services and family members.

We saw evidence that the consent forms were reviewed and updated regularly. For example when people chose to include or exclude people from receiving information. All forms were signed and dated by the individual.

People accessed the service on a voluntary basis. When they chose to remain with the service to access support we saw they signed an agreement which demonstrated they agreed to the terms and conditions of using the service.

Some people underwent detoxification programme at home or at this location. This included a number of conditions that people were required to agree with and included a breath test and not to drink any alcohol. We saw there were signed and dated consent forms in place. People were only able to receive this treatment as an outpatient if they had support from another person or carer when they were at home. We saw that this carer had signed an agreement that demonstrated they were aware of their responsibilities and they were able to support the individual.

People we spoke with told us they were able to make their own decisions about the treatment and support they received.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at treatment records for five people who used the service. People were able to contact the service themselves by telephone or through a drop-in session. When people decided they would like to receive support from Action for Change they were asked to complete a self-assessment. They were able to do this on their own or with the support of one of the staff members. A further assessment was then undertaken. This determined the individual's level of alcohol dependency, what impact alcohol was having on the individual's health, social life, work and family life.

Risk assessments were in place to identify if the individual was at risk of suicide or self-harm. There were also risk assessments in place for people who had parenting responsibilities. This identified if children were at risk from their parents behaviour. There was information about other people and organisations involved with the individual, and where appropriate their children.

We saw that people's care and treatment was based on National Institute for Health and Care Excellence (NICE) guidance that reflected relevant research. A fundamental part of the service was to motivate people to enable them to make and sustain their own changes. They were supported by the service to achieve this through one-to-one or group sessions. This was achieved using motivational interviewing skills and providing a non-judgmental environment to support people to achieve positive changes in their lives.

All the people who used the service were encouraged to set their own goals. These included short, medium and long term goals. We saw in people's files evidence of these. One short term plan for a person receiving one-to-one sessions was to engage with the counsellor. This person's medium term goal was to get back to work, and their long term goal was complete abstinence from alcohol. One person we spoke with told us how the service had worked for them. They told us it was personalised and worked to what they wanted. They told us, "It's good, it's bang on." People told us that goals and achievements were down to the individual themselves.

There was also information in files about what had motivated people to access and engage with the service. Reasons were varied and included the risk of losing their job,

issues relating to health or engaging in risky or criminal activities. These motivations were referred to when people set their own goals.

The goals were re-visited at each one-to-one session. People were supported to change their goals when appropriate for them. We saw one person had a goal of abstaining from alcohol. Following a period of relapse this person amended their goal to reduce the amount they were drinking. We saw that this person's motivation to change was referred to when their goals had changed. This was used to support the individual in setting their new goal.

All group sessions were supported by a member of staff and a support volunteer. We spoke with a member of staff who was involved in facilitating a group. They told us how the group looked at change and what changes people needed to make to enable them to achieve their goals. There were a number of different group sessions available for people at different stages of recovery. These included maintaining change and preventing relapse groups. There was also a peer support group in place for people who had achieved and maintained their goals.

Staff told us about a service that was in place for people's significant others. This group provided support for people to enable them to support their significant other through the process. It helped people to gain a realistic understanding of the process and included changes they may need to make themselves. We looked at one file for a significant other. This person wanted information about how best to support their partner. We saw how coping mechanisms were explored with this person and at their follow up sessions.

Following assessment people who were deemed appropriate were able to receive 'detox' either as an inpatient, in their own home or at this location. At the time of this inspection we saw that some people had commenced treatment. We saw there were specific assessments and risk assessments in place to determine people's suitability for the treatment. This included a clinical assessment of the person's physical and mental health, liaison with the GP and a series of blood tests. During the treatment people were monitored for potential side effects such as nausea, tremor and anxiety. There were arrangements in place to deal with foreseeable emergencies. During the treatment period people kept a copy of their notes this meant that other services were aware of the individual's current treatment.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We were told that the service always aimed to work with other providers to achieve the best possible outcome for people. However, this was dependant on individuals who used the service agreeing that their information may be shared with particular providers. All treatment records viewed contained information about other professionals and providers that were involved with the individual.

For people who had agreed that their information may be shared we saw there was a range of providers involved with their care and treatment. People were referred to their GP's for blood tests when required. We saw that the test results and any recommended treatment or concerns identified were reported back to the service.

Where people had children living at home we saw evidence of collaborative working between social workers and the service. Risk assessments took place to identify if the individual's behaviour placed their children at risk of harm or neglect.

We saw evidence of communication that demonstrated how a social worker had worked with the service and mental health services. This meant that an appropriate level of treatment had been developed for one individual and their family. This meant that people's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Some people were referred to the organisation from the probation service. We saw these referrals contained appropriate information. Staff told us that if the probation service had identified a person who may display challenging behaviour the service would be informed. This meant that staff were aware of any risks to themselves prior to meeting the individual. If appropriate, one-to-one meetings could then be undertaken in a secure setting.

Supporting workers ✓ Met this standard

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 saw that staff received appropriate professional development. When people commenced work with the service they received a comprehensive induction. This included training days, how the service operated and how to contact other agencies. We spoke with one member of staff who had recently completed their induction. They told us the training had prepared them for commencing their role. As part of the induction this person had met with their supervisor to look at what extra support was needed.

Staff received mandatory training and this included safeguarding, boundaries and endings and equality and diversity. We were told that other training issues were identified at performance development reviews and supervision. Staff told us they were able to access training they required to support them in their roles. This meant that staff were able, from time to time, to obtain further relevant qualifications.

We saw that staff received regular managerial and clinical supervision. Staff told us that they were able to access additional supervision whenever they required it. We looked at supervision records and saw these contained details of issues raised and actions taken to address them. Staff told us they were well supported by the organisation.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system and there was a copy of the complaints policy was on display. There was a suggestion box in place to encourage people to provide feedback or raise any concerns.

We saw a number of complaints that had been raised in the past year. We saw evidence that the provider had investigated these and responded appropriately.

We saw a number of complaints in relation to people receiving information from the organisation following hospital admissions for alcohol related falls. As a result the provider had changed their practices.

Staff were encouraged to address any concern immediately. This prevented concerns escalating to official complaints.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

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