

***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: 04 February 2014

Date of Publication: February 2014

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Safety, availability and suitability of equipment</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	PCP Luton
Registered Manager	Mr. John Spencer Wilson
Overview of the service	New Writtle street provides accommodation for up to five people who require treatment for substance misuse. At the time of our inspection, five people were using the service.
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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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We carried out a visit on 4 February 2014, observed how people were being cared for, talked with people who use the service and talked with staff.

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### What people told us and what we found

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We saw that each person received an assessment of their care and treatment needs, including any risks associated with their care provision. In all the cases we looked at, we found that the care provided matched with the care required and this was what people had agreed to. We saw that their care was provided by a sufficient number of suitably qualified and trained staff.

We found the premises were in a good state of repair and some measures were in place to ensure it was adequately maintained. However, some additional measures to minimise the risk of harm from fire were lacking.

We saw there was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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When we inspected New Writtle Street on 04 February 2014, we found that people who use the service understood the care and treatment choices available to them. They were given appropriate information and support regarding their care and treatment in the form of a contract which they signed either on the day of their admission or the following day.

We looked at the care plans and associated records for both of the people who were living in this accommodation and were at different stages of the 12 step programme of treatment for substance misuse. They showed that people had been provided with information about the service and had worked jointly with a 'focal counsellor' to produce their own care plan. Information and rules about the service were also given to people in a 'welcome pack' on admission to the service, and through telephone contact with potential admissions and their families prior to treatment dates being confirmed.

People were provided with information on where they could get support from other agencies that may be useful to them. We saw posters around the premises with contact numbers for on call support 24 hours a day, as well as organisations that offered various types of support, for instance advocacy groups and legal contacts.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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We spoke with three staff that delivered support and treatment to people who lived at New Writtle Street. They were able to demonstrate that they understood their role in reporting safeguarding concerns, although they had not all completed training in safeguarding. They were aware of what types of incidents they would report, and knew the processes for reporting concerns. The provider might find it useful to note that training for all staff would improve staff knowledge in this subject.

We observed that there were posters displayed in the communal areas of the treatment centre which people who lived at New Writtle Street attended every day. These advised people using the centre, and staff, of the telephone numbers which they could call if they required any advice or guidance on matters relating to abuse, or if they thought someone had treated them badly.

People that we spoke with told us that they felt safe on this programme and trusted the staff that supported them.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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New Writtle Street is one of three locations where people on the PCP (Chelmsford) treatment programme for substance misuse live during the course of their treatment. It provides accommodation for up to five people, who as part of their contract attend the treatment centre which is approximately a ten minute walk from the accommodation. Therapies and treatments are not carried out in this building.

During our inspection we were shown around the premises by a member of staff. We found that the accommodation was clean and provided a comfortable environment for people to stay during the course of their treatment. People that we spoke with said that they spent so little time in the accommodation due to the intensity of the programme, that it was not a priority for them.

One of the bedrooms was shared, reflecting the peer support philosophy of the programme, whereby some people on the programme had to remain in the company of their peers at all times when they were not attending the treatment centre. There were shower facilities, a kitchen with facilities for people to prepare their meals and a nicely decorated lounge. There was fire safety equipment in place which was checked each week to ensure people using the service were protected from the risks of fire.

PCP employed a staff member who was responsible for visiting the accommodation twice weekly to check on health and safety and maintenance issues. There were posters in New Writtle Street which identified 24 hour on call contact details for counsellors, medical services and an on call electrician.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The provider took account of complaints and comments to improve the service, and took swift action to address any concerns people raised.

This provider had an array of completed satisfaction questionnaires from people who used the service and from their families and representatives. When people left the programme they were asked to complete an exit questionnaire. We looked at several of these and found that they were all very positive about the treatment programme and complimentary about the staff. Comments reflected how people had gained hope from the programme and for the first time ever had felt empowered to change their lives.

People who attended this treatment centre had numerous opportunities through discussion groups and meetings, to share their opinions and views or raise concerns about the programme. There was a comments box situated in the main communal area, which provided a system for people to raise matters anonymously if they preferred. This box was emptied each week before the 'service user meeting' so that any topics of concern that were identified could be shared and discussed further if this was appropriate.

The service also held family support workshops each month which provided another forum for people to share their views. Families and representatives of people who used this service were also asked to complete questionnaires. We noted that those that we had looked at, had all made reference to the reassurance they felt as a result of the support they received from the provider.



## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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