

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

## 1st Stage House

46 Kingscourt Road, Streatham, London, SW16  
1JB

Date of Inspection: 11 July 2013

Date of Publication: August  
2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	HOPE Worldwide
Registered Manager	Mr. Toby Dodson
Overview of the service	1st Stage House provides accommodation for persons who require treatment for substance misuse. The service is a part of a drug and alcohol recovery programme for up to seven men between the age of 18 and 60 years.
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

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 11 July 2013, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

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### What people told us and what we found

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People were supported to access and begin their rehabilitation programme. People were assessed on admission so staff understood their addiction behaviour and what support they required.

People were supported by a group of staff and volunteers. Each person had an allocated counsellor and key worker to provide one to one support, as well as attendance at a group therapy programme and peer support arrangements. One person using the service told us, "Everyone helps everyone else."

The service had a range of skilled and experienced staff available to support people. This included a team of volunteers who were graduates of the programme.

The building provided a range of private and communal areas. Any maintenance requests raised were dealt with quickly through the home management team.

There were processes in place to review the quality of service provision and obtain the views of people using the service.

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

### 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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

People's needs were assessed and support was planned and delivered in line with the individual support plan. Before admission to the service an assessment of people's needs and their addiction behaviour was undertaken. The assessment included a review of any physical health, mental health, social and financial support needs.

Support was provided by the staff at the service and through a peer support programme. People using the service were required to agree to limit external distractions and focus on the programme they were committing to. For the first 40 days at the service, people committed to the programme rules of only going out in the community with an escort, a peer who had been at the service longer. People new to the programme also agreed to share a room with a peer and did not use their mobile phones.

Support was provided from staff through one to one sessions with counsellors, one to one sessions with key workers (a member of staff dedicated to support them through the programme) and through a programme of group therapy, complementary therapy and life skills. One person using the service told us, "The key workers are really good. They're easy to talk to, and there anytime if needed."

Support was planned and delivered in a way that ensured people's safety and welfare. After being in the service for 40 days people were able to start accessing the community on their own, and seeing friends and family. Senior staff supported people to plan how to resist the temptation to misuse substances and what to do if they were tempted whilst in the community. If required, the person's key worker or someone from the home management team were able to accompany them to ensure their welfare was maintained. One person using the service told us, "they have back up plans for you in case you go somewhere not safe ... they look after your welfare."

As part of admission people were registered with a local GP and dentist to ensure their physical health needs were met. If people had on-going physical health needs, staff were

available to support them at hospital appointments.

There were arrangements in place to deal with foreseeable emergencies. There were contact numbers available for all staff, and staff were available on call 24 hours a day, 7 days week.

## Safety and suitability of premises

✓ Met this standard

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

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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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The provider had taken steps to provide support in an environment that was suitably designed and adequately maintained. The service provided space to accommodate all people using the service. There was a mix of private rooms and communal areas for socialising with peers. The majority of bedrooms at the service were shared to provide people new to the service with additional peer support. There were bathrooms available for people to share.

The provider may find it useful to note that the building was in need of some redecoration due to damage caused by spills and stains on surfaces and walls. However, we were told by the housing and support manager that the service is due to be relocated due to some requests to improve the building not being accommodated by the landlord.

At the time of our inspection the service had no outstanding maintenance requests. The people using the service told us any concerns regarding maintenance were addressed quickly through the home management team.

People using the service were aware of who to call for assistance in the case of an emergency related to the premises. As part of the induction to the service people were informed about fire awareness and what to do if a fire was discovered.

The service had received annual gas safety, electricity and fire safety checks.

There was adequate heating, lighting and ventilation at the service. The windows were not restricted but the service had assessed this as not a requirement for the people using the service.

The service provided a safe and secure place for people to stay, and the majority of people had keys to the front door unless they were new to the service.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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There were enough qualified, skilled and experienced staff to meet people's needs. The staff comprised of five permanent staff leading on the different strands of the service provided, for example therapy, housing and support. In addition the service benefited from a team of volunteers. One person using the service told us, "There are plenty of people to support us."

Each person using the service received one to one support from a counsellor and had a dedicated key worker (a member of staff dedicated to provide them with one to one support). In addition, a house management team visited the house twice a week to support people.

All staff had relevant experience and qualifications. The volunteers who make up the house management team and the key workers were graduates from the rehabilitation programme so had direct experience of the service, and they were supported to complete a national vocational qualification at level 2 in health and social care. People using the service told us that having support from people who had been through the programme was valuable and they felt it was easier to relate and talk to them.

Staff we spoke with reported feeling well supported and having good access to supervision and additional training.

One person using the service told us, "We have everyone's [staff] number ... if we need someone, we can give them a call."

## 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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People who use the service and staff were asked for their views about the service. People using the service were asked for their feedback at the different stages of the programme. In addition, people had the opportunity to comment on service provision at residents' meetings held twice a week. . The majority of feedback received was positive. However, one comment relating to one of the sessions on offer at the programme had received some negative comments and the manager was looking into how to improve this session.

Regular staff meetings were held to discuss service provision and staff told us they felt able to raise any comments they had.

There was evidence that learning from incidents took place and appropriate changes were implemented. All incidents were reported to the manager who was responsible for ensuring they were investigated and actions taken to address them. Incidents were investigated by an appropriate member of staff, for example any incidents regarding a clinical matter were responded to by the therapy manager. The team would discuss with the person concerned what action would be taken to minimise the risk of another incident occurring. People using the service understood that if an incident occurred where they tested positive for alcohol or illegal drugs, immediate action would be taken and they would have to leave the programme.

The provider took account of complaints and comments to improve the service. The complaints policy and procedure was displayed in the communal areas. All complaints were fed back to the manager of the service who investigated and responded to them. We saw evidence that the few complaints that had been raised had been responded to appropriately and in a timely manner. One person using the service told us, "I would talk to anyone if I had concerns ...I'm happy speaking to anyone."

## 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

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### Essential standard

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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)

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### Regulated activity

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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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