

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

2nd Stage House

26 Blairderry Road, Streatham, London, SW2
4SB

Date of Inspections: 12 July 2013
11 July 2013

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2013

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

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

Details about this location

Registered Provider	HOPE Worldwide
Registered Manager	Mr. Toby Dodson
Overview of the service	2nd 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 five 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

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 11 July 2013 and 12 July 2013, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

People were supported to continue with their rehabilitation programme and access a range of support through one to one and group therapy sessions. The service focussed on people regaining their independence and taking further responsibility for aspects of their life. In addition to the therapy programme people were encouraged to access voluntary work or attend college courses, and to take further responsibility in managing their finances.

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.

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

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.

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

Reasons for our judgement

People's needs were assessed and support was planned and delivered in line with the individual care plan. When transitioning from 1st stage house to 2nd stage house the manager reviewed the person's support needs with them and looked at the progress they had made and where further support was required. People using the service were still required to access 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 a programme of group therapy, complementary therapy and life skills to ensure they completed the required steps in their rehabilitation.

During 2nd stage house the focus was on supporting people to become more independent, which included getting them involved in voluntary work or attending college courses. In addition, people were accompanied by staff to sort out their benefit arrangements. The financial management support provided by the service was reduced in 2nd stage house to provide people with more responsibility to manage their own finances, and there were sessions available to support people to do this. One person using the service told us, "They encourage you to take responsibility and get your independence."

Support was planned and delivered in a way that ensured people's safety and welfare. On Friday mornings the house management team reviewed people's weekend plans to ensure their safety and welfare was maintained during this time. This included reviewing any plans for overnight stays with friends and families where they may be the temptation to drink alcohol or take drugs. The house management team were able to offer support during the weekend and were available to call if people required their support whilst they were away from the service. People using the service told us the weekend plans helped them to remain safe and there were contingency plans in place if required.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The provider had taken steps to provide support in an environment that was suitably designed and adequately maintained. The service provided a homely environment. 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. Each person using the service had their own bedrooms and there were two bathrooms available for people to share.

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. One person using the service told us, "Anything raised is dealt with quickly." However, the provider may find it useful to note that some of the covers on the chairs in the lounge were ripped and required replacing.

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. The service had recently had a fire safety check and in response to this new fire doors had been installed throughout the home. However, the provider may find it useful to note that on the day of our inspection the smoke detector needed its batteries changing. People using the service had raised this with the home management team on the morning of our inspection who told us they would replace them.

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. People using the service had a key to their bedroom and to the front door so they and their possessions could remain secure.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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.

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, "They is always someone around ... you can call them when you need them, even if it's 3am."

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

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.

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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