

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

Hope House

52 Rectory Grove, London, SW4 0EB

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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
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Action on Addiction
Registered Manager	Ms. Suzanne Hakimi
Overview of the service	Hope House is a drugs and alcohol treatment centre registered to accommodate a maximum of 23 women. The treatment programme lasts between 12 and 26 weeks. At the time of the inspection there were 11 people living at Hope House.
Type of service	Care home service without nursing
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

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 4 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During this inspection we spoke with all eleven women who had used the service the majority of people said they had consented to the care and treatment they received.

We found that people had an agreed treatment plan and when changes were needed to their treatment this was discussed and agreed with them. One person told us, "They have been very supportive", another person told us, "They discuss when a change in treatment is needed".

People were supported with their care needs appropriately by staff, one person said, "They discussed the treatment plan with me and the support that was available for me".

Safeguards were in place to try to eliminate the risk of abuse.

The provider had maintained the premises which was suitable to provide accommodation and care to people living at the service.

Systems were in place to make a complaint and people we spoke to said they were able to raise their concerns with the staff. They said they knew how to make a complaint if they needed to.

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We saw records to show that people had signed their consent to stay, receive support and treatment for their addictions.

People told us that staff discussed the aims of the service and the terms of the treatment agreement for their stay at Hope House. People told us staff explained they would have a treatment plan which they would be involved in and their agreement to treatment would be sought. We saw records to confirm that staff had consulted people about their treatment plan and when changes were required people had signed to confirm this.

When people identified changes to their plan such as overnight stays in the community, staff acted in accordance with their wishes. One person said, "I was given information about the support I would receive". This meant that people were given information to enable them to make informed decisions about their support and treatment.

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 plan. Records we saw showed that people's care and treatment were assessed according to their level of need and people were involved in the decision making process. One person told us they were in the home to build up their confidence to live independently and the staff were supporting them to do this. Staff we spoke with told us they reviewed people's needs daily as part of the care planning process. One person said, "Staff talk to me about my care needs". Staff we spoke with knew the people living at the service very well and were able to tell us how they cared for people and met their individual needs. This was reflected in the care plans we reviewed.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. During our visit we reviewed three people's care records in detail. The records included assessments, which in the majority of instances were linked to their plan of care. These records demonstrated that where particular need had been identified by staff, an action plan had been put in place to reduce the potential risk of harm to the person.

The care plan records we looked at demonstrated that people had access to health and social care professionals when required. One person told us "I get better access to the GP and treatment than when I was living at home".

Records demonstrated that staff reacted quickly to changes in a person's condition ensuring health needs were met. This involved contacting the appropriate health professionals. Records showed that people had access to counsellors daily. This meant that people had access to professional therapeutic input on a daily basis, when required. The provider operated a key worker system, staff had weekly one to one session with people. In these sessions people told us that they felt they were able to discuss issues with their key worker. For example one person told us that they wanted their child to visit Hope house for an overnight stay. Care records show detailed notes of this request and a plan to achieve the person's goal.

We spoke with one person whose care records we reviewed at in detail, they told us, "I feel the service is very good they have showed me I can do more things than I thought I

could do, they've given me confidence". We spoke with staff about this person's care plan and they had a good understanding of the person's needs and the care required to meet their needs. We also heard how any changes in care would be included in the care plan and communicated to other staff. On talking with staff we found people's needs were met appropriately and details were consistently documented in the care plans. For example a care plan we looked at had been updated to reflect that the person had a recent review of their care plan and a new care plan had been developed to include this information.

From our observations we saw staff interacting and engaged well with people. We saw staff giving people choice and options throughout our visit. For example, supporting people to access the local gym. People told us they were happy with the support given and that staff were supportive and approachable. We spoke with all the women in the service and the majority of women said that they were happy living in the service, one person told us, "I have been to many treatment centres and this is the best by far".

There were arrangements in place to deal with foreseeable emergencies. Staff told us all people living in the home had access to staff when required and were available throughout the day and night if they needed support. We saw evidence that staff had completed basic life support training and people were aware of fire safety testing and fire evacuating procedures.

This meant that people were cared for by staff who knew what their care needs were and people were able to access health professionals when they needed.

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

Our judgement

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.

Reasons for our judgement

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 from happening. Safeguarding policies were in place to protect vulnerable adults and children. Staff were told us they were able to identify signs of abuse and take appropriate actions if an allegation of abuse was suspected. Staff we spoke with were able to explain the process they would follow if they had a concern or an allegation of abuse was made. People who use the service told us they felt safe and the staff were supportive. One person said, "Staff are friendly, I like the building and I feel safe living here

We saw that staff had access to an internal adults and children safeguarding policy and guidance and the London wide policy was available within the service to inform staff of what they should do if they had a concern. People we spoke with told us they felt safe living at the home. One person told us, "I feel safe and well cared for by the staff" another person commented, "I'm very glad I'm here".

Records showed that all staff had training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were able to tell us what MCA and DoLS meant and describe the process they would follow. Staff we spoke with told us they had training. This meant that staff had the information and knowledge to keep people safe from harm.

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 has taken steps to provide care in an environment that is suitably designed and adequately maintained. At this inspection we saw that the shower room on the first floor had been refurbished and redecorated. We saw that people were using the shower room and the equipment was in working order. We saw that communal areas were clean tidy and were fit for purpose. For example the lounge area had comfortable seating and a large television screen. People were encouraged to use the lounge area. There was a quiet area for people to use and the large garden was well used by people. One person told us, "The space in the house is sufficient to have quiet time or to engage with people".

We saw records which confirmed that appropriate servicing and maintenance of the premises took place and that the home was meeting its statutory requirements for ensuring the safety of the building and equipment. This included routine testing of fire equipment, electricity and gas supplies.

Staff told us of the system in place to request and follow up on repairs. This meant that there was an effective system in place to raise a repair request when required. This promoted the health and welfare of people using the service and of staff.

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

The provider had a complaints procedure in place and we saw this was displayed in the house. One person who spoke with us said they when they raised their issues with staff always listened and promptly acted to respond to their concerns. Another person said staff were very nice and they had no complaints. The manager encouraged people living at the home to try and resolve any problems or differences that arose between the residents themselves wherever possible.

When people moved into the home, staff went through the complaints procedure with them to ensure people knew how to raise a complaint. The procedure was also reinforced to people in their weekly community meetings. People told us that they had a copy of the complaints policy. People told us they knew how to make a complaint and could confide in someone if they had any concerns. People using the service were also given information about the complaints policy and process in the residents' handbook and statement of purpose.

This meant people living in the service knew how to raise concerns and that complaints were investigated and managed appropriately.

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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