

Narconon United Kingdom

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 8 December 2015 and was unannounced.

This location is an adapted large property with purpose built facilities in the village of Heathfield. It is registered to provide accommodation with personal care for up to 16 students (adult service users). The purpose of the service is to provide a non-medical detoxification and rehabilitation programme for students who are addicted to alcohol or drugs. Students withdraw from drugs and then take part in a programme of modules with the intention of self-learning.

The provider had developed an alternative non-medical/medicated intervention, rehabilitation and care programme for a variety of legal and illegal drugs and alcohol withdrawal. The care includes some elements which are based on guidance published in the United Kingdom but it does not include all of these and is an alternative to current recognised standardised drug and alcohol care and treatment methods.

It should be noted that the only part of the service provided at this location which is regulated by the commission is for 'accommodation with personal care' we do not regulate the treatments provided or judge their effectiveness.

Students choose to come to the location and they are sponsored or supported by someone close to them. The service is privately funded by students or their families.

Three students had been admitted since registration in August 2015.

There is a registered manager at the location who is also registered as the Nominated Individual for the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Staff had not been recruited using safe procedures for the protection of students.

Students were protected from abuse or harm because staff had been trained to recognise, record and report any concerns they might have. Assessments of risk had been carried out to help keep people safe during their stay at the service.

Staff had been trained to provide appropriate and safe personal care. They had followed the organisations training programme regarding the modules that students go through after withdrawal. The registered manager told us that staff had completed the skills for care, care certificate and after the inspection we received evidence of this.

Consent was obtained from students before they started their programme. The student we spoke with said they felt listened to and that staff were kind. Student's nutritional needs were met during their programme.

The home had been adapted and redeveloped with a range of facilities and equipment which met the needs of the students. Some staff also lived on site on the top floor. The way the records were stored and organised required improvement. We have made a recommendation about this. There was a system for assessing and monitoring the quality of the service.

We found one breach of the Health and Social Care Act 2008 (regulated activities regulations) 2014.

You can see the action we are taking against the provider at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

This service is not consistently safe.

Staff had been employed without safe checks prior to starting work.

There were effective systems for risk assessing and protecting students from harm.

Students were protected against abuse or harm because staff had been trained and guidance and policies were in place.

Is the service effective?

Good ●

The service was effective in meeting all of the needs of the students.

Pre admissions were effective in identifying all the students needs related to their health or personal care.

Consent was sought before students began their programme.

Is the service caring?

Good ●

The service was caring.

Individual staff were caring in their attitude towards students.

Relatives had the opportunity to be involved. Students reported that staff were caring towards them.

Is the service responsive?

Good ●

The service is responsive to the needs of the students.

Students felt able to raise any concerns they may have.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Record keeping was not well organised and needed to improve.

There were systems for assessing and monitoring the quality of the service and for receiving regular feedback from students.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We had also received concerns about the care provided prior to carrying out this inspection.

This inspection took place on 8 December 2015 and was unannounced.

The inspection team comprised of two registration assessors and two inspection managers. A pharmacist specialist analysed information after the inspection visit.

Before our inspection we reviewed the information we held about the service.

The organisation refers to people staying at the service as 'students' so this is how we have also referred to them throughout the report. We spoke with the registered manager, a person attending the service to give a tour to a social worker and four members of staff.

We looked at a sample of records related to the care of the three students who had or were receiving care. We looked at records that related to the running of the service, including five staff recruitment files.

Is the service safe?

Our findings

Students were cared for by enough staff at the time of this inspection. There were 16 staff employed and during their withdrawal phase one to one staff attention is provided 24 hours a day to provide personal care as needed. As there was only one student accommodated at the time of the inspection it is difficult to determine how staffing levels would meet student's needs if the location was full. Staff were responsible for different parts of the programme, delivering different modules and assisting students during withdrawal.

Safe recruitment practices were not always followed and staff had been working without Disclosure and Barring Service (DBS) check being completed. This is a check to see if prospective staff were safe to work with people. Four staff had no DBS check in place before they started work. The fifth had a DBS relating to a previous place of employment but a new check had not been carried out. The registered manager told us they realised they should have had current DBS checks prior to staff starting work but because they were waiting for these to be returned they had let staff start work without them. We asked the registered manager to take action to ensure that only staff with a current DBS were able to work alone with students. We followed this up with the registered manager after the inspection. They told us that they had contacted the DBS and had heard back that there are 'no concerns' related to the staff employed. There were no application forms or formal references available to view in the staff files we saw. We have since been informed by the registered manager that these were kept by the trustees but have now been stored at the service. Since the inspection we have been sent an example application form which included a full employment history.

The lack of effective and safe recruitment procedures means that students cannot be assured that staff working with them are safe to provide their care. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to two staff about safeguarding adults from abuse and harm. One member of staff understood this term, where they could find guidance and how to report concerns. However the other member of staff did not understand what safeguarding meant or how to recognise or respond to concerns about abuse. We have since been informed that this member of staff was new and did not understand the term but had a basic understanding of how to protect students. There was a generic policy on safeguarding which included the number for the local safeguarding team. Following the inspection the provider showed us evidence that staff had completed the care certificate. This is recognised training for staff working in care settings and it includes a section relating to safeguarding. Therefore staff had now received training in safeguarding people from harm and how they should respond and report concerns.

Staff understood what whistle blowing meant and there was a policy on how to whistle blow if they had concerns about the care that was being provided. Staff had signed a confidentiality contract which banned them from sharing any information outside the organisation. The intention of this agreement was to protect student information, confidentiality and data protection.

The risks to students had been assessed and were monitored daily by staff who spent time with them. There were records for staff to record the risks and staff had been trained to manage these to help prevent harm to students. For example there was a work book and guidance which staff used to ensure that students spending time in the sauna were safe. Temperatures were checked and they observed the student for any signs which would indicate they needed to leave the sauna. There was a risk assessment for the area used when students were undertaking their withdrawal phase which ensured that any objects which could pose a risk to students were removed.

There were risk assessments built into the guidance for withdrawal specialist and care supervisors which directed staff what to do if risks were presented. All prospective students were required to complete a pre-admission assessment with a member of Narconon staff. This pre-admission checklist relied on self-disclosure of health needs, both physical and psychological, as well as self-disclosure of their current and historic substance misuse.. The provider contracted a local medical practice to carry out admission assessments and these assessed health and well-being. Students also assess their own well-being at the start of the programme and staff use this to deliver care. The guidance for care supervisors states that they must ask students how they would wish their care to be delivered.

Following the inspection we were sent a critical incident log book. No incidents had been recorded but it contained clear guidance for staff in managing, recording and reporting any such incidents.

Is the service effective?

Our findings

We evaluated the personal care provided to students undergoing the programme. We did not evaluate the effectiveness of the Narconon treatment programme itself as this is not something that is regulated by CQC.

There was a system to assess whether students had the capacity to consent under the Mental Capacity Act 2005, to taking part in the programme, living at the location or having personal care. Under normal circumstances and under the Mental Capacity Act (2005) it is assumed that students entering the programmes would be capable to consent. We were told that students who were unable to give written consent would not be allowed to take part in the programme. However the registered manager also told us that students sometimes took their last dose of drugs just before they entered the service. We were later told by the registered manager that if students were deemed or assessed as being unable to give valid consent they would not be able to start the programme.

We did see that where the three students had been admitted they had signed their own consent forms. Consent was also sought throughout the programme. Students are involved in planning and evaluating their own care. We were sent forms following the inspection which students had completed which showed they had consented to their care.

The registered manager told us that if students became ill they would call the GP or an ambulance. Students have access to healthcare because the service has an arrangement for 24 hour call out with a local medical practice. The arrangement includes guidance on calling emergency services if students become unwell. Staff had been trained in basic life support and how to recognise if someone's vital signs indicated they were unwell. They had access to information about how to respond and seek medical attention if needed.

We saw a sample of the records which detailed what care had been offered and whether it was effective. Staff told us that during the withdrawal phase they might need to assist a student with their personal care such as assisting them with a shower. Personal care was yet to be delivered so we are unable to fully assess the effectiveness of this at the inspection. However, staff have completed the care certificate which includes how to deliver person centred personal care.

Nutrition is part of the programme. Meals are taken to the withdrawal suites. Once students move on they eat together in the dining room. The programme includes the students taking high doses of vitamins and mineral supplements, some of which could have side effects. These vitamins or supplements could include a high dose of Niacin which has a number of side effects listed, mainly that of nausea and diarrhoea. If these occur the staff have been trained in how to deliver personal care.

Staff had carried out training relevant to the techniques that they used and we saw a number of completed booklets where staff had signed off they had read and understood that part of their training. The registered manager said that staff then did an internship for one month to one and half months when they shadowed more experienced staff before they were able to carry out these modules on their own. At the time of the

inspection the registered manager was unable to show us evidence that staff had taken part in the care certificate. Since the inspection we have been shown evidence that eight staff had completed this. This certificate is a recognised care qualification which covers communication, infection control, equality and diversity and the delivery of personal care.

Personal care usually and normally takes place during the withdrawal phase. Students are accompanied by staff 24 hours a day in a separate withdrawal suite where there is an en suite bathroom and two beds. Both are for the use of the student if needed. Staff did have training to provide specific personal care. The staff we spoke with said they would provide care according to their experience of caring for family or others.

Once students have withdrawn from drugs or alcohol they are fully self-caring and encouraged to do so. They also look after their own belongings. At that stage staff are there to work through the rest of the programme modules with them.

Is the service caring?

Our findings

There was one student resident on the day of the inspection, they were happy to talk to us and they said that they felt supported by the staff and their needs and wishes were listened to. They felt able to tell staff if they didn't like aspects of the programme and changes could be made with agreement of the staff. An example of this is that Narconon students are expected to wear a Narconon uniform whilst undergoing the programme. The student did not wish to do this and this was agreed by the registered manager who allowed the student to wear their own clothes.

Staff had assisted a student to buy clothing and this met their need at the time. Families or sponsors are encouraged to be involved and to visit especially for what is called 'graduation' at the end of the programme.

The staff we spoke with showed they respected students by the terms they used to describe them and their care. One student who had finished the programme had written 'It was great the way staff helped me through it'. This shows staff had been caring and helpful towards that student.

On admission for the withdrawal programme all students are monitored 24 hours a day with a member of staff remaining in their room for the duration of their withdrawal process, this does not allow any private time for the student during a potentially difficult experience. However, students are advised of this and agree to it prior to admission. In the withdrawal suites there are two beds so students can change beds if needed during the night without too much disruption to their sleep. After withdrawal students move to a twin room where they share with what is termed a 'Twin'. This is another student and the programme encourages peer support. Students know they will be sharing a room when they enter the programme.

The student we spoke to felt that their concerns were listened to and acted upon appropriately. They felt able to raise concerns as they arose.

Is the service responsive?

Our findings

The student felt listened to by the staff and felt that some changes were made to the programme to suit their needs.

Students were assessed prior to admission and a care plan had been developed. The care plans we saw were brief but they did relate to the personalised care that each student may require or prefer. After the inspection we were shown documents where students had been involved in planning their own care. Staff had also been trained to ask students how they wanted their care delivered and this was included in the guidance staff had access to.

The staff said that if they were helping a student with their personal care and a student asked them to stop they would respond and stop what they were doing. This shows student's consent was sought. Staff were also clear that they try to promote students independence whenever possible. They said that once students had completed their withdrawal they were encouraged to take part in self-care and some household tasks such as looking after their own laundry. The aim as described by the registered manager and staff is to promote and develop the student's ability to manage their own life.

There were daily records of the care and staff read these before starting a shift to see if any changes had occurred. Staff then adapted what they did accordingly. The case supervisor also monitored them and guided staff if changes were needed to the care. This showed that staff communicated with each other in the interests of students and to learn from each other.

Students are made aware that nutrition is a part of the programme. A chef prepares the food and students are encouraged to eat a nutritious diet. Students are able to say if they strongly dislike a particular food and can ask for staff to bring in some items such as special food. During the end of the programme they may be able to go out to buy items accompanied by staff. Students cannot normally leave the home during their programme which normally lasts 10-12 weeks. Students are aware that this is a requirement of the programme and they agree to this when they agree to being admitted.

We saw that there was a fire door in the withdrawal suits lounge which was not locked. We asked what would happen if a student choose to leave. Staff said that normally that door was locked when students were using that area and staff held the keys. A member of staff said students would be asked to stay and encouraged to stay but they were free to leave at any time.

The service is set up with the comfort of students in mind and also the practicality of withdrawal in a separate unit. There is a lift accessing different floors and comfortably furnished lounge and dining areas. Students do not have access to television but there is a DVD player for watching films.

Is the service well-led?

Our findings

There were policies and procedures to guide staff and the registered manager in the safe operation of the service. One member of staff knew where these were kept, however the other member of staff was unaware that these policies were in use. The safeguarding policy had been adapted to include the contact number for social services safeguarding team.

There was system for recording and reporting critical incidents, none had been logged to date.

Staff said they felt supported by the registered manager. Staff shadow more experienced staff until they are competent to work alone. The staff team is well defined with each member of the team having different roles and responsibilities.

We understand this service was newly registered four months prior to the inspection and systems were still being embedded, however we found that the office was not well organised and the inspection was made difficult due to records not being easily accessible. When we asked the registered manager for some records they were not always able to locate them. Therefore we were sent records after the inspection.

We recommend that a system is put in place to enable all staff, the registered manager and senior management to easily access contemporaneous records relevant to the running of the service.

When we offered feedback from our findings the registered manager agreed that the failing to obtain DBS checks should have been addressed. We have since been informed that these checks were carried out soon after the inspection.

Since the inspection we have been sent documents which show that there is a system for monitoring and assessing the quality of the service. This included health and safety audits, cleaning schedules, audits and training documents. We saw staff had guidance and instructions in how to maintain a safe environment and how to monitor the safe use of the equipment. There was a system for managing accidents and incidents and staff had been trained to keep students safe.

We saw that there were a number of ways that students gave feedback. This included in their daily notes and at the end of each stage of the programme and again at 'graduation'. One student was very complimentary about the programme and the care they had received from staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure that proper and safe procedures were followed when employing and deploying staff.</p>