

No 12

Quality Report

12 Kendrick Mews
London
Sw7 3HG
Tel: 01304 841700
Website: www.promis.co.uk

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

We do not currently rate independent standalone substance misuse services.

We carried out this inspection to assess whether the provider had met the requirement notice that we served following our inspection in January 2017 related to regulation 18 (staffing). This was a short notice announced inspection.

We found the following area of improvement since the last inspection:

- At our last inspection in January 2017, we found that the provider did not always ensure there were safe levels of staffing. This was because there had been shifts where no nurse had been on site. We also found that one member of night staff had worked five nights consecutively. During this inspection, we spoke with staff and checked staff rotas. We saw that shifts were always covered with a registered nurse. We checked night shift rotas and saw that no member of staff worked for more than 5 nights in a

row. Where permanent staff were unavailable, the service had increased the pool of bank staff. This meant that there had been an improvement since the last inspection.

- At our last inspection in January 2017, we found that nurses did not receive clinical supervision. At this inspection, we saw that the service manager had appointed a head nurse in the unit who had the role to undertake supervision with all nurses. There had been some changes in personnel and we saw that these supervision sessions had taken place for the month prior to the inspection and were planned ahead. Staff told us that they had had recent supervision but supervision over the previous year had been sporadic. The service manager also received regular supervision. This meant that we saw there had been an improvement in nurses' access to supervision, although this new supervision schedule had not yet had time to embed fully in the new staffing structure. There was a risk that supervision may not be maintained.

Summary of findings

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Summary of this inspection

Background to No 12

No 12 is a three bedded unit based in a mews house in Kensington. It is run by PROMIS Clinics, which has two other services on the same street called No 11 and No 4. While the three services are registered separately, they operate together with the same service manager and the same staff covering the three locations.

Clients in the three services use the same communal areas in No 11, including a kitchen and a living room. The clinic room for the three services is in No 11. There are some therapy rooms, which are used by clients across the services, in No 12.

At the time of our inspection, there were no clients at No 12.

The service provides medically supervised alcohol and drug rehabilitation services including a psychological therapy programme.

The service is registered to provide the following regulated activities:

Accommodation for persons who require treatment for substance misuse

Treatment for disease, disorder and illness

No 12 was first registered with CQC in November 2012. There was one inspection in September 2013 where the service was compliant with all regulations. Another

inspection was carried out in October 2015 following concerns which had been raised, and there was one requirement notice served relating to regulation 17 (Good governance). This inspection was carried out simultaneously with an inspection at No 11.

A further comprehensive inspection took place in August 2016 alongside an inspection of No 11. Following this inspection, there were two outstanding requirement notices. One related to regulation 12 (safe care and treatment), as there were no dedicated disposal bins for sanitary waste, and the other was regulation 18 (staffing), because staff had not received specialist training, appraisals and supervision.

We returned to the service for a focussed inspection following concerns raised in January 2017. We found that nursing staff had not had access to clinical supervision and this was a breach of regulation 18 (staffing).

This inspection was a short notice inspection to check that work had been done to meet the outstanding requirement notice. This inspection was carried out concurrently with the inspection at No 4 and No 11.

The registered manager is the owner of the service. There is another manager onsite who provides day to day oversight of the service.

Our inspection team

Lead inspector V Hart

The inspection team comprised of two CQC inspectors and one CQC inspection manager.

Why we carried out this inspection

We inspected this service as a short notice announced inspection to follow up on the outstanding requirement notices that were served as a result of the inspection in January 2017.

Summary of this inspection

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location and requested information from the service.

During the inspection visit, the inspection team:

- Visited the location
- Spoke with the service manager and the provider's clinical lead
- Spoke with two volunteers who assisted at the service
- Spoke with one nurse and two other members of staff including a therapist and a support worker
- Looked at policies, procedures and other documents related to the running of the service

What people who use the service say

During this inspection we did not speak to any clients of the service.

Substance misuse/detoxification

Safe

Effective

Summary of findings

See overall summary

Are substance misuse/detoxification services safe?

See overall summary

Are substance misuse/detoxification services effective?
(for example, treatment is effective)

See overall summary

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that supervision continues for all staff and it is recorded.