

Narconon United Kingdom

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

We inspected Narconon on the 15 August 2016 and the inspection was unannounced. Narconon 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.

It should be noted that the only part of the service provided at this location which is registered and regulated by the Care Quality Commission is for 'accommodation with personal care' we do not regulate the rehabilitation programme provided or judge their effectiveness.

The service had a registered manager in place. 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.

At the last inspection in December 2015, we asked the provider to make improvements in relation to the safe recruitment of staff and the organisation of contemporaneous records. The provider sent us an action plan stating they would have addressed all of these concerns by February 2016. At this inspection we found the provider was meeting these regulations and had acted upon the recommendations made.

Before commencing the programme, staff completed pre-admission assessments in partnership with the students to ensure they could safely support the student throughout the programme. Information obtained from the pre-admission assessment formed the basis of the student's care plan. However, care plans and risk assessments did not consistently reflect the steps required to mitigate potential risks or how to safely manage student's mental health needs during withdrawal. Where students may have experienced fluctuating capacity during the withdrawal programme, documentation did not consistently reflect how the principles of the Mental Capacity Act (MCA) 2005 were embedded into the care planning process. Despite concerns with documentation, we saw that students received the care they required. We have made a recommendation for improvement.

Consent was obtained from students before they started their programme. Staff had received training on the Mental Capacity Act (MCA) 2005 and students were made aware of the restrictions in place before completing the programme.

Students were protected from abuse or harm because staff had been trained to recognise, record and report any concerns. Students confirmed they felt safe during their stay at Narconon. One student told us, "I feel really safe and I'm learning to like myself." There were enough staff on duty and deployed throughout the

home to meet student's support needs.

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. Upon employment with Narconon, all staff members had completed the care certificate. Staff spoke highly about the opportunities for training and professional development. Several staff members were being supported to obtain a diploma in health and social care.

The service 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 home was clean and well maintained having been newly developed prior to registration in August 2015. A dog also lived on site and students spoke fondly about having the dog around.

Staff went above and beyond to promote and uphold student's equality and diversity. Students were supported with any religious and spiritual needs during their programme. Staff recognised the importance of family relationships between students and their loved ones and supported students in maintaining those relationships.

Students were supported to maintain a healthy diet and any dietary requirements were catered for. Students spoke highly of the food provided. One student told us, "The chef always exceeds himself."

There was a system for assessing and monitoring the quality of the service. Satisfaction surveys are sent out to students and their families to obtain feedback. Systems are also in place to involve staff and students in the running of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

Narconon was safe.

Students were protected by the service's recruitment practices and there were enough staff available to meet student's needs.

Students felt safe during their stay at Narconon. Appropriate checks were made to ensure the environment was safe and fit for purpose. Environmental risk assessments for the sauna area were in place.

Staff understood their responsibilities around protecting students from harm. A robust pre-admission assessment was in place to ensure that the programme would be suitable and safe for students to complete.

Is the service effective?

Good ●

Narconon was effective.

Consent was sought before students began their programme.

Staff received training which enabled them to carry out their job roles effectively. Students had access to medical care and attention when needed.

Students were supported to maintain a balanced and nutritious diet. The importance of a healthy meal was recognised and all meals were designed in collaboration with a nutritionist.

Is the service caring?

Good ●

Narconon was caring

Staff were caring in their attitudes towards students. Students privacy and dignity was respected, especially during the withdrawal programme.

Staff promoted students equality and diversity. Staff recognised the importance of promoting relationships between students and their families.

Students were complimentary of staff and felt staff had a firm understanding of their needs.

Is the service responsive?

Narconon was responsive

A complaints policy and procedure was in place. Information on how to make a complaint was made available to students.

Students had individual care plans and flight plans. Following withdrawal, students were supported to be independent and maintain life skills.

Good ●

Is the service well-led?

Narconon was not consistently well-led

Documentation did not consistently reflect the information and knowledge held by staff on how to provide safe, effective and responsive care.

Systems were in place to obtain feedback from students, relatives and staff. The visions and values of the service were embedded into practice and understood by staff.

Requires Improvement ●

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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.

This inspection took place on the 15 August 2016 and was unannounced. The inspection team consisted of two inspectors and a specialist advisor who had experience of drug and alcohol withdrawal.

Before our inspection we reviewed the information we held about the home. We considered information we held about the service this included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

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, seven members of staff and two students.

We reviewed a range of records about students (past and present students) care and how the service was managed. These included the care records for students, four staff files, training records, policies and procedures, quality assurance audits and incident reports and records relating to the management of the service.

Narconon was last inspected on the 8 December where concerns were identified and the service was rated as Requires Improvement.

Is the service safe?

Our findings

Students told us they felt safe during their stay at Narconon. One student told us, "I feel very safe here." Another student told us, "I feel really safe and I'm learning to like myself."

At our last inspection in December 2015, the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because safe recruitment practices had not always been followed and staff had been working without Disclosure and Barring Service (DBS) check being completed.

An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by February 2016. At this inspection, we found improvements had been made and the provider is now meeting the requirements of the regulation.

Thorough recruitment procedures were now followed to check that staff were of suitable character to carry out their roles. Criminal checks had been made through the Disclosure and Barring Service (DBS) and copies of these checks were available in staff's individual folders. Staff members had provided proof of their identity and right to reside and to work in the United Kingdom prior to starting to work at the service. References had been taken up before staff were appointed and references were obtained from the most recent employer where possible.

Systems were in place for the monitoring of health and safety to ensure the safety of students, visitors and staff. For example, weekly fire alarm tests, servicing of firefighting equipment and weekly checks of fire doors and emergency escape lighting. Regular fire drills were taking place to ensure that students and staff knew what action to take in the event of a fire. Students' ability to evacuate the building in the event of a fire had been individually assessed. A fire risk assessment was in place and in the event of the building needing to be evacuated, a place of safety had been nominated. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe.

Safe systems were in place to ensure that students spending time in the sauna were safe. Temperatures were checked and staff observed the student for any signs which would indicate they needed to leave the sauna. On the day of the inspection, we requested to see the hot and cold water temperature test check. These could not be provided and the provider acknowledged they were not aware of this requirement. Within care settings, it is important to ensure that water temperatures do not exceed 43c. Temperatures above 43c can place students at risk of scalding themselves. Subsequent to the inspection, the registered manager sent us evidence that hot and cold water temperature checks were now taking place on a regular basis.

There was a sufficient number of staff on duty at all times to meet students' needs in a safe way. The staffing rota reflected that between the hours of 09.00am until 15.30pm, eight members of staff would be on duty. Staffing levels would then drop to seven members of staff between 16.00pm and 19.00pm and overnight support was provided by two staff members. During the withdrawal phase of a student's programme, one to

one staff attention was provided 24 hours a day to provide personal care as needed. There were only two students accommodated at the time of the inspection and it was difficult to determine how staffing levels would meet students' needs if the location were full. Staff were responsible for different parts of the programme, delivering different modules and assisting students during withdrawal.

Systems were in place to ensure student's rights were protected and students were kept safe from harm. Training records confirmed all staff members had received adult safeguarding training via the care certificate. Alongside the care certificate, staff members were required to complete a safeguarding test and reflective log. The safeguarding test explored 'what is the definition of safeguarding, name the 10 different types of abuse and who should you report abuse to.' Staff members were aware of their responsibilities and how they would raise a safeguarding concern. One staff member told us, "We've had safeguarding training and information is available on the local authority's website. So far, we haven't had to raise any safeguarding concerns."

Risks to student's emotional well-being within the environment was not being fully considered on the day of the inspection. We queried what consideration had been given to student's emotional well-being during the withdrawal programme and the risks the environment posed to people's mental health and safety. All windows had restrictors in place. This meant that the windows could not open past a certain point but allowed for ventilation and fresh air. However, the environment had not been risk assessed to minimise any possible ligature points (self-harm to students). For example, there were areas around the fire escape that posed potential risks and these had not been considered. The registered manager confirmed this would be something they would look into. Subsequent to the inspection, the provider sent us an environmental risk assessment which considered any risks posed by the environment and how those risks might be mitigated.

Students were administered vitamin supplements as part of their programme. Staff members demonstrated a firm understanding of the side effects of the vitamins and what to look out for. One staff member told us, "The side effect of one vitamin is hot flushes, so during the detoxification module, if the student overheats when in the sauna, we sit outside to help them cool down." The service had a dedicated area for the storage of vitamins and administration of vitamins. On the day of the inspection, concerns were raised that once the vitamins were dispensed into the detox pack, staff members would be unclear what each individual vitamin would be. Therefore staff would be unable to advise the student what vitamins they were taking. Subsequent to the inspection, the provider sent us evidence that a visual display was now available which documented 'what vitamins can be found in your detox pack'. This included pictures of the vitamins and supplement facts. We also raised concerns that the temperature of the storage area was not checked on a daily basis. Extreme temperatures (hot and cold) or excessive moisture causes deterioration of vitamins and some are more susceptible than others. After the inspection, the provider sent us evidence that the temperature of the storage area was now taking place.

Systems were in place in the event of a student living with a pre-existing medical condition which required prescribed medicines. The registered manager told us, "Where students have come onto the programme with a medical condition, such as high blood pressure, we keep their tablets in a lockable area and support them to administer those during the withdrawal phrase." Where the service had previously supported students with a medical condition, documentation confirmed they received their prescribed medicine when required.

Risks to students' safety was assessed through the pre-admission assessment. The registered manager told us, "We need to ensure students will be safe here. Therefore if some students have been taking certain drugs, we wouldn't be able to support them." All prospective students were required to complete a preadmission assessment with a member of Narconon staff. This considered student's eligibility and

whether the service would be able to safely meet their needs. In conjunction with the pre-admission assessment, an 'addiction severity index' was also completed, which explored how many times the student had been hospitalised, whether they had any previous over dosages and how many times in their life had they been treated for drug abuse.' Toxicology and blood screening also took place to help assess health and well-being. The registered manager told us, "We are looking for someone who can withdraw and we can support them in a safe environment."

Is the service effective?

Our findings

Students spoke highly of the staff and felt confident in their skills and abilities. One student told us, "Staff are supportive and very well trained." Another student told us, "I feel confident in the staff members, they have been a big help."

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

Withdrawal is the first module in a student's programme provided at Narconon. During this module, students are provided with 24 hour supervision and support with personal care. A member of the management team told us, "So far we haven't provided personal care, the support has been supporting a student if they've been sick or had an accident." To monitor for any signs a student might be becoming medically unwell, staff regularly checked student's vital signs and completed a withdrawal summary throughout the day. The registered manager told us, "If a student's vital signs were showing signs they were becoming medically unwell, we would compare the vital signs to their baseline vitals and our protocol is to always call the GP or 999 if a student is medically ill." This protocol was re-iterated in the services 'medical emergencies policy' and was understood by staff members.

Staff had access to training considered essential to help them achieve the skills and competences they needed to care for students safely. Upon employment with Narconon, all staff members completed the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensured staff that were new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. To assess whether training from the care certificate was embedded into practice, the registered manager, completed a 'care certificate assessment plan.' This considered the staff members level of understanding through discussions and observations. Alongside the care certificate, staff members also completed Narconon's individual programme orientation which consisted of drug free withdrawal, new life detoxification and introduction to Narconon.

Mechanisms were in place to support staff to develop their skills and improve the way they supported students. Staff received supervision and this was confirmed by documentation. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Systems were also place to support staff's career progression. A member of the management team told us, "Seven of us are completing a health and social care diploma." Another staff member was starting an apprenticeship in personal, learning and thinking skills. Staff members spoke highly of the training and level of support provided.

Nutrition is part of the programme. The chef works in partnership with the nutritionist to ensure the meals have high nutritional value and includes vitamins. Organic fruit and vegetables are sourced where possible and all meals were home cooked. Meals are taken to the withdrawal suites. Once students move on they eat

together in the dining room. We spent time in the communal dining room at lunchtime. A menu was on display and a wide range of meal options were provided for the students. Options included baked salmon, grilled chicken, cottage pie and other options. A member of the management team told us, "Staff and students eat together, the food is prepared into servers and then we can all help ourselves." A student was enjoying their lunchtime meal with a staff member. Together they spoke highly of the food provided. One student told us, "Food is lovely as usual. The chef makes everything so nice."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Students could only enter the programme if they had the mental capacity to make the specific decision to consent to the programme. The registered manager told us, "As part of the pre-admission assessment, we consider the student's ability to consent to the programme and if they can make that decision." As part of the admission assessment process, a cognitive impairment test was completed with the student and consent was obtained from the student to participate in the programme. During the withdrawal stage, documentation reflected that some students had experienced hallucinations and levels of anxiety and agitation. We therefore queried how staff managed fluctuating capacity. Staff members told us how they continually explained everything to the student and provided reassurance. From our observations throughout the inspection, we could see that staff understood the importance of consent. Documentation was in place which demonstrated that students had provided written consent before completing each module of their programme. Students confirmed they have provided their consent and staff had explained the programme to them.

On the day of the inspection, no students were subject to a Deprivation of Liberty Safeguard. Throughout our inspection, we identified that a number of restrictions were in place and these were also documented in the Narconon welcome book which was provided to students. Restrictions included limited access to social media, no unescorted leave and 24 hour supervision during withdrawal. The registered manager told us, "Students can leave anytime they like. If during withdrawal, a student wishes to leave, we would support them to make sure their exit from the programme is safe." Staff members confirmed they had supported students through the withdrawal process and that students had been able to understand the restrictions and they continually explained the purpose of the restrictions.

Is the service caring?

Our findings

Students we spoke with confirmed staff treated them with dignity and respected. One student told us, "Staff are really caring and always here for me." Another student told us, "I can't speak highly enough about the staff."

Student's privacy and dignity was respected. 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. A member of the management team told us, "Although supervision is provided 24 hours, we recognise it can be intruding, so we agree with students if they want us in the room, or have their door open and staff sit outside." Students confirmed that their privacy and dignity during their withdrawal module was respected as much as possible. One student told us, "Staff were there but not there. I still had my privacy."

We observed staff interactions with students at various intervals throughout the day. We saw that students were relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the service. Students spoke highly of the service and the support they received from staff. One student told us, "I feel motivated here, feel energised and much clearer in my thinking."

Staff upheld student's equality and diversity. Staff took the time to learn about student's religious beliefs and backgrounds. Technology was utilised to support students and staff to know when it was time for their daily prayers. Staff also supported students to attend the local Mosque. The chef demonstrated commitment to sourcing specialist food which met student's nutritional needs. One student told us, "They've exceeded themselves in meeting my dietary requirements." The registered manager told us, "We all sat down and shared a meal with the student which was lovely and also helped us learn about their background."

The registered manager and staff recognised the importance of supporting the students as much as possible. The registered manager told us, "One student had nasal problems due to excessive use of cocaine which presented during withdrawal. We therefore obtained a face steamer for them with methanol. However, we knew congestion in nose would be ongoing, so we sourced a three month contract with the local gym with a steam room. The student goes there regularly with a staff member to ensure their nose doesn't dry out."

Students set their own individual objectives and staff supported students to achieve those objectives. Staff members told us, "We support students to focus their minds but students tell us what they want." Throughout the day, students completed the individual programmes and had the evenings for downtime. A lounge area was available for students to use with access to DVDs and magazines.

The service had a dog on site and staff told us how as part of students' programmes, some students had enjoyed walking the dog. Students commented that they enjoyed having the dog on site and the

companionship the dog brought.

Staff members recognised that relationships between students and their families was important and provided support to maintain those relationships. Relatives were able to visit and one student told us, "My family joined us for dinner one night which was nice." Staff members recognised that family members required support and enabled family members to access counselling. One student told us, "Staff have been excellent in supporting not just me but also my family."

Is the service responsive?

Our findings

Students told us that staff were responsive to their individual needs. One student told us, "I can't fault the staff." Another student told us, "The staff have been excellent in supporting me."

Students were assessed prior to admission and the information gained from the pre-admission assessment fed into the care plan. This demonstrated that prior to admission, staff received sufficiently detailed information about the prospective student including information about substance misuse, medical history, social background and other relevant information to determine that needs can be met. Additional information had also been gathered through the referral process such as reports and assessments from healthcare professionals. Care plans were then devised on the individual needs of the student.

Individualised flight plans (specific care plan were devised for all students). This included information on the student's exit from Narconon in case of a medical emergency along with information on their emergency contacts. The registered manager told us, "We have to consider if a student needs to exit for medical reasons but also we continually assess a student's exit from Narconon and how to prepare them for when they leave." A member of the management team told us, "One of the last modules is about life skills and preparing a student to move on from Narconon."

On a daily basis, staff completed daily records which included vital signs and withdrawal observations for students in withdrawal. At the end of each day, these notes would be sent to the case supervisor to analyse and monitor. They then provided guidance to staff if any changes were required to individual student's programme. This showed that staff communicated with each other in the interests of students and to learn from each other.

Once students had completed the withdrawal module, they then moved onto module two. Staff members told us, "Once students are in module two, we then encourage their independence and self-care." Students did their own laundry and small household chores. The aim as described by the registered manager and staff is to promote and develop the student's ability to manage their own life.

Students confirmed they felt able to raise concerns and speak directly to staff or the registered manager about any worries or concerns they might have. A complaints policy was in place and provided to students when they entered the service. Since January 2016, the provider had received four complaints. Documentation was in place that confirmed complaints had been responded to within appropriate timescales and feedback given to the complainant. For example, one student complained about the objectives being too long. Documentation reflected what corrective action was taken and what action could be done to prevent further concerns from being raised. It was identified as a result of this complaint that further information was required on the individual objectives.

Systems were in place to involve students in the running of the service. Student meetings were held which provided students with the forum to raise any concerns or make suggestions. Minutes from the last meeting in June 2016 reflected that menu's; objectives, student entertainment and phones were discussed. The

registered manager told us, "We plan to hold another soon, however as students come and go, it's not always possible to hold student meetings."

Is the service well-led?

Our findings

Students spoke highly of the management team and staff. One student told us, "I know who the manager is and all the staff, they are all approachable." Another student told us, "The manager is very approachable."

At the last inspection we identified areas of improvement in relation to the organisation of paperwork and the ability to access contemporaneous records relevant to the running of the service. Recommendations were made and at this inspection, we found improvements had been made.

During the course of the inspection, we asked for various documentation and paperwork. The registered manager and management team were able to provide this documentation with ease. This demonstrated that robust systems were in place regarding the management and storage of contemporaneous records.

There were systems to review the quality of service provided which included a variety of audits and checks. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. The management team completed range of audits which covered areas such as housekeeping; administration, staff files and care plans. Despite audits of care plans taking place, we found care plans and risk assessments did not always provide sufficient guidance for staff to follow. For example, where a student's care plan identified that they experienced anxiety, a plan was in place. This provided guidance to direct the student towards having 'assists and locationals' ('assists' refers to any of a number of prescribed actions done to alleviate a present time discomfort. 'Locationals' refers to any of a number of prescribed actions done to establish stability in the present time environment of the student) to help the student manage their anxiety. However it did not provide information about how the student's anxiety showed itself or any other interventions to support them during these periods. Where pre-admission assessment reflected a history of self-harm or mental health needs, risk assessments were not consistently in place to demonstrate how staff would mitigate these risks. For example, one student's admission documentation recorded they had tried to take their life and there was a possible diagnosis of bi-polar. Although staff felt the risk of self-harm was low, guidance was not in place to ensure all risk factors had been mitigated. The registered manager confirmed that all students are subject to a robust screening process and any students with a history of complex mental health needs would not be accepted onto the programme.

During the withdrawal programme, documentation reflected that some students had experienced hallucinations and levels of anxiety. Consent had been obtained from the student before starting the programme; however, documentation did not consistently reflect how staff were working within the principles of the MCA 2005 during the withdrawal programme. For example, how staff were managing fluctuating capacity. Despite the above concerns, staff spoken with, demonstrated a firm awareness of student's needs and were able to describe in detail the care and support that they provided. However, this knowledge was not reflected in the care plan.

We recommend that the service considers guidance on the recording of care planning, principles of the MCA 2005 and risk assessments.

Systems were in place for students, relatives and staff to feedback on the running of the service. The registered manager sent out satisfaction surveys which were based on CQC's five key questions. We saw the results of a recent satisfaction survey completed by a student. The student spoke positively of their experience at Narconon. Staff meetings were held on a regular basis which provided staff with the forum to raise any queries and contribute towards to the running of the service. Staff members confirmed they felt any suggestions would be acted upon by management.

Following any incidents or accidents, a critical incident log book was available for staff to record in. No incidents had been recorded but it contained clear guidance for staff in managing, recording and reporting any such incidents

Feedback from staff indicated a positive culture, with staff feeling motivated and supported. Narconon had clear visions and values in place which were understood by staff. Staff spoke highly about the service and commented that they enjoyed working at the service. A member of the management team told us, "It's giving that student the last chance to get better. I really enjoy seeing the before and after of the programme." The management team were able to describe the key strengths of the services and the challenges they had faced over the past few months. The registered manager told us, "Our biggest achievement is being able to demonstrate everything and implement the changes we wanted to make."