

Gladstones Clinic Lexham House

Quality Report

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Date of inspection visit: 21 and 22 March 2016
Date of publication: 17/08/2016

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

This was an unannounced, focussed inspection. We looked at areas of the service being safe and well led.

We found:

- Risk assessment of clients before admission was not thorough. Risks to clients during treatment were not always reduced.
- There was a lack of medical input into the service. There was also a lack of out of hours medical cover.
- Some emergency medicines that should have been available were not.
- Staff were employed without the appropriate employment checks being undertaken. Two staff had not had criminal record checks.

- Some staff had not undertaken safeguarding adult or safeguarding children training.
- There were no safety checks of equipment.
- There was a lack of knowledge of the duty of candour. This process involves being open and transparent when there was, or could have been, a serious risk of harm to a client.
- There were no up to date training records for staff in the service.

We issued a Warning Notice to the provider. We also took other regulatory action.

Summary of findings

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Summary of this inspection

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Gladstones Clinic Lexham House

Services we looked at

Substance misuse/detoxification;

Summary of this inspection

Background to Gladstones Clinic Lexham House

Gladstones Clinic Lexham House is registered to provide care and treatment for people undergoing alcohol or drug detoxification. The service could accommodate eight clients. At the time of the inspection there were five clients in the service.

Gladstones Clinic Lexham House is registered to provide:

Accommodation for persons who require treatment for substance misuse and treatment of disease, disorder or injury.

A registered manager was in post at the service.

The service received referrals from statutory agencies and private clients from inside and outside of London.

The service had recently opened and we had not inspected the service before.

Our inspection team

The team that inspected the service comprised two CQC inspectors, a CQC regional medicines manager and a specialist advisor, who was a consultant psychiatrist in addictions.

Why we carried out this inspection

This was an unannounced, focussed inspection. We undertook this inspection due to concerns at a different service, operated by the same provider.

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?

As this was a focussed inspection, we only looked at areas of the service which were safe and well led.

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for information.

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the physical environment
- spoke with the registered manager
- spoke with two therapists and a nurse consultant who provided input into the service
- looked at 5 care and treatment records, including medicines records, for people who used the service
- looked at policies, procedures and other documents relating to the running of the service.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found the following issues that the service provider needs to improve:

- The provider did not collect enough information concerning potential risks to clients, before clients were admitted. The service was not able to undertake a full assessment of clients' risks.
- There was a lack of medical input into the service. There was also a lack of out of hours medical cover.
- Emergency medicines for opiate and benzodiazepine overdose were not available, and should have been. The expiry dates of emergency medicines were not checked regularly.
- The temperature of the medicines refrigerator was not checked regularly. Medicines could have been stored at the incorrect temperature.
- Some staff had not undertaken safeguarding adult or safeguarding children training.
- Staff were employed without the appropriate employment checks being undertaken. Two staff had not had criminal record checks.
- There were no safety checks of equipment.
- There was a lack of knowledge of the duty of candour. This process involves being open and transparent when there was, or could have been, a serious risk of harm to a client.

Are services effective?

Not assessed during this inspection.

Are services caring?

Not assessed during this inspection.

Are services responsive?

Not assessed during this inspection.

Are services well-led?

We found the following issues that the service provider needs to improve:

- No service risk assessment had been undertaken.
- There was no policy for the review of staff Disclosure and Barring Service (criminal records) checks.
- There were no up to date training records for staff in the service.
- The provider discharge policy did not contain enough detail. The policy was not embedded in practice.

Summary of this inspection

However:

- The management team were committed to improving the quality and safety of the service.

Detailed findings from this inspection

Substance misuse/detoxification

Safe

Well-led

Are substance misuse/detoxification services safe?

Safe and clean environment

- The service was clean, tidy and well maintained. Fire exits were clearly marked and fire evacuation notices were displayed. However, following a recent fire inspection, the fire doors in the service were found not to meet the required standard. The service had taken action and two fire doors were awaiting further work to meet the required standard.
- Infection control audits were undertaken. However, there was no cleaning schedule in use in the service. This meant that there was no system for ensuring that all parts of the service were cleaned regularly. This was a potential infection control risk. National guidance states that a cleaning schedule should be available providing details of the standards of cleaning. The provider planned to introduce a cleaning schedule after our inspection visit.
- Women and men were treated at the service. Clients at the service shared a toilet and bathroom which could be locked.
- The service had emergency equipment including oxygen and medicine for anaphylaxis. Anaphylaxis is a serious allergic reaction that can cause death. However, there were no checks undertaken to ensure that equipment and the medicines were within their expiry date. Equipment had not been safety tested. The service did not have medicines to be used for benzodiazepine or opiate overdose. Clients' treatment in the service involved these types of medicines, and medicines for overdose should have been available.
- There was a weekly environmental check undertaken in the service. An environmental risk assessment had also been undertaken.

Safe staffing

- There were two shifts operated at the service. A nurse and two therapists worked during the day shift. During weekdays, the manager also worked normal office hours. A nurse and support worker worked in the service at night.
- Agency staff had been used in the service since it had opened. The provider used the same agency staff on a regular basis to ensure continuity of care. The service had experienced difficulties recruiting registered nurses.
- Three doctors provided medical input into the service. The doctors came to the service when staffed asked them to. There were no regular medical reviews of clients. A doctor had not been to the service for four days at the time of our inspection. Such a service should have a doctor at the service most days of the week. There was no effective system to ensure that a doctor would come to the service outside of normal working hours. This meant that when clients needed a medical review of their substance misuse treatment, a doctor may not be available. Clients would go to the local emergency department or an extended hours clinic. However, they would be unlikely to be assessed by a doctor with experience in substance misuse treatment.
- Staff training records were requested on two occasions. We were not provided with details of the training undertaken by each staff member. There was a list of 19 different types of mandatory training staff should undertake.

Assessing and managing risk to people who use the service and staff

- Before clients were admitted, the service obtained some details regarding clients' potential risks. This included the risk of alcohol withdrawal seizures and the risk of violence. However, general practitioners (GPs) were not contacted for further risk information. This meant that the amount of information available to the service was limited. This affected the risk assessment of clients before they were admitted to the service. One client had recently experienced alcohol withdrawal seizures. The service recognised that the client was at high risk of seizures during alcohol detoxification treatment. The

Substance misuse/detoxification

service accepted the client for treatment. National guidance states that people at high risk of seizures should be offered admission to hospital for alcohol detoxification (Alcohol-use disorders: diagnosis and clinical management of alcohol-related physical complications, National Institute of Health and Care Excellence, 2010). Following the inspection, the provider told us they would no longer admit people with a high risk of seizures to the service.

- Clients had a risk assessment when they were admitted to the service. Shortly after admission, clients had a risk management plan. This outlined potential risks and how these risks could be managed. One client had completed a Beck's Depression Inventory (BDI) to assess their mood. The BDI had indicated the client had significantly low mood. They had not had a mental health assessment on admission to the service. They had not had such an assessment after the BDI had been taken. This meant that any risks linked to their low mood were not assessed appropriately. Another client, undergoing alcohol detoxification, had their blood pressure (BP) and pulse recorded regularly. This was best practice. However, early on in their detoxification, their blood pressure and pulse had not been recorded for 12 hours. Blood pressure and pulse are important indicators of a person's physical health during alcohol detoxification. There was a risk that sudden deterioration in the clients' health would not be recognised during this time. Another client had a history of a serious violent offence many years ago. The service did not assess the circumstances around this offence, or of any other possible violent offences. This meant staff may not know the signs of an increased risk of violence. One form stated the client had no history of violence. During one-to-one sessions, clients' risks of being violent, suicidal or self harming were assessed. A score of 0 to 10 was used to indicate the level of risk. However, there was no further information to understand how the risk score had been assessed. This meant the risk score was of little use. A new, comprehensive, risk assessment form had been developed. The service was due to start using this form shortly after the inspection.
- Clients in the service accepted a contract regarding rules and behaviour whilst they were being treated. This meant that clients went to their bedroom at 10.45pm every night. If clients wanted to smoke in the garden after this time, staff would supervise them.
- We reviewed six staff records. Two staff members had not undertaken safeguarding adult or children training. A further member of staff had undertaken safeguarding adults, but not safeguarding children training. The staff we spoke with were aware of potential safeguarding issues. They also knew the process for making a safeguarding referral. One client's form regarding the risk of domestic violence was not completed.
- The prescribing and administration of medicines was undertaken safely. 'As required' medicines were appropriately recorded, including why the client needed the medicine. Medicine administration charts were subject to checks, to ensure clients received medicines as prescribed. However, there was no thermometer to check the temperature of the medicines refrigerator. This meant the correct storage temperature of medicines could not be checked. The provider had ordered a fridge thermometer.
- Two staff members had not had Disclosure and Barring Service (criminal records) checks. These should have been undertaken before the staff members started work in the service. These checks had been requested at the time of the inspection. The service had no record of the employment history of one staff member. Four other staff members had gaps in their employment history. The employment history gap for one staff member was ten years. There was no record that the service had checked what had happened during staff members' employment gaps. This information is required before staff start working in a service.

Track record on safety

- The service had recently opened, and there had been no recorded incidents.

Duty of candour

- The manager could not describe the duty of candour. The duty of candour describes what must happen when a client's treatment has, or could have, caused them serious harm. This involves informing the client and apologising. It also involves keeping the client up to date with any investigation and the outcome. The duty of candour aims to ensure that services learn from mistakes and for clients to be fully involved.

Substance misuse/detoxification

Are substance misuse/detoxification services well-led?

Good governance

- There was no record of the training that staff had undertaken.
- The service did not have emergency medicines available for benzodiazepine or opiate overdose.
- There was no system to ensure that risk information from GPs was obtained before clients' were admitted. This meant a detailed risk assessment could not be completed.
- Infection control audits and medicine checks were undertaken. However, there was no system for ensuring that clients' care and treatment needs were consistently met. There were no checks to ensure potential risks to clients and others were consistently recorded. The provider was in the process of developing a new quality assurance system.
- There was a lack of pre-employment checks for some staff members. This included not obtaining a Disclosure and Barring Service check before some staff worked in the service. Some staff had a Disclosure and Barring Service check a number of years previously. There was no policy or procedure regarding how regularly staff required such checks.
- There was no system to ensure that a service doctor was present in the service most days. There was no system to ensure regular medical reviews of clients. There was no system to ensure an out of hours doctor was always available.
- There was no system to ensure the duty of candour would always be followed.
- A policy outlined steps to be taken in the event of an emergency affecting the service. An accident and incident policy was also in place. The service had a risk management policy. This included a 'risk register' identifying potential risks and how they could be reduced. However, there was no completed risk register for the service. There was no evidence that a service risk assessment had been undertaken. The service had a discharge policy, however, this was not followed in practice. It stated that other professionals should be contacted about clients discharge needs before the client was admitted. The part of the policy dealing with 'discharge against medical advice' was not sufficiently detailed.

Commitment to quality improvement and innovation

- The management team were committed to ensuring the service was safe, and provided effective and high quality care.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that it obtains sufficient information to conduct a full risk assessment before clients are accepted for treatment.
- The provider must ensure that there is an appropriate level of regular medical input in the service.
- The provider must ensure that there is a robust system for ensuring the attendance of a doctor with substance misuse experience in the service, outside of normal working hours.
- The provider must ensure that all appropriate emergency medicines are available in the service. Emergency medicines must be checked regularly for their expiry dates.
- The provider must ensure that up to date training records are available for each staff member.
- The provider must ensure that all pre-employment checks are carried out before staff begin to work in the service.

Action the provider **SHOULD** take to improve

- The provider should ensure that all staff undertake safeguarding adult and safeguarding children training.
- The provider should ensure that equipment is safe to use. Equipment should be tested for electrical safety and regularly checked to ensure it performs correctly.
- The provider should ensure that a service risk assessment is undertaken.
- The provider should ensure that the frequency of Disclosure and Barring Service checks of staff is formalised.
- The provider should ensure that staff in the service are aware of the requirements of the duty of candour.
- The provider should ensure that the discharge policy is sufficiently detailed and embedded in practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider was not maintaining records for staff employed to work in the service and carry out regulated activities.</p> <p>There were no records available indicating the training each staff member had undertaken.</p> <p>This was a breach of Regulation 17(1)(2)(d)(I)</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider was not ensuring that staff employed in the service had received the required pre-employment checks.</p> <p>The provider was not ensuring that required information was provided in employment records.</p> <p>Two staff members records did not contain a copy of required disclosure checks needed to work with vulnerable adults and children.</p> <p>The were gaps in employment history for staff employed in the service and there was no written explanation for these gaps in employment records.</p> <p>This was a breach of Regulation 19 (2)(3)(a)</p>

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider was not ensuring that care and treatment was being provided in a safe way for service users.</p> <p>The service did not appropriately assess the risks to the health and safety of clients of receiving the care or treatment. The service did not do all that was reasonably practicable to mitigate such risks. The service did not ensure the proper and safe management of medicines. The service did not appropriately assess, prevent and detect and control the spread of infection. The service did not share, or work with other appropriate persons to ensure timely care planning took place to ensure the health, safety and welfare of clients.</p> <p>This was a breach of Regulation 12(1)(2)(a)(b)(g)(h)(l)</p>