

Francis House

Quality Report

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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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

We found the following areas of good practice:

- Francis House had thorough assessments and appropriate procedures in place to manage the risk of fire.
- The service had enough staff to care for the number of patients and their level of need. Overnight, a sleeping duty system was in place, with two members of staff available to patients within the building.
- Staff assessed both the physical and mental health needs of clients. Clients were supported to access local services to address any ongoing physical health concerns.
- All staff were trained in the Mental Capacity Act, they understood the principles and were aware of how to advise if required.

However, we also found the following issues that the service provider needs to improve:

- Some clients did not know how to get support from staff overnight. They told us they did not know the process for waking the sleeping staff. We raised this with the provider during our visit. However, staffing numbers were sufficient to provide safe care.
- Therapeutic interventions did not follow National Institute for Health and Care Excellence guidance in terms of frequency or duration of therapy.

Summary of findings

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Summary of this inspection

Why we carried out this inspection

We inspected this service as part of a focused, responsive inspection. The purpose of the inspection was to address concerns we had received. We received information which raised concerns about staff understanding of the Mental Capacity Act, physical health care of clients,

therapeutic interventions, activity levels and staffing levels. We did not review the two outstanding requirement notices. These will be reviewed during future inspection activity and remain in place.

How we carried out this inspection

During the inspection visit, the inspection team:

- spoke with three clients
- spoke with the registered manager
- spoke with four other staff members employed by the service provider, including support workers and administrative staff

- looked at three care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service, in particular fire risk management.

Information about Francis House

Assisi Community Care Limited consists of one registered location, (Francis House) that provides rehabilitation to people recovering from substance misuse. The service includes the accommodation facility known as Clare House.

There were 10 clients at the time of our inspection. The service is registered by the CQC to provide the following services:

- Accommodation for persons who require nursing or personal care
- Accommodation for persons who require treatment for substance misuse

The service has a registered a manager and a nominated individual.

We carried out a comprehensive inspection on 7 – 8 November 2016 and found the following issues where the service provider needed to improve:

- There was not a clear model of care that ensured client needs were fully met and that care was delivered in line with best practice.

- Staffing levels were not safe at night and the physical environment was not suitable to meet the needs of the client group, such as reduced mobility, memory problems and other factors associated with the ageing client group.
- Medicines given did not have the legally required prescribing and dispensing information, including dose instructions and client name. The provider took immediate action to improve this.

However we found the following areas of good practice:

- Clients were treated with kindness and staff were caring.
- Morale was high amongst the staff team and staff were enthusiastic about their roles. Clients were supported with their education and learning.
- Clients had up to date care plans and clients felt involved in their care.
- Systems were in place to ensure regular mandatory training and supervision.

We served the following requirement notices:

Summary of this inspection

1. The lack of clear model of care meant that client needs were not met and that care was not delivered in line with best practice. This was a breach of regulation 9 (1)(a)(b).
2. Care and treatment of service users was not appropriate to meet individual needs and did not reflect the increasing needs of the client group associated with ageing. This was a breach of regulation 9 (1)(a)(b).
3. The provider was not correctly carrying out safe administration of medication. This was a breach of Regulation 12 (1)(2) (g).

We did not review these requirement notices as part of this inspection. These actions remain active for the provider and will be reviewed during future inspection activity.

What people who use the service say

Clients told us they were happy at Francis House. They found the staff helpful and enjoyed the relaxed atmosphere.

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 do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Francis House completed thorough fire risk assessments and had adequate procedures in place to ensure the safety of clients. The fire safety officer from the local fire brigade had approved the measures put in place.
- Staffing levels at Francis House were adequate. Overnight a sleeping duty system was in place. Clients could use a red phone to direct dial the staff sleeping on site for assistance.

However, we also found the following issues that the service provider needs to improve:

- Some clients did not know how to seek support from staff at night. Two clients said they did not know about the red phone system. We raised this with the managers at the time of our inspection. The managers said they would remind all clients how to access staff overnight and regularly check that clients were able to recall this information.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff completed a comprehensive assessment of all clients. This included physical health. Physical health monitoring was completed and clients with physical co-morbidities were supported to access regular check-ups from their GP or local hospital.
- All staff were trained in the Mental Capacity Act. They were able to demonstrate an understanding of the principles of the Mental Capacity Act and were aware of how to seek advice from the local authority safeguarding team when appropriate.

However, we also found the following issue that the service provider needs to improve:

- Therapeutic interventions did not follow National Institute for Health and Care Excellence guidance in terms of frequency or duration of therapy. Guidelines suggest therapy should consist of one 60 minute session per week for 12 weeks. However, the therapy that was delivered used a cognitive behavioural therapy approach in line with national guidance.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had been trained in the Mental Capacity Act. Staff with knowledge and experience in the subject offered in house training to other staff members. Staff could discuss the principles of the Mental Capacity Act. The staff team discussed the use and understanding of the Mental Capacity Act in governance meetings.

When clients lacked capacity, staff made decisions in their best interests, recognising the importance of the person's wishes, feelings, culture and history. Staff spoke of a best interest meeting that had taken place for a client about his ability to feed the cat.

When needed staff sought support from the local councils safeguarding team. The local safeguarding team will review clients care and complete Mental Capacity assessments. The provider had a policy on the Mental Capacity Act, including deprivation of liberty safeguards. Staff were aware of the policy and had access to it.

Substance misuse services

Safe

Effective

Are substance misuse services safe?

Safe and clean environment

- Francis House completed a thorough fire risk assessment. The service had installed a fire alarm system that linked directly to the fire brigade. Staff tested fire alarms weekly and completed fire drills twice a year. A log of false alarms was kept and the fire officer completed thorough checks every six months. The fire safety officer from the local fire brigade had approved the measures put in place.
- Clients did not have personal emergency evacuation plans. However, an assessment of each client was completed which determined if they were capable of independently leaving the building or require a personal emergency evacuation plan. Staff said that all clients had been assessed as capable to independently leave the building, however should a client be assessed as unable to independently leave the building a personal emergency evacuation plan would be completed for that client. Staff completed assessment on admission or when a client's needs changed.
- Staff assessed the personal fire risk of clients. Clients were allowed to smoke in their bedrooms. A risk assessment was present for all clients who smoked and each client signed the risk assessment to show they understood the risks. Clients who smoked in their rooms had a sticker on the door alerting staff and the emergency services. We were concerned about the effects of smoke on non-smoking clients and staff and the impact of smoke permeating through the building.

Safe staffing

- Staffing levels at Francis House were adequate. During the day, there were a minimum of two care workers and one manager on shift. In the evenings, after 6pm, and at weekends there was one care worker and one manager on shift. Francis House had 10 patients at the time of inspection. The manager explained that if the number of

patients increased to 15 another member of staff would work on each shift. Admissions to Francis House were planned so staffing levels would always be able to reflect the number of clients admitted.

- At night, Francis House used a sleeping duty system. Two members of staff slept at Francis House who clients could wake if they required help. There was a red phone system in place. This phone was in a communal corridor and linked directly to the sleeping staff room and to the managers home. Clients did not have to dial a number to contact staff. However, we spoke with two clients who said they did not know about the red phone system. We raised this with the provider during our inspection.
- Francis House did not use agency staff. The service covered staff sickness and annual leave by using bank staff who know the clients and understand the ethos of the service.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- Staff completed a comprehensive assessment of each client in a timely manner at, or soon after, admission. Staff updated assessments as needed.
- Staff assessed clients' physical health needs in a timely manner after admission. When new physical health needs became apparent these were assessed and treated appropriately. Staff supported clients to attend appointments with the GP and at the local hospital. Clients said that staff supported them with their physical health. Staff offered clients' with diagnosed physical health problems yearly reviews and regular monitoring. For example, a client with diabetes had regular blood glucose testing.
- All clients had comprehensive personalised, holistic and recovery focused care plans. These covered both physical and mental health. At admission, an initial care plan was created with the client and then a thorough care plan developed over the following two weeks.

Substance misuse services

Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for the client group. Some of the interventions followed guidance from the National Institute for Health and Care Excellence. There were five recovery group therapy sessions offered each week which were based on a cognitive behavioural approach. Attendance at groups was optional for all clients. Francis House ran activities and therapeutic interventions seven days a week. These included swimming, gardening, independent life skills and meditation/prayer. Clients could attend local community alcohol support groups. While staff used a cognitive behavioural therapy approach, as recommended by the National Institute for Health and Care Excellence, to deliver psychological interventions. However, the service did not follow the National Institute for Health and Care Excellence guidance in terms of frequency or duration of therapy. Guidelines suggest therapy should consist of one individual one hour session per week for 12 weeks. Clients at Francis house were offered four recovery group therapy sessions a week.
- Staff supported clients at Francis House to attend to their personal care. During our inspection, we observed staff supporting a client to apply cream to his legs. Clients said that staff were helpful in relation to personal care and physical health problems.

Good practice in applying the MCA (if people currently using the service have capacity, do staff know what to do if the situation changes?)

- The service had trained staff in the Mental Capacity Act. Training was given in house by other staff who have experience and knowledge of the topic. Staff could discuss the principles of the Mental Capacity Act. Staff discussed understanding and use of the Mental Capacity Act in governance meetings.
- When clients lacked capacity, staff made decisions in their best interests, recognising the importance of the person's wishes, feelings, culture and history. Staff spoke of a best interest meeting that had taken place for a client regarding his ability to feed the cat.
- When required staff sought support from the local councils safeguarding team. The local safeguarding team will review clients care and complete Mental Capacity assessments.
- The provider had a policy on the Mental Capacity Act, including deprivation of liberty safeguards. Staff were aware of the policy and had access to it.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should consider whether smoking in bedrooms is having an impact on the health and safety of other residents and staff.
- The provider should ensure that there are appropriate systems in place for clients to seek help at night and that all clients are aware of these procedures.
- The provider should ensure it follows national guidance for therapeutic interventions.