

A&A Consulting Limited

10 Harley Street

Inspection report

10 Harley Street
London
W1G 9PF
Tel:

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires Improvement



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

A&A Consulting Limited, which is based at 10 Harley Street, provides a nurse-led alcohol detoxification service for people in their own homes.

We rated this service as requires improvement.

The service was not working with any clients and there had been only one recent client.

We found the following areas where improvement was needed:

- The service did not have adequate governance arrangements in place and did not display an understanding of what was required. Without good governance systems and appropriate policies in place, a service cannot monitor the delivery of quality care or continuously improve the quality of their services. We saw poor governance arrangements in relation to the recording of safe staff recruitment, lone working, transportation of medicines and information containing personal information, ensuring detailed care records and the proper maintenance of medical equipment used in care.
- The service did not evidence that they made reasonable effort to gather necessary information from a client's GP before starting treatment. This meant all physical health risks may not be known to the staff in order to inform safe treatment.
- Care and treatment records did not include all necessary information relating to the patient's care. For example, reason for the admission, relapse prevention plans or evidence of daily physical health checks.
- There was no system in place to support patients to make a complaint and no information available about how to do this.

We found the following areas of good practice:

- The registered manager accessed criminal record check information when he employed someone, in line with safe recruitment practices.
- There were clear inclusion and exclusion criteria for clients who wanted to access treatment from the service.
- The client we spoke with described compassion and kindness from the service and felt well-informed about their treatment plan.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Requires Improvement 	See summary above for details.



Summary of findings

Contents

Summary of this inspection

Background to 10 Harley Street

Page

5

Information about 10 Harley Street

5

Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

Summary of this inspection

Background to 10 Harley Street

A&A Consulting Limited is a medically assisted alcohol detoxification service and is delivered to people in their own homes. It has an office registered at 10 Harley Street. It is a nurse-led service and the registered manager was a nurse prescriber. The treatment programme consisted of medicines prescribed to assist with detoxification from alcohol over a 7-10 days period. Staff assessed the level of alcohol dependence before prescribing a specific dosage of medicine over a specified amount of time. Patients had to have a responsible adult with them for the duration of their detoxification. Staff visited the patient's home each day and were available to be contacted 24 hours a day during the treatment programme.

The service generally had one patient at a time. If there was more than one patient, the service manager employed additional staff for the duration of the that patient's treatment.

Once referred, clients spoke with staff over the telephone and then a face-to-face home visit was arranged. This was in order to assess suitability for treatment and whether the home environment was appropriate.

The service currently has no clients undertaking treatment. There are no pending referrals or any people on the waiting list.

Currently there is only one staff member who is the registered manager. Other staff were employed as and when required in order to support clients with their treatment plan.

Due to the small number of recent clients, we were unable to obtain a wide range of evidence during this inspection.

What people who use the service say

We spoke with the most recent client. They told us staff were available throughout the duration of their treatment and were very reassuring.

They said, 'Staff were very caring and monitored how I was feeling'.

How we carried out this inspection

The inspection was carried out by 2 inspectors and a specialist professional advisor with expertise and experience in substance misuse services.

This inspection involved a visit to the office that the service was registered at and was followed up by telephone interviews with 1 former staff member and 1 former client.

During the inspection, the inspection team

- visited the service office and observed the office environment
- spoke with the registered manager

Summary of this inspection

- spoke with 1 registered nurse who previously worked briefly for the service
- spoke with the most recent client
- reviewed 1 recent client's care and treatment record that was available in the office. Older records were kept securely at a separate location
- reviewed prescribing records and the medicines prescription process
- requested and viewed other documents concerning the operation of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations.

Action the service MUST take to improve:

- The service must review their governance systems to ensure they are adequate to provide a safe service. Regulation 17: Good governance.
- The service must implement governance and safety arrangements appropriate for a sole practitioner. Regulation 17: Good Governance.
- The service must develop a written safeguarding policy and procedures, review it at regular intervals and ensure that staff keep their safeguarding training up-to-date. Regulation 13: Safeguarding
- The service must make sure clients know how to raise a complaint. Regulation 16: Receiving and acting on complaints.
- The service must ensure the registered manager has regular access to professional support and advice to enable them to carry out all aspects of their role. Regulation 17: Good governance.
- The service must ensure any equipment is calibrated in line with the device guidelines and records are kept of this. Regulation 15: Premises and equipment.
- The service must ensure care records are sufficiently detailed. Regulation 17: Good governance.
- The service should ensure all reasonable steps are taken to gather information from GPs before treatment is started. Regulation 12: Safe care and treatment.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Inadequate	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Inadequate	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Substance misuse services

Safe	Inadequate 
Effective	Requires Improvement 
Caring	Good 
Responsive	Good 
Well-led	Requires Improvement 

Are Substance misuse services safe?

Inadequate 

We rated safe as inadequate.

Safe and clean environment

The office space was clean and well maintained. Clients received assessment, care and treatment within their own homes.

When someone was referred to the service, the manager carried out face-to-face assessments for suitability of care in patients' own homes. If a patient was assessed as suitable, treatment was always carried out in a patient's own home with a responsible adult present. If the manager assessed the home environment as unsuitable for the treatment, then the patient was not offered the service.

The manager rented office space at 10 Harley Street where the service was registered to. The building's landlord was responsible for ensuring the rooms were cleaned and the appropriate fire safety plans were in place. We saw that the site was clean and suitable for its purpose.

Safe staffing

The service did not keep full and up-to-date records of the mandatory and specialist training completed by staff.

The registered manager carried out the regulated activity. They completed assessments and delivered the treatment programme for each client. The registered manager reported that the service generally had one patient at a time, but if they had more than one, they recruited additional staff. The duration of the staff member's employment would be for the duration of the one patient's treatment.

Although the registered manager could describe the checks he carried out to ensure staff he employed were appropriately trained and registered, there was no policy in place to say what training this needed to be and where the

Substance misuse services

information would be stored. This meant the service could not provide evidence of good governance in this area. The registered manager said they checked staff had up-to-date basic drugs and alcohol training as well as training in Cardiopulmonary resuscitation (CPR), safeguarding adults, risk assessment, the Mental Health Act and the Mental Capacity Act. They also said they would check the Nursing and Midwifery Council register status.

Alongside their work in A&A consulting, the registered manager was employed by the NHS and undertook their NHS employer's mandatory training, which covered areas relevant to their private practice. The training they had completed was in safe and secure handling of medicines, diversity and human rights, safety in welfare, infection prevention and control, safeguarding children, safeguarding adults level one and two. Although the registered manager said he sought additional and independent training when needed, he did not have the records available to confirm this.

We saw evidence that the registered manager accessed criminal record (Disclosure and Barring Service, DBS) checks when he employed someone.

There were no current vacancies or any absent staff members at the time of the inspection.

At the time of the inspection staff did not have a caseload.

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

The service manager had an understanding of delivering safe care to patients, but a number of governance processes to support this were not in place. Information from GPs was not always used to inform risk assessments and treatment and machines to monitor physical health were not calibrated.

Clients were assessed using the biopsychosocial model. This looked at key areas of the person's health and lifestyle. Prior to treatment the registered manager used nationally recognised tools to assess the person's condition and level of alcohol consumption. This informed them about the safest starting dose of detoxification medication.

There were clear inclusion and exclusion criteria for the service. The service accepted patients aged 18-65 years, who had not previously suffered seizures and had no chronic liver disease or heart condition. They had to live in suitable accommodation and to have a responsible adult with them throughout their detox. Clients were redirected to inpatient detoxification services if risks were too high or if risks emerged during the treatment.

The service did not always follow good practice guidance in starting treatment after health records from the patient's GP had been received. Information from the GP can inform a risk assessment and confirm the patient meets the service inclusion criteria. In the treatment record we reviewed, we saw that although the GP had been sent a letter requesting recent records, detoxification treatment had been started the day after the request to the GP was sent and before any information was received. We saw that the service had not received a response at all, and there was no evidence that this had been followed up. This was raised with the manager who said this was a re-referred client, so they knew their health background. Whilst this may have been true, it had been a number of years since their last treatment from the service and new conditions could have occurred.

Whilst clients were receiving treatment staff monitored their progress by attending their homes on a daily basis. This was confirmed by the client we spoke with. The registered manager was contactable via telephone 24 hours a day when a client was receiving treatment. Before treatment started, the responsible adult was given information about what to do in the event of an emergency, adverse reaction or seizure.

Substance misuse services

Although staff monitored the physical health of patients each day during the home visit, there was no governance in place around the calibration of the machines used to do this and no evidence that machines were calibrated in line with manufacturers guidance. There is a risk that an uncalibrated machine can give an incorrect reading, which could impact the safe care of a patient. On each home visit staff monitored a patient's blood pressure, pulse, temperature and used a breathalyser.

Although the service manager could describe what they would do if a client disengaged with the service during treatment, there was no policy in place around this that the registered manager or other staff could refer to. It was not clear from the records we looked at that the service shared verbal and written information with the client about the danger posed from stopping the treatment part way through the course.

Safeguarding

Staff had completed safeguarding training and understood how to protect clients from abuse.

Staff had completed safeguarding training through their NHS employer and knew how to recognise and report abuse, when needed. However, refresher training was overdue.

The service did not have a written safeguarding policy in place, although the registered manager could describe how they would identify or follow up a safeguarding concern.

There was insufficient evidence to comment on the service's response to clients with children and the related safeguarding responsibilities. The service had not completed any safeguarding referrals and did not have any links with the local authority safeguarding team.

Staff access to essential information

The service used a paper records system to record information about care and treatment.

Medicines management

The registered manager was a non-medical prescriber. Prior to prescribing medication there was evidence that Severity of Alcohol Dependence Questionnaire (SADQ) was completed for each patient and this was used to inform the dosage of medicine prescribed.

The service did not store medicines at their site. Staff collected medicines from a pharmacy and took it to the relevant clients' homes where they put it in dosette boxes. These are plastic boxes with small compartments that clearly show which pills need to be taken at what time of day. Staff attended the client's house on a daily basis to ensure that medicines were taken correctly.

There was no policy in place around the safe transportation and storage of medicines inpatient homes.

Track record on safety

The service had not been sufficiently active to collect evidence on this. There had been no serious incidents within the last 12 months.

Substance misuse services

Reporting incidents and learning from when things go wrong

The registered manager reported that he had not identified any incidents or received any complaints in the last year.

Are Substance misuse services effective?

Requires Improvement 

We rated effective as requires improvement.

Assessment of needs and planning of care

The record we looked at did not include all the information we would expect in relation to care and treatment.

Staff used the biopsychosocial model to assess the client's lifestyle and physical needs to determine whether they could safely provide treatment. The service offered a standard detoxification package and the SADQ assessment was used to assess the client's alcohol dependency and inform the dose of medicines to prescribe.

Staff conducted a respiration assessment since COVID-19 emerged.

We reviewed one patient record during the inspection. We saw that staff used a paper records to keep information about assessment and treatment.

We saw that the record included the patient's name, contact details of the responsible adult during their treatment, GP details and a completed Severity of Alcohol Dependence Questionnaire (SADQ) form.

The record did not include information surrounding the reason for the admission into the service, relapse prevention plans or evidence of daily physical health checks.

The registered manager reported that older patient records were kept in a locked cabinet in a locked space at another location.

The service did not complete client record audits.

Best practice in treatment and care

There is insufficient evidence to report on this.

Monitoring and comparing treatment outcomes

The service did not collect data on treatment outcomes.

Skilled staff to deliver care

Substance misuse services

The registered manager's qualifications met the needs of clients under their care, but they did not access supervision or appraisal in relation to their work at this service.

The registered manager was suitably qualified for their role. The registered manager was on the Nursing and Midwifery Council register. The registered manager's profession and practice was in nursing and nurse prescribing. The registered manager reported that they had not used any additional staff for over a year.

The registered manager did not engage in supervision or appraisal specific to their role within this service. They relied heavily on their NHS employment to keep them updated on relevant topics.

Multidisciplinary and inter-agency team work

Apart from contacting clients' GPs, the service did not routinely liaise with other agencies, nor was there a multi-disciplinary team permanently in place.

Good practice in applying the MCA

The service did not have a relevant policy in place and there was insufficient evidence to determine whether this had impacted on clients.

Are Substance misuse services caring?

Good 

We rated caring as good.

Kindness, dignity, respect and support

Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.

During the inspection we did not observe staff and client interactions but we spoke with the most recent client.

The client we spoke with reported that staff treated them with dignity and respect. They said that the nurse was 'excellent and very personable'. They said staff were very reassuring, explained the treatment and went through the medicines information with them and the responsible adult supporting them.

The involvement of people in the care they receive

Staff involved clients in deciding how the treatment package was delivered.

The service offered a standard package but worked with the client to agree the timings of home visits and similar.

The client we spoke with said staff were available and supportive throughout their detox journey.

Substance misuse services

The client we spoke with said they had felt informed about their care and treatment.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff ensured that there was a responsible adult residing with the client for the duration of the detox. Prior to the detox everything was explained to their responsible adult, including medicines, potential side effects, including seizures, and what to do if this occurred. Further involvement was possible with the consent of the client.

Are Substance misuse services responsive?

Good 

We rated responsive as good.

Access and discharge

The service was easy to access. Discharge was automatic at the end of the detox treatment.

The registered manager reported that he received referrals by word of mouth or from professionals he had previously worked with.

The service had clear admission criteria. Clients followed a standard detoxification programme which normally lasted between 7-10 days. Once they had completed the programme clients were discharged from the service.

The registered manager said that they would inform clients GP that they had treated the person.

The registered manager stated that they encouraged clients to link in with psychosocial support in their community. We saw that staff had completed a referral to a more appropriate service for one client.

There was no policy in place around early self-discharge from the treatment programme.

The facilities promote recovery, comfort, dignity and confidentiality

Confidentiality was maintained.

As the treatment was in the clients' home, the treatment was kept confidential as the client chose who was present.

Meeting the needs of all people using the service

There were no policies or procedures in place to outline how the service would aim to meet the needs of all people who could use the service. For example, how it would support someone who had specific communication needs.

Listening to and learning from concerns and complaints

Substance misuse services

The arrangements for receiving and investigating complaints were under-developed.

There was no written complaints policy and no complaints had been received by the service. The registered manager said clients had access to an independent complaints officer who is an approved mental health professional (AMHP).

We were told clients would also be directed to the CQC website to make a complaint. However, this was a misunderstanding of CQC's role in investigating complaints. CQC is only empowered to investigate complaints relating to detention under the Mental Health Act.

The client we spoke with was unaware of the procedures to provide feedback on the service or make a complaint.

Are Substance misuse services well-led?

Requires Improvement 

We rated well-led as requires improvement.

Leadership

The registered manager had the clinical skills and experience to provide a treatment package to patients. However, they had not given sufficient attention to regulatory requirements.

Vision and strategy

The registered manager had a vision for the service.

The registered manager had ambitions to expand the service so they could provide further support to the client group, as well as an ambition to expand into additional areas of work. There was no written strategy.

Culture

The registered manager was committed to the care of the service's clients but there was no evidence of diligence in adopting appropriate policies, procedures and the governance required for running a registered service. Even though the service was effectively dormant, these are required to be in place.

The client we spoke with said that the staff member they worked with was approachable and supportive.

Governance

Our findings from the other key questions demonstrated that there were little or no governance processes in place.

The registered manager showed a lack of awareness of their responsibilities for the governance of the service.

Substance misuse services

There were insufficient processes in place to support effective governance of the service. This included, but was not limited to, not having clear policies and arrangements for the safe and secure transportation of medicines, secure transportation of information containing personal patient information, safe staff recruitment practice, safe management of risks associated with early discharge and maintenance of medical equipment. There were no processes in place for feedback, complaints or self-audit to be used to identify areas to improve the service.

It was not clear whether or not the service had entered a period of dormancy. They did not have any current clients but no notification of dormancy had been submitted to CQC.

As a sole practitioner for the majority of the time, there were no regular meetings with other staff in which matters of governance or risk were discussed or reviewed. No audit systems were in place.

There was no lone working policy in place. This was a risk for a service where one member of staff was entering patient homes as part of assessments and treatment.

Management of risk, issues and performance

As a small service, they did not have a risk register, but there had been no consideration of business or contingency planning. The registered manager did not receive external supervision or appraisal.

As a sole practitioner the registered manager had oversight of the operation of the service, but there were no systems in place in the event they were indisposed when a client was mid-treatment. Therefore, this risk was not mitigated.

There were no external supervision and appraisal arrangements in place for the registered manager, so no formal check on their own performance.

There were no policies or governance structures in place to indicate what supervision and support additional staff received when they worked for the service for a fixed period of time.

Information management

There was insufficient evidence to report on this.

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

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The service did not have a written safeguarding policy or procedures. It did not review it at regular intervals nor did it ensure staff kept the safeguarding training up to date.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The service did not take all reasonable steps to contact GPs prior to treatment.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The service did not make sure clients knew how to raise a complaint.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The service did not ensure that equipment used was calibrated in line with the manufacturer's guidelines. Calibration records were not kept up to date

This section is primarily information for the provider

Requirement notices

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Governance systems provided insufficient oversight and assurance. The registered manager did not have professional support and advice to enable them to carry out all aspects of their role. Care records were insufficiently detailed.