

Pathways House

Quality Report

Pathways House
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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

Summary of findings

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Summary of this inspection

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Pathways House

Services we looked at

Substance misuse services

Summary of this inspection

Background to Pathways House

Pathways House is owned and operated by Pathways House Limited.

Located in Canterbury, Kent, Pathways House provides residential rehabilitation programmes for men and women who wish to recover from alcohol and drug abuse, gambling and eating disorders. Pathways House utilises the 12 steps treatment programme. It is based on detox leading to total abstinence from alcohol and drugs. Persons who use the service are self funded.

Pathways House is situated in a residential location close to the centre of Canterbury. The service can offer accommodation for up to five people.

Pathways House had five bedrooms, a TV lounge, dining area, kitchen, conservatory and garden. At the time of the inspection there was one resident at Pathways House.

Pathways House were registered on 10 October 2010 for accommodation for persons who require treatment for substance misuse.

Pathways House had a manager who was in the process of applying for registration from the Care Quality Commission.

Pathways House was last inspected on 30 July 2014. Pathways House did not meet all standards during that inspection. It did not meet standards relating to people who use the service being given medicines they need, when they need them and in a safe way. Pathways House also did not meet the standard that people should be cared for by staff who are properly qualified and able to do their job.

Our inspection team

The team that inspected the service comprised of an inspection manager, two inspectors and a specialist advisor.

Why we carried out this inspection

We inspected this service as part of our on going comprehensive substance misuse services inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- Visited Pathways House and looked at the quality of the environment and observed how staff were caring for persons who use the service
- Spoke with one client who used the service.
- Spoke with the registered manager for Pathways House.

Summary of this inspection

- Spoke with one member of the senior management team.
- Spoke with three staff members, including key workers and a counsellor.
- Looked at two care and treatment records.
- Looked at three personnel files.
- Looked at two medication administration records (MAR charts).
- Carried out a specific check of the medication management and clinic area.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

The client we spoke with told us they felt safe and treated with respect. They spoke positively about the service and the treatment programme. They told us the service felt homely.

The client we spoke with was positive about staff and the support they received from staff. They told us staff were caring and approachable.

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 issues that the service provider needs to improve:

- Pathways house did not employ any nursing staff. Clients who were going through detoxification regimes were not under 24 hour nursing support. This is contrary to NICE guidelines.
- Risk assessments were vague and lacked detail. Where risk issues had been identified there were no risk management plans in place to mitigate such risks.
- Baseline information about level of addiction and previous use of opiates were not assessed prior to the start of a detoxification regime. This is contrary to NICE guidelines.
- The doctor was not routinely signing medication charts to confirm the dosages of medications were correct and authorised.
- There were errors on prescription charts that we reviewed.
- We reviewed the controlled drugs book and found a medication to be missing.
- Key workers were not counting the stock of medication prior to completing the controlled drugs book.
- There was no process in place to log incidents or safeguarding referrals.
- Staff did not receive formal debriefs following incidents.

However, we also found the following areas of good practice:

- Pathways House was clean, well maintained and in good repair
- Medications were stored safely in a locked cabinet

Are services effective?

- Care plans reviewed were basic and lacked detail.
- Care plans did not have any identifiable goals for clients and how they would be achieved.

Summary of this inspection

- There were no recovery plans for clients using the service.
- There were no physical health checks completed at any point during admission.
- Staff could not identify NICE guidelines.
- Staff were not receiving supervision or appraisals.
- Staff had not received training.
- Staff were handling and administering controlled drugs and medications without training.
- Not all staff had been Disclosure and Barring Service (DBS) checked. None of the volunteers at Pathways House had been DBS checked.
- There were no formal multi-disciplinary team meetings taking place at the service.

Are services caring?

- We observed caring and compassionate interactions between staff and a client.
- A person who used the service reported feeling respected and supported by staff. We were told their views were listened to and staff understood their needs.
- Confidentiality was explained on admission.
- Clients were allocated a key worker with specialisms aligned to their individual need.

Are services responsive?

- Pathways House had eligibility criteria for new admissions. New admissions completed a pre-admission assessment.
- The service had a code of conduct. Clients signed up to this after admission.
- Dietary requirements of persons who used the service were taken into consideration
- Pathways House had a complaints policy and procedure. Clients were aware of how to complain. Complaints were investigated by staff.

However;

- There was no visible information on display about how to complain.

Summary of this inspection

- The service did not have clear discharge planning and arrangements in place for clients.

Are services well-led?

- The service had values which staff knew and understood.
- Staff were dedicated and passionate. Staff morale was good.
- Staff felt able to raise concerns without fear of victimisation. Staff were aware of the whistleblowing policy and how to use it.
- Staff felt management were visible and approachable.

However:

- Staff were not receiving regular supervision or appraisal.
- Governance arrangements regarding safeguarding and incidents were not effective.
- There were no regular audits taking place.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The environment was clean, well maintained and in a good state of repair. Pathways house was a homely environment.
- Clients were encouraged to clean their own rooms. Communal areas were cleaned by staff members. Clients also assisted cleaning of communal areas.
- Medications were kept in a locked cabinet secured to the wall in the staff office.
- The kitchen was clean and well maintained.

Safe staffing

- Pathways House employed a manager, three recovery workers, five volunteers and a therapeutic worker. The service had a visiting GP and psychiatrist.
- The shift system covered seven days a week. The shift pattern was 11am to 11pm and 11pm to 11am.
- We were told therapy sessions were never cancelled due to staff shortages.
- The service did not employ any nursing staff. Clients who were detoxing from opioids were not observed by a nurse. The general staff compliment was two key workers by day and one by night, none of these were nurses by background. This is contrary to NICE guidelines on Drug misuse in over 16s: opioid detoxification, which state "Inpatient and residential detoxification should be conducted with 24-hour medical and nursing support commensurate with the complexity of the service user's drug misuse and comorbid physical and mental health problems".

- We reviewed three staff files of employees who were working at the service. Two of the three staff had not had current Disclosure and Barring Service (DBS) checks undertaken. None of the volunteers working at Pathways House had had a DBS check undertaken. This is required of volunteers when working with vulnerable adults.

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

- Risk assessments were completed on admission. The risk assessments we reviewed were vague and lacked detailed. Risks associated with violence towards others and the risk of fitting due to detoxification were identified. However, we found no evidence of risk management plans in place to mitigate such risks.
- We looked at the care and treatment given to a client who used the service at Pathways House. The record showed that baseline information about the level of addiction and previous use of opiates were not assessed prior to the commencement of their detoxification regime This is contrary to NICE guidelines on Drug misuse in over 16s: opioid detoxification, which state "when determining the starting dose, duration and regimen (for example linear or stepped) of opioid detoxification, healthcare professionals, in discussion with the service user should take into account the: severity of dependence (particular caution should be exercised where there is uncertainty about dependence)".
- The doctor had not signed all the medication charts for persons who used the service to confirm the doses of medicines were correct and authorised. On some medicines chart reviewed we found the area for the doctor's signature contained the dosage of medication and not a doctor's signature.

Substance misuse services

- There were errors on a prescription chart we reviewed. The date on a prescription chart reviewed for one person who used the service was a month in the future.
- Review of the controlled drugs book found that one diazepam tablet was missing and could not be accounted for. We observed a key worker completing the controlled drugs book without counting the stock of medication.
- A prescription we reviewed in a clients record was not voided or struck out when a medication had been cancelled. We found previous prescriptions for Tramadol and Methadone were on file but not voided. There was the potential that this prescription could have been collected from a pharmacy.
- We could find no evidence that staff and volunteers had been trained in safeguarding vulnerable adults or trained in how to identify abuse or how to make a safeguarding alert. The service had not made any safeguarding referrals.
- We reviewed one care plan of a current client and one of a former client. Care plans we reviewed were very basic and lacked sufficient detail. Persons who used the service had a care plan meeting with the GP after admission.
- Review of the care and treatment records showed that there were no holistic care plans in place, other than the medical detoxification regime. There were no identifiable goals defined for clients and how these would be achieved. This is contrary to the Drug misuse and dependence: UK guidelines on clinical management, which states “care planning and regular review should provide a vehicle to check patient progress and agree a course of action in partnership with the patient”.
- We saw no evidence that recovery plans had been completed for clients.
- Review of care and treatment plans showed that there were no physical health checks completed at the point of admission or subsequently after admission.

Track record on safety

- There was no system in place to log incidents or safeguarding referrals. It was unclear whether staff knew how to report incidents. There had been no serious incidents reported in the service in the six months prior to our inspection.

Reporting incidents and learning from when things go wrong

- The governance arrangements in place regarding safeguarding and incidents were not effective. Staff did not understand how to use the system. No information concerning any previous incidents or safeguarding alerts were recorded for a service for vulnerable high risk patients.
- Staff we spoke with told us there were informal discussions following incidents. However, there was no formal system in place for debriefing following an incident or learning from incidents.

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

Assessment of needs and planning of care

Best practice in treatment and care

- Clients had an induction and were informed of the house rules on admission. This was clearly explained to people before arrival. There was an induction checklist that the clients who used the service went through on arrival with staff, which was signed and dated on completion.
- Staff could not identify what NICE guidelines were and how they used the guidance.
- There were no regular audits being undertaken within Pathways House.

Skilled staff to deliver care

- There was no system of supervision or appraisal in place for staff at Pathways House. Staff we spoke with had not had supervision or appraisals.
- Key workers had not had training in relation to basic life support, substance misuse, delivering detoxification, record keeping, infection control, safeguarding, the Mental Capacity Act or assessing needs. We found no evidence that staff had received a formal induction process.

Substance misuse services

- Key workers at the service had been handling and administering medication to clients unsupervised (both day and night). Training had only been completed for one of the key workers the day prior to the inspection. Review of the controlled drugs book confirmed the key worker had been administered medication prior to the training.

Multidisciplinary and inter-agency team work

- There were no formal multidisciplinary team meetings taking place at Pathways House.
- We found no evidence of inter-agency work between Pathways House and partner organisations. The service had a list of local agencies such as Alcoholics Anonymous and Narcotics Anonymous with whom clients could be put in touch. There were no clear processes in place for referral to other organisations and referrals would be made by phone or email.
- We found no evidence that the service contacted persons who used the service GP. Clients were registered as temporary patients with a local GP.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed staff treating a client with compassion and care.
- We spoke with a client who used the service who said they felt respected and supported by staff.
- We were told by the client that staff listened to their views and understood their needs.
- Staff had a good understanding of the treatment programme and the effects it could have on clients.
- The confidentiality procedure was explained as part of the contract on admission. Clients signed the admission contract to indicate their agreement.

The involvement of people in the care they receive

- Clients were allocated a key worker with specialisms based on their individual needs. Activities and therapy sessions were then allocated to clients based on their

interests and goals. Persons who use the service were allocated to three weekly sessions with the therapeutic counsellor and were encouraged to input into their preference regarding activities.

- On admission clients agreed and signed a contract between themselves and Pathways House. This contract outlined the code of conduct for the service.

Are substance misuse services responsive to people's needs? (for example, to feedback?)

Access and discharge

- Pathways House had eligibility criteria for new admissions. All people who used the service completed an initial telephone assessment pre-admission. Staff were able to evaluate risks and develop a personalised programme for each admission. The pre-admission assessment included information about dietary needs, allergies, substance abuse history, family history and social circumstances. Referrals to Pathways House were self funded.
- Post admission clients were seen by the GP as soon as possible. Clients were registered with the local GP as a temporary patient once admitted to the service.
- Pathways House had a clear code of conduct and clients signed a contract after admission. Clients could be instantly dismissed from the service if used drugs on the premises or violent behaviour.
- Clients did not have clear discharge arrangements in place. Staff we spoke with told us they would ensure a client who was leaving the service had transport arranged and the next of kin were contacted. There were no plans in risk assessments of persons who used the service for unplanned exits.

The facilities promote recovery, comfort, dignity and confidentiality

- Clients had access to an outside garden. There was no restriction on access to the garden area.
- Smoking was permitted in the conservatory area. Smoking was also permitted in the garden area.

Substance misuse services

- Clients at Pathways House had a private bedroom with lockable storage. Bathroom and toilet facilities were shared.
- Clients had access to a television lounge, kitchen, conservatory and dining room area.
- Clients had access to hot and cold drinks and snacks 24 hours a day.
- Clients did not have access to their mobile phone or the ability to make private phone calls during the first seven days of their admission. This was part of the contract on admission and clients signed up to this.

Meeting the needs of all people who use the service

- Dietary needs were catered for and clients could input into the choices of food.
- Clients worked closely with their key worker to identify their preferences and individual goals. Key workers told us they would attempt to reach individual goals by matching clients to key workers with the relevant experience.
- Access in to and around the building was not suitable for wheel chair access. We were told the service would not accept admissions if the referral had significant mobility issues due to the layout of the building.

Listening to and learning from concerns and complaints

- There was a complaints policy and procedure in place. Clients were made aware of how to complain in the service user guide. We asked a client if they knew how to complain and they confirmed they did. We were told by staff that clients were able to discuss complaints in their key worker sessions and if a formal complaint was made this would be documented and investigated. There had been no formal complaints in the six months prior to the inspection.
- A complaints log was used to track complaints progress and status.

- There was no visible information displayed in the service about how to raise a complaint.

Are substance misuse services well-led?

Vision and values

- The service had clear values which the staff demonstrated they understood.
- Staff worked towards the goal of recovery and within the recovery model.

Good governance

- Staff did not receive regular supervision or appraisals.
- There was no clear governance processes in place. The service had policies in place for certain things, however, further work was required and most policies needed development or review.
- There were no regular or on going service audits taking place.
- The governance arrangements in place regarding safeguarding and incidents were not effective. Staff did not understand how to use the system. No information concerning any previous incidents or safeguarding alerts were recorded for a service for vulnerable high risk patients.

Leadership, morale and staff engagement

- Staff we spoke with were dedicated and passionate about their roles at Pathways House. Staff morale was good and we were told it was a strong team.
- Staff we spoke with felt able to raise any concerns or issues they may have with the registered manager or the service director. Staff felt able to raise concerns without the fear of victimisation.
- Staff felt the manager and director were approachable.
- The service had a whistleblowing policy in place. Staff we spoke with were aware of the policy and how to use it.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure there is 24 hour medical and nursing support during detoxification
- Baseline information about previous opiate use must be available prior to the commencement of detoxification regimes
- Staff must be suitably skilled and qualified to handle and administer medication
- Doctors must sign patient prescription charts
- Staff must be supervised and appraised
- Employees must be disclosure and barring service (DBS) checked
- Governance arrangements around incidents and safeguarding must be put in place

- The provider must ensure that patient care plans address the potential risks to patients of early exit from the programme.
- The provider must ensure that risk assessments are carried out on all service users and regularly reviewed.
- Physical health checks must be completed
- The provider must ensure that all staff are trained for their role and kept up to date
- The provider must ensure the service operates in line with best practice

Action the provider **SHOULD** take to improve

- The provider should ensure that audits are carried out and recorded in order to enable staff to learn from the results and make improvements to the service.

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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were not effective. The provider had not ensured all staff were of good character and safe to work with patients before they started work in the service.</p> <p>This was a breach of regulation 19(1)(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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Review of care and treatment plans showed that there were no physical health checks completed at the point of admission or subsequently after admission.</p> <p>This is a breach of Regulation 12 (1)</p> <p>The service did not employ any nursing staff. Clients who were detoxing from opioids were not observed by a nurse. The general staff compliment was two key workers by day and one by night, none of these were nurses by background.</p> <p>This is a breach of Regulation 12 (1) (2) (a) (b) (c)</p> <p>We looked at the care and treatment given to a client at Pathways House. The record showed that baseline information about the level of addiction and previous use of opiates were not assessed prior to the commencement of their detoxification regime</p> <p>This is a breach of Regulation 12 (1) (2) (a) (b) (c)</p> <p>Risk assessments we reviewed were vague and lacked detailed. Risks associated with violence towards others and the risk of falling due to detoxification were identified. However, we found no evidence of risk management plans in place to mitigate such risks.</p>

Enforcement actions

This is a breach of Regulation 12 (2) (b)

Key workers at the service had been handling and administering medication to clients unsupervised (both day and night). Training had only been completed for one of the key workers the day prior to the inspection. Review of the controlled drugs book confirmed the key worker had been administered medication prior to the training.

This is a breach of Regulation 12 (2) (c)

There were errors on a prescription chart we reviewed. The date on a prescription chart reviewed for one person who used the service was a month in the future.

This is a breach of Regulation 12 (2) (g)

Review of the Controlled Drugs book found that one diazepam tablet was missing and could not be accounted for.

This is a breach of Regulation 12 (2) (g).

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There was no system of supervision or appraisal in place for staff at Pathways House. Staff we spoke with had not had supervision or appraisals.

This is a breach of contrary to Regulation 18(1) (2) (a)

This section is primarily information for the provider

Enforcement actions

Key workers had not had training in relation to basic life support, substance misuse, delivering detoxification, record keeping, infection control, Safeguarding, the Mental Capacity Act or assessing needs. We found no evidence that staff had received a formal induction process.

This is a breach of Regulation 18 (1) (2) (a)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

The governance arrangements in place regarding safeguarding and incidents were not effective. Staff did not understand how to use the system. No information concerning any previous incidents or safeguarding alerts were recorded for a service for vulnerable high risk patients.

This is a breach of Regulation 13 (2) and (3)

Regulated activity

Accommodation for persons who require treatment for substance misuse

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment procedures were not effective. The provider had not ensured all staff were of good character and safe to work with patients before they started work in the service.

This was a breach of regulation 19(1)(2)(3)(a)