

# Fleming 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 do not currently rate independent standalone substance misuse services.

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

- The provider had not completed actions identified in its ligature point (a ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Ligature points include shower rails, coat hooks, pipes and radiators, bedsteads, window and door frames, ceiling fittings, handles, hinges and closures) risk assessment. Risk assessments had not identified all significant risk to ensure clients had a safe detoxification treatment. The provider did not have appropriate plans in place to manage seizures.
- Staff were not following policies relating to the safe administration of medication, safeguarding vulnerable adults and children and incident reporting.

# Summary of findings

- Detoxification did not always follow national institute for clinical excellence (NICE) guidelines and staff had no specialist training.
- The provider did not have effective arrangements in place to protect vulnerable women in an area containing bedrooms for both men and women.
- The kitchen was dirty and not maintained to a suitable standard.

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

- All staff had completed mandatory training.
- Regular fire testing and drills took place.
- Staff explained the reasons for any restrictions and the clients we spoke to understood them and were happy to follow them.
- The service used nationally recognised opiate withdrawal scales, to assess the effects of clients' withdrawal symptoms and arrange for medication to relieve them.
- Staff dealt with concerns raised by clients promptly.
- Staff collected clients from their own home when admission was needed.
- The provider offered clients who had been discharged the opportunity to attend some less formal groups following their discharge, this was provided at no extra cost.
- The service had developed the "treatment loop" to enable motivated clients to continue treatment at a different service if they were unable to continue at Fleming house due to using substances or breaking other requirements and rules of staying at Fleming house.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse/ detoxification		Inspected but not rated

# Summary of findings

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### Summary of this inspection

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# Fleming House

**Services we looked at**

Substance misuse/detoxification

# Summary of this inspection

## Background to Fleming House

Fleming House offers a 10 day to 12 week residential abstinence based treatment programme for alcohol and drug addiction, for up to 29 clients. In addition, Fleming House offers individually tailored detoxification programmes, group and individual therapy sessions.

At the time of our inspection, the NHS and local authorities funded all clients but they would accept self-funded clients for admissions as well.

Fleming House was registered for accommodation for people who require treatment for substance misuse and has a registered manager in post. We last inspected the service on the 6 May 2014 and they met all the standards inspected.

## Our inspection team

The team that inspected Fleming House comprised CQC inspector Gavin Tulk (inspection lead) and one other inspector on the 05 December 2016 and one inspector and a specialist advisor on the 14 December 2016.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

## 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?

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 this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with five clients
- spoke with the registered manager
- spoke with six other staff members employed by the service provider, including councillors and the contracted GP
- attended and observed a daily meeting for clients
- looked at six care and treatment records, including medicines records, for clients
- discussed medicines administration processes

# Summary of this inspection

- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

Clients told us that they felt safe and all staff were friendly and approachable. They were confident that staff would address any concerns quickly and in confidence. They understood the rules and boundaries and their purpose, and that these helped them feel safe and said that staff supported them to stay in contact with their families and visits with children were facilitated.

However, food had not always been good but that staff had addressed this, the service was clean and comfortable. We told by clients that there was not always enough to do outside of groups and counselling.

# 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:

- The provider had not removed or made appropriate adjustments to fixed ligature points that had resulted in the death of a client in February 2016.
- The provider did not have effective arrangements in place to protect vulnerable women on a mixed sex bedroom area.
- The kitchen was in need of cleaning and was in a poor state of repair.
- The provider had not carried out the recommendation from the annual fire check.
- Risk assessments did not always identify significant risks for clients undertaking alcohol detoxification and did not always have suitable management plans in place.
- The provider did not manage clients at risk of having alcohol withdrawal seizures safely.
- Staff were not following the safeguarding policy and not reporting safeguarding issues to the appropriate authorities.
- The service was not following its own policy on medicines administration. There were no emergency medicines in stock to deal with opiate overdose or alcohol-related seizures.
- Staff were not following the incident reporting policy. The provider had told us that there had only been two incidents in the past 12 months but we found that staff had detailed more incidents in the clients' notes that they should have reported.

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

- Communal areas of the service were clean and well maintained.
- Portable appliance testing, legionella testing were completed annually. There was a five yearly electrical safety check.
- There were regular checks on the fire alarms and fire drills every two months.
- All staff had completed mandatory training.
- The clients were aware of the rules of the service and the consequences of breaking them.



# Summary of this inspection

- We returned to the service on the 14 December 2016 and found that the action had been taken to address the poor state of the kitchen. This included thorough cleaning and thereplacement of broken equipment. Action had also been taken to ensure incidents and safeguarding were reported correctly.

## Are services effective?

We do not currently rate standalone substance misuse services.

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

- The alcohol detoxification regime was not always in line with National Institute for Health and Care Excellence (NICE) guidelines.
- The doctor had prescribed medication that should not be used routinely for opiate detoxification in the majority of cases. This was not in line with National institute of Health and Care Excellence (NICE) guidelines and Drug Misuse and dependence: UK guidelines on clinical management for the treatment of substance abuse.

However, we also found areas of good practice, including that:

- Staff used a recognised withdrawal scale to assess the severity of opiate withdrawal and contacted the GP for clients who required medication to address sickness or cramps.
- Staff received regular supervision and 95% of staff had received an appraisal in the past 12 months.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All the clients we spoke with were positive about the staff, stating they were polite and respectful.
- Clients felt able to express concerns and felt they that staff would be deal with them promptly.
- There was a peer buddy system in place.
- Clients completed their own risk assessment for leave.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service collected clients on the day of admission, reducing the chance of relapse on the way to treatment.

# Summary of this inspection

- The service provided free informal groups for clients to access following successful completion of their treatment.
- The service followed up all patients within seven days of discharge.
- The service had adapted workbooks into foreign languages and arranged for clients with dyslexia to use a dictaphone to ensure so they could complete individual work.
- The service actively sought feedback from the client in a number ways, feedback sheets, comments cards and community meetings

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

- Some clients felt there was not enough to do at the service.

## Are services well-led?

We do not currently rate standalone substance misuse services.

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

- The fortnightly management meeting did not always receive all the information that they should have. For example, we identified incidents with clients that had not been reported to the meeting. Therefore, management could not be assured that good care was always taking place. There was no overall governance system in place to identify shortfalls in service provision and improve this.
- There was no referral screening system in place to ensure that the provider only admitted appropriate clients and to identify inappropriate admissions.
- There was no system in place to ensure staff followed policies and procedures.

However, we also found areas of good practice, including that:

- The service had developed the treatment loop, which enabled more clients to remain in treatment when their current placement is breaking down by transferring them to another placement.
- The service worked in partnership with other treatment services.
- The service was part of the safer Portsmouth partnership.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

Fleming house provided training for staff on the Mental Capacity Act. Clients needed capacity to consent to

admission. If staff were concerned about a client's capacity, they would seek assistance from the referring service. If a client lacked capacity, they could not receive treatment at Fleming House.

# Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

## Are substance misuse/detoxification services safe?

### Safe and clean environment

- Fleming House covered four floors. The main entrance led to a main corridor on the ground floor with the reception, dining room kitchen, main lounge and a number of therapy rooms. Stairs led down to a corridor of bedrooms, bath and toilet facilities. Stairs led up to another corridor of bedrooms, bath and toilet facilities and then continued up to offices and a visitor's room.
- There were a number of fixed ligature points throughout the service. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Ligature points include shower rails, coat hooks, pipes and radiators, bedsteads, window and door frames, ceiling fittings, handles, hinges and closures. There had been a serious ligature incident in February 2016 that resulted in the death of a client. However, the service had not completed a comprehensive ligature assessment until July 2016. The plan for removal of the ligature point had not been completed at the time of our visit. Staff told us that the service would add personal ligature management plans for any client where suicide risk emerged during treatment; at the time of inspection, there were no clients identified at risk.
- The upstairs bedroom corridor was for male clients and the downstairs was for female clients. At the time of our visit, male clients were using bedrooms on the downstairs bedroom corridor. Staff told us that they managed this via observations. At night, there was only one member of staff on duty and this would not provide adequate protection to vulnerable female clients. We brought this to the registered manager's attention and

he advised us that they would close the fire doors on the corridor and put in place a system to enable staff to recognise if a client had accessed the corridor using these doors.

- The kitchen was dirty and poorly maintained. The kitchen was split into two areas; the first area allowed clients to make hot drinks and prepare snacks. In this area, we found bins that did not have lids on and that there was visible dirt underneath work surfaces and on pipework. The top of the fridge was broken with a crack running all the way through into the cold area of the fridge. In the main kitchen area, the work surfaces were dirty; there was visible dirt on pipework and clearly visible dirt and dust on top of fire extinguishers. There was a leak under the main basin; dirty sealant around sinks that was missing in places and one of the taps was a garden tap. The hand-washing basin was dirty.
- There were no records of cleaning or cleaning checks.
- There was a 'safer kitchen' folder used to record fridge and food temperatures, which was so dirty it was discoloured.
- Parts of the kitchen flooring and the skirting were loose and coming away causing an infection risk. The floor was visibly dirty and sticky under foot. We brought these issues to the attention of the registered manager. He assured us that they would address this and he would send us an action plan, which we received on 09 December 2016.
- We returned to the service on the 14 December 2016 and found that the kitchen was clean and tidy, and the fridge had been replaced. We saw dates for deep cleaning and for refurbishment to take place.
- Other areas of the service were clean and tidy. We saw a five yearly electrical safety report from 2013 and a gas safety check from February 2016. Portable appliance

# Substance misuse/detoxification

testing was completed annually and we saw records to confirm this. Legionella testing was conducted annually and we saw emails where action had been taken such as removing a cold-water storage tank. Records demonstrated the service completed required monthly checks.

- The provider carried out an annual asbestos check. We saw records of fire alarm tests, which included checking that automated fire doors closed appropriately and we saw records of fire drills completed every two months.
- There was a fire risk assessment completed annually by the property owners with one action from the 2015 report, to have emergency lighting placed in the showers areas and kitchen, not completed.

## Safe staffing

- The service had two members of staff on duty between 8am and 4:30pm (deputy managers). Two support workers were on duty between 4pm and 10pm and one support worker on duty overnight between 9:30pm and 8:30am.
- In addition to the core team, four counsellors and the registered manager were on duty between 9am to 5pm Monday to Friday. There was a full-time admissions officer working Monday to Friday 9-5 and an additional driver / support worker working 9am - 5pm on Wednesdays and Thursdays.
- There was an on call manager and counsellor on duty between 5:30pm and 8 am every day.
- The service based the number of counsellors on duty on recommendations from the British Association for Counselling and Psychotherapy. The support worker numbers were based on the needs of the client group.
- The service had not used any agency staff in the past year and filled any vacant shifts with employed staff working additional shifts. The registered manager advised us that he was able to increase staff on duty if required.
- On the day of our inspection there were no staff vacancies, there had been three staff leavers in the previous 12 months and sickness was 3.98%.

- Clients attended the local GP surgery for any medical needs. Fleming House employed one GP on a contract from the local surgery to provide detoxification services. In an emergency, the staff would contact the emergency services.
- All staff had completed mandatory training: this included Mental Capacity Act, infection control and emergency first aid.

## Assessing and managing risk to clients and staff

- Staff told us that all clients were risk assessed before admission, and if indicated received an enhanced assessment relating to mental health, and self-harm.
- Risk assessments did not always identify significant risks and some risks did not have an adequate management plan in place. For example, when clients had a history of alcohol withdrawal seizures and associated physical health issues. There was no assessment of the potential risks to the clients of alcohol detoxification and the suitability of admitting these clients to the service. When clients had seizures, the provider did not re-assess their suitability for detoxification in a non-medical environment. The provider did not take any action to reduce the risk of further seizures (such as prescription of an anti-seizure drug). There was no risk plan in place about the potential risk of further cognitive impairment that could be caused by alcohol detoxification. However, we saw evidence that patients were prescribed Vitamin B (oral) which could help reduce this risk.
- When clients had undergone previous alcohol detoxification, there was no assessment of the risk of cognitive damage (known as 'kindling') from repeated treatments and no plan in place to monitor any potential problems.
- The provider did not keep emergency medication to treat clients who might experience a seizure. Staff would call 999 and clients would have to wait for an ambulance to arrive before being treated. If emergency medicines were available, and staff were trained to administer them, clients could be treated immediately which could potentially result in seizures being less severe.
- There were clear rules and boundaries in place to reduce the risk of clients' impulsively relapsing into drug

# Substance misuse/detoxification

or alcohol use. For example, clients agreed not to go out alone and to surrender mobile phones during their treatment. The clients we spoke with understood the rules and boundaries, their purpose, and had signed a consent form agreeing to them. The service did not allow clients to leave the premises during treatment until the staff team agreed, which was usually around eight to nine weeks. Clients confirmed staff explained this to them prior to admission.

- Staff received safeguarding training, although we identified that the service was not following its safeguarding policy. The service had failed to identify and report safeguarding concerns to both relevant local authorities and to CQC. This included an incident where a child's safety may have been at risk. Staff told us they had not reported these incidents because they felt it might have damaged the therapeutic relationship with the client. We told the service that they needed to report all safeguarding concerns. In circumstances of historical abuse (if the incident has not been reported previously) or where the client wanted to remain anonymous they could protect the client's identity but perpetrators needed to be reported. Following our visit, the service advised us that staff had reported the child protection concern to the relevant children's service.
- Records showed that in the previous year the service had only reported two safeguarding concerns. We discussed with the head of counselling the importance of identifying abuse and reporting it. A large proportion of clients in drug and alcohol services have experienced abuse. If it is the first time allegations have been reported, or others may be at potential risk, it is the responsibility of providers to ensure perpetrators are reported to relevant bodies to ensure they no longer have contact with children or vulnerable adults.
- On our return visit on 14 December 2016, we saw the provider had implemented a new system to record and monitor safeguarding. This had already resulted in the reporting of one historical perpetrator and the client, while remaining anonymous, said if others came forward and there was a prosecution they would give evidence.
- Medicines were stored safely and there was an effective system in place to carry out audits of medicines. Each client had a homely remedies (medicine available over the counter) prescription signed by the GP.

- However, the service was not following its own policy on medicines administration. The policy referred to 'monitored dosage medication' (a system where the pharmacist dispenses medication for each day in a blister pack) but the service was giving medicine direct from boxes and bottles.
- Staff had written medicines administration records (MARs) by hand. These should be generated by the pharmacy and any handwritten records signed by the GP. There was evidence that staff changed the dosage on an alcohol detoxification prescription which they told us was following advice from the GP. Staff must not alter prescriptions and the whole regime should have been re-written and signed by the GP. Staff administered a 'one-off' dose of medicine following a telephone call with the GP. Medicines must not be administered without a written and signed prescription. The above practice was not legal.
- There were no emergency medicines in stock. This meant that should a client take an opiate overdose staff would not be able to administer naloxone (a drug for reversing opiate overdose). Naloxone is available without prescription and staff can be trained to administer it. There were no emergency anti-seizure medicines available. Suitable trained non-medical staff can give anti-seizure drugs. The provider has informed us that they have training booked for staff in January 2017 to enable them to administer buccal midazolam, an anti-seizure medication.

## Track record on safety

- There had been one reported serious incident in the past 12 months. This related to a ligature death. The inspection team identified a further serious incident during alcohol detoxification in addition to two other seizures. Staff were unaware that should have been reported and no subsequent investigation of the events leading up to this incident were carried out.

## Reporting incidents and learning from when things go wrong

- Staff and managers were not following the incident reporting policy. We saw the file of incidents; there were two incidents in the file for the past year. The registered manager said that they did not get many reportable incidents. We looked at the electronic record for one of the clients involved in the most recent incident and

# Substance misuse/detoxification

identified a number of occasions when the client had been verbal aggressive and damaged property. Staff told us these did not qualify as incidents. We checked the policy with the registered manager and identified that both verbal aggression and damage to property were reportable incidents. The registered manager confirmed that staff should have reported these incidents.

- Due to a lack of effective incident reporting, the service was unaware of how many incidents had occurred. There was no analysis of incidents, identification of trends, improvements to safety or sharing of lessons learnt.
- Staff recorded incidents in the client electronic record highlighted in yellow so that all staff could see what had happened. This was the passed on to staff at handovers.
- The provider was not reviewing incidents relating alcohol detoxification, which would have allowed them to assess the safety of the service over time. This was particularly important, as alcohol withdrawals can be potentially serious if not managed safely.

## Duty of candour

- Staff we spoke with understood the importance of being honest when things had gone wrong for a client.

## Are substance misuse/detoxification 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)

- The service carried out a comprehensive assessment prior to admission and on admission began to formulate treatment plans. Treatment plans were updated regularly as clients progressed through treatment. The contracted G.P saw a client following admission and carried out a physical health examination. Where necessary staff would follow ongoing physical health plans.
- However, we identified one occasion where a client did not receive a liver function test despite having an impaired liver function; and a client with a history of seizures did not have an adequate plan in place to manage this.
- The service had plans in place for clients who left in an unplanned way. This included information about overdose risk. The service made clients an appointment with the relevant services for their return home. Staff completed care records at the end of each session and clients were encouraged to set their own goals for treatment. We saw risk assessments completed by clients prior to leaving and clients advised us that they were involved in setting their treatment plans.
- The service used an electronic system for clients' notes that all staff could access. Client files were stored securely in the office.

## Best practice in treatment and care

- The service used recognised rating scales to assess the severity of dependence and withdrawal symptoms. Staff used the severity of alcohol dependence questionnaire (SADQ) to determine which standard alcohol detoxification regime the contracted GP should prescribe. However, the prescription of the detoxification was not always in line with national institute for clinical excellence (NICE) guidelines. For example, a client who scored 'severe' on this scale had a history of additional health issues relevant to alcohol detoxification did not receive treatment in line with NICE guidance. The 'high dose' detoxification regime was not of a sufficient dosage to prevent withdrawal seizures. In addition, NICE guidance recommends prescription of anti-seizure medication to reduce the risk of seizures. However; this was not prescribed either before or following withdrawal seizures. The contracted GP had not checked the clients liver function, which meant they could not be sure that the medicine prescribed to manage alcohol withdrawal symptoms, chlordiazepoxide, was suitable. NICE guidance states that the prescriber should consider an alternative for clients with compromised liver function, as chlordiazepoxide might not be effective.



# Substance misuse/detoxification

- The GP told us that intramuscular vitamin B injections would be appropriate for a client with poor physical health. However, one client with cognitive damage identified on their assessment and poor physical health was not offered this treatment.
- The service used methadone tablets or buprenorphine for opiate detoxification. While methadone liquid is licensed for use in detoxification in the UK, methadone tablets are not, and the provider had not informed clients about this. The provider had a clear rationale for using these tablets as it reduced the risk of measuring out liquid methadone.
- A member of staff told us that within the last few months a client had received opiate detoxification using dihydrocodeine. This is against guidance in the 2007 edition of Drug Misuse and Dependence: UK Guidelines on Clinical Management. We asked the contracted GP about this and they told us they had prescribed this regime as it was the client's choice.
- Staff used the clinical institute withdrawal assessment for alcohol – revised (CIWA-Ar), to assess the severity of withdrawal symptoms for undergoing alcohol detoxification. Staff told us they would take clients to the GP if they needed additional medication. Staff used clinical opiate withdrawal scale (COWS) to assess severity of opiate withdrawals. The contracted G.P prescribed clients who needed additional medication such as anti-sickness or anti-cramp medication.

## Skilled staff to deliver care

- The service employed counsellors, support workers and a registered manager. The service contracted a GP who had a background in substance misuse and acted as the clinical lead for the service.
- All counsellors were qualified up to level three from the counselling and psychotherapy central awarding body. Support workers must have a minimum of level two national vocational qualifications in health and social care or be working towards it. All staff received a local induction when starting.
- Staff had no specialist training in supporting clients undertaking detoxification. This meant that they could not always assess and understand the risk of deterioration, particularly in alcohol clients.

- The service had a current appraisal rate of 95%. Staff received regular supervision, monthly, and we saw evidence in staff files that supported this. Counsellors received clinical supervision from an external source and undertook reflective practice when necessary.
- Whole staff team meetings occurred every six months. Support workers met six weekly and the therapy team met every two weeks. In addition to this, the weekday shifts were planned in a way that all members of staff would be in contact with a manager or deputy manager during their shift.
- Staff told us that two members of staff were undergoing performance management at the time of our visit and we saw evidence in staff files to support this.

## Multidisciplinary and inter-agency team work

- There were handovers between all shifts to discuss any issues that occurred on the previous shift.
- The registered manager advised us that there was good relationship with the local safeguarding team and local mental health crisis team. However, we identified that they rarely contacted them prior to our inspection but have now established a contact.

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

- All staff had received training in the Mental Capacity Act.
- The service had a policy on the Mental Capacity Act and staff could get further advice from the company used to provide Mental Capacity Act training. The team were unable to advise of any occasions when they had need to assess capacity and stated that clients need to have capacity to agree to treatment within the service.
- Staff told us that if a client was assessed as lacking capacity they would be referred back to the referring service, as they would not be able to participate in treatment.

## Equality and human rights

- There was an equality and diversity policy in place, which identified protected characteristics and forms of discrimination.



# Substance misuse/detoxification

- The manager was able to explain what was in place to support clients with diverse needs. The service had made links with a local lesbian, gay, bisexual and transgender 12-step group. The service was able to access different religious faith support.

## Management of transition arrangements, referral and discharge

- Prior to admission clients could visit Fleming House and patients we spoke with confirmed they had visited prior to admission.
- The staff helped the client to devise a discharge plan, on week ten of the treatment programme. This included advice on where to get help in the area they were returning to following completion of treatment.
- The service had access to some supported living services in the local area. This meant clients could live in supported, shared accommodation, which supported them to remain abstinent from substances. Clients would also be able to access the aftercare provided by Fleming House.

## Are substance misuse/detoxification services caring?

### Kindness, dignity, respect and support

- All of the patients we spoke to on the day of our visit spoke positively of the service they received. Clients told us staff were respectful, listened to them and were polite. When a member of staff was not polite, this was addressed straight away and the member of staff apologised. We saw a number of cards displayed from ex residents thanking the service for its support.
- Clients told us that they felt safe at Fleming House.
- All of the interactions we observed between clients and staff were respectful. A client told us that when his belongings were searched staff did this in a respectful manner and in private.

### The involvement of clients in the care they receive

- On admission, staff would show clients around the service and introduce them to all the clients and staff on duty. Staff allocated all new clients a “peer buddy” who they could speak to for advice and information about the service.
- Clients were able to explain their care and some showed us workbooks they were completing.
- Once clients were able to go out, they completed a self-risk assessment they discussed with staff prior to each time they left the service.

## Are substance misuse/detoxification services responsive to people’s needs? (for example, to feedback?)

### Access and discharge

- Commissioners refer clients to the service, 24 different commissioners have placed a client in the service in 12 months prior to September 2016. The provider will also admit self-funding clients, but had not done so in the same period. The provider assessed all clients before admission. There had been 224 discharges and all had received a follow up within seven days. Six clients did not present themselves on their admission date. Seventy percent of clients on residential courses and eighty-five percent of standalone detoxification courses successfully completed the programme.
- The service provided clients with a free pick up service from home on the day of admission. The registered manager told us this was not just a collection service but ensured the client knew at least one person when they arrived. This service also helped to reduce the chance of clients using large amounts of drugs and alcohol before admission and arriving highly intoxicated.
- Staff supported clients to develop a range of interests at the service and in the community prior to discharge. Fleming House offered free after care for life for clients. Of the 120 clients discharged, in the past 12 months, all received a follow up call within seven days of discharge.

### The facilities promote recovery, comfort, dignity and confidentiality

# Substance misuse/detoxification

- The service focused on a three-strand approach to recovery: health and wellbeing, therapy and life skills. All groups and activities focused on helping clients to achieve this. There were a number of rooms that could be used for group and individual sessions and a large garden area.
- There was secure storage available for clients' belongings.

## Meeting the needs of all clients

- One of the bedrooms was adapted for use by a physically disabled person.
- Fleming House offered a range of therapies and activities to meet clients' differing needs. In addition to group, therapy and individual counselling the services offered group trips and exercise sessions. One client we spoke with commented that they had felt bored on occasions, as there was not enough to do.
- The service was able to access translation services for clients whose first language was not English. We were shown an example where a client could speak English, but needed information translated to support therapy sessions and to complete individual work. The service gave a client with dyslexia a dictaphone so that they could verbally complete individual work.
- Clients had a choice of three meals and a salad each mealtime. The service was able to provide for religious or other dietary requirements as needed.

## Listening to and learning from concerns and complaints

- Clients told us they were aware of how to make complaints and felt that staff would listen to them. Patients gave us an example of the lounge not being warm enough and that staff had acted immediately. The service displayed the complaints procedure on a notice board and gave clients a copy in the welcome information.
- Staff told us that clients had the opportunity to raise concerns in community meetings, and there was a permanent display in the dining area encouraging clients to give feedback via feedback forms. The provider encouraged clients to raise any concerns but most feedback was around maintenance and food issues.

## Are substance misuse/detoxification services well-led?

### Vision and values

- There was a core set of values displayed within the service and discussed with staff at induction. Staff signed a code of practice that supported this. Staff gave clients a copy of the values statement on admission.

### Good governance

- A two weekly management team meeting addressed governance and quality issues. Staff reported incidents to this meeting so that management could share this with the team. We identified an incident from the client notes and could not find a record of this being reported to, or discussed, at this meeting and the management team had not identified that staff were not following the providers policies.
- Staff could access policies and procedures in the office along with national guidance. Staff were not aware of the contents of key policies such as safeguarding and incident reporting. There was no system in place to assure management that staff understood policies and followed them. The weekly audit of the environment had not identified the condition of the kitchen or that there were outstanding actions from the fire safety report.
- There was no system in place to monitor treatment plans against guidelines and therefore the management team did not identify the safety of the alcohol detoxification programme.
- There were systems in place to monitor and ensure all staff received mandatory training and appraisal. We saw evidence that when staff needed performance monitoring that this was carried out.

### Leadership, morale and staff engagement

- The registered manager was passionate and committed to working with their clients and staff followed this lead. Staff we spoke to felt that the leadership team were approachable and if staff raised issues, they would take action.

# Substance misuse/detoxification

- There was leadership training via the National Vocational Qualification (NVQ) in leadership and management for the managers and deputies.
- Staff had high morale, they said that they enjoyed working there and were passionate and enthusiastic about the service.
- Staff told us they were not aware of any bullying or harassment and were able to raise concerns if they needed to.
- Fleming House was part of the Safer Portsmouth Partnership, an organisation set up to help reduce substance misuse, crime and domestic abuse within the city.
- Fleming House founded the treatment loop. The treatment loop helped to keep clients in treatment when their placement was breaking down. Staff would arrange to transfer the client, with their permission, to another rehabilitation service that can meet their needs allowing them to stay in treatment. Monitoring over the past two years had shown that 75 percent of clients placed via the treatment loop have successfully completed treatment.

## **Commitment to quality improvement and innovation**

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that they assess clients referred for alcohol detoxification to ensure they are suitable for the service. All detoxification must be in line with NICE guidance.
- The provider must ensure that opiate detoxification treatment prescribed for clients in their service is in line with published guidance from National Institute for Health and Care Excellence (NICE) and Drug misuse and dependence: UK guidelines on clinical management for opiate detoxification.
- The provider must ensure that staff maintain the kitchen to an appropriate standard of hygiene. Staff working in the kitchen must have the appropriate training and supervision.
- The provider must ensure all actions they have identified to mitigate risk to clients are completed.
- The provider must ensure they report all safeguarding issues to the appropriate safeguarding team as soon as they become aware of them and notify the Care Quality Commission of incidents as required.

- The provider must ensure they report all incidents in line with their incident policy and that they monitor incidents and disseminate any lessons learnt to the wider staff team. The provider must ensure all relevant information is reported to the fortnightly management team meeting.

### Action the provider **SHOULD** take to improve

- The provider should ensure that infection prevention and control audits are carried out and recorded to enable staff to learn from the results and make improvements to the service.
- The provider should ensure that their policies and procedures take more account of the nine protected characteristics contained in the Equality Act 2010 – age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex, sexual orientation, and pregnancy and maternity.

## 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 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>All premises and equipment used by the service provider must be clean, properly maintained and maintain standards of hygiene appropriate for the purposes for which they are being used.</p> <p>The kitchen dirty and poorly maintained. The fridge had a cracked top, work surfaces were dirty and there was visible dirt on pipework and fire extinguishers. There was a leak under the main basin and the sealant was missing in places and dirty. The hand basin was dirty and there were no cleaning records. Parts of the floor and the skirting were loose and the floor was visible dirty and sticky under foot.</p> <p>Emergency lighting had not been installed in the bathroom and kitchen as identified in the fire safety report.</p> <p>Regulation 15(1)(a)(e)(2)</p>
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>The assessment of clients for admission for treatment did not ensure everyone admitted was suitable for the service.</p> <p>The provider did not ensure clients had access to emergency medication.</p>

This section is primarily information for the provider

## Requirement notices

Medication to manage seizures was not prescribed for clients who required it.

Actions identified in the ligature point assessment had not been actioned.

There was insufficient separation to protect vulnerable female patients on the mixed accommodation corridor.

The provider hand wrote changes to medicines administration records which should have been reprinted and signed by the GP.

Regulation 12 (1)(2)(a)(b)(d)(g)

### Regulated activity

Accommodation for persons who require treatment for substance misuse

### Regulation

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

The provider had not reported safeguarding issues when appropriate. Incidents and safeguarding issues were not reported in line with the providers policies. There was no analysis of incidents.

Regulation 13 (1)(3)

This section is primarily information for the provider

## 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.