

## ANA Treatment Centres Limited

# Fleming House

### Inspection report

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Date of inspection visit: 9 December 2021  
Date of publication: 20/01/2022

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

Fleming House offers a 10 day to 12 week residential abstinence based treatment programme for alcohol and drug addiction. It offers detoxification, individual and group therapy, underpinned by the 12 step model.

Our rating of this location stayed the same. We rated it as good because:

The service provided safe care. The premises where clients were seen were safe and clean. The service had enough staff, and low staff turnover. Staff assessed and managed risk well and followed good practice with respect to safeguarding.

Staff carried out regular observations of clients undergoing medical detox. They developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided treatment suitable to the needs of the clients and in line with national guidance about best practice with attention to their physical health as well as their mental health. This included groups such as yoga and a programme that included relapse prevention, goal setting and living skills.

Staff engaged in clinical audit to evaluate the quality of care they provided.

Managers ensured that staff received training, supervision and appraisal. Staff worked well together as a team, and with relevant services outside the organisation, including mutual aid groups.

Staff treated clients with compassion and kindness, and understood the individual needs of clients. They actively involved clients in decisions and care planning.

Staff planned and managed clients discharge well and had alternative pathways for people whose needs it could not meet. This included robust safety plans for clients choosing to leave treatment early, and the option of transferring to a different service where appropriate.

Staff told us that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression.

The service was well led. Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff. The governance processes ensured that its procedures ran smoothly.

However:

The service should improve maintenance checks to ensure that issues are noted and addressed in a timely manner

# Summary of findings

## Our judgements about each of the main services

### Service

### Substance misuse services

### Rating

Good



### Summary of each main service

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- Staff carried out regular observations of clients undergoing medical detox. They developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided treatment suitable to the needs of the clients and in line with national guidance about best practice with attention to their physical health as well as their mental health. This included groups such as yoga and a programme that included relapse prevention, goal setting and living skills.
- Staff engaged in clinical audit to evaluate the quality of care they provided.
- Managers ensured that staff received training, supervision and appraisal. Staff worked well together as a team, and with relevant services outside the organisation, including mutual aid groups.
- Staff treated clients with compassion and kindness, and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- Staff planned and managed clients discharge well and had alternative pathways for people whose needs it could not meet. This included robust safety plans for clients choosing to leave treatment early, and the option of transferring to a different service where appropriate.
- Staff told us that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression.
- The service was well led. Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they

# Summary of findings

managed, and were visible in the service and approachable for clients and staff. The governance processes ensured that its procedures ran smoothly.

However:

- The service should improve maintenance checks to ensure that issues are noted and addressed in a timely manner
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# Summary of findings

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# 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. The service can accommodate up to 29 clients. On the day of the inspection, there were 20 clients in treatment. Fleming House offers individually tailored detoxification programmes, group and individual therapy sessions, underpinned by the 12 step model but drawing on other approaches according to clients' choice.

The service provides medically monitored detoxification, which is where 24-hour care and monitoring is provided by trained support workers and a doctor supervises, evaluates, and prescribes when necessary.

Fleming House accepts clients funded by the NHS and local authorities, as well as those self-funding for admissions. Fleming House is registered for the accommodation of people who require treatment for substance misuse. Fleming House had a registered manager in post at the time of this inspection.

We last inspected this service in November 2018, and published the report in January 2019. We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

### What people who use the service say

Clients spoke extremely highly of the service. The four clients we interviewed described the staff as amazing, and the service as lifesaving. Clients described the environment as comfortable and said they felt very safe to talk about their past trauma. Clients said they had clear plans for when they left the service, which included moving on to further treatment delivered by the same provider. Some clients wanted more opportunities for physical exercise on the programme.

## How we carried out this inspection

This was an unannounced comprehensive inspection to provide a rating for Fleming House.

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?

# Summary of this inspection

The inspection team comprised one CQC inspector with a background in substance misuse treatment services, and a specialist advisor who is a Registered General Nurse (RGN) and Registered Mental Nurse (RMN), also with a background in drug and alcohol treatment.

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

During the inspection visit, the inspection team:

- visited the centre, looked at the quality of the environment and observed how staff were caring for clients
- spoke with four clients who were using the service
- spoke with the registered manager, the admissions manager, and a staff member
- spoke with the GP linked to the service who provided medical oversight of the detox process
- reviewed care records for six clients, including assessments, care plans, risk assessments and daily notes
- reviewed prescribing and medication records for six clients
- reviewed incident and accident records
- reviewed operating policy and procedure manuals
- reviewed staff training and supervision records, and the service risk register.

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 **SHOULD** take to improve:

The service should improve maintenance checks to ensure that issues are noted and addressed in a timely manner

# Our findings






## Overview of ratings

Our ratings for this location are:

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



# Substance misuse services

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are Substance misuse services safe?

Good 

Our rating of safe stayed the same. We rated it as good.

- All areas of the building where clients received care were safe, clean, well equipped, well furnished. Communal areas were welcoming and comfortable, and had been decorated for Christmas to give a homely feel.
- The service had robust measures in place to manage the risk of Coronavirus. Staff and clients were regularly tested, PPE was readily available and used appropriately, and an enhanced cleaning schedule was in place. Clients wishing to access the service were required to have had their first dose of the coronavirus vaccine, and staff supported them to receive their second dose where necessary.
- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. All staff understood the needs of substance misuse clients and the purpose of abstinence based treatment.
- Staff screened clients risks before admission and only admitted them if it was safe to do so. Admissions staff, managers and the GP supporting the service all described examples of clients whose level of clinical risk would prevent them from being admitted. Staff assessed and managed risks to clients and themselves well; we noted all clients had a full risk inventory and all risk records were up to date. Staff responded promptly to sudden deterioration in clients' physical and mental health, by referring to local secondary care and mental health services. Staff carried out regular observations of clients undergoing detox through the night to ensure they were comfortable and safe.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. Staff described how clients were supported when disclosing past traumatic experiences during the group work process, and how this sometimes required safeguarding referrals.
- Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records. The service used a combination of paper-based and electronic record keeping, which was well managed. We noted that all clients' care records were up to date and that information from paper files was easy to cross reference with the electronic records.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Medicines cupboards were secure and well organised, with medicines stored in individual blister packs that reduced the likelihood of errors. Staff ensured the GP linked with the service regularly reviewed the effects of medications on each client's physical health.
- The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the

# Substance misuse services

whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support. We reviewed incident and accident records for the service and noted that the majority of reported incidents related to clients wanting to leave treatment early. The records demonstrated that this was managed carefully by staff, who worked to minimise the risk this decision posed to clients.

However:

- A disused, broken bed was noted to have been left in a bedroom that was occupied by a client, and a safety catch on a first floor bedroom window was noticed to be broken. This suggests that routine health and safety checks were not picking up environmental hazards in a timely manner.
- Clients wishing to summon staff assistance needed to leave their room and find staff if they needed support, which posed a challenge for clients with mobility needs. The service addressed this immediately by providing communication devices for the wheelchair accessible bedroom on the same day as our visit.

## Are Substance misuse services effective?

Good 

Our rating of effective stayed the same. We rated it as good.

- Dedicated admissions staff completed comprehensive assessments with clients on admission to the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff used medical detox to help clients safely withdraw from substances. This meant staff were available 24 hours a day to ensure that they monitored any adverse reactions to clients physical and mental health and stayed safe.
- The therapeutic approach of the service programme was based on the 12 step recovery model. The abstinence-based nature of the approach, and the expectation to engage with meetings and the boundaries of the programme were clearly explained to clients at assessment stage so they understood the rules and expectations of the treatment.
- Therapy staff provided care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives. Clients were supported to access a range of groups within the service, including yoga, and enjoyed walks and activities in the local community as part of the programme.
- Staff participated in clinical audit and quality improvement initiatives. At the time of the inspection the staff and clients were working to reduce the provider's carbon footprint, focussing on recycling and reducing the use of single use plastic.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. The service was supported by a GP and pharmacist, and had good links with the local mental health, housing and safeguarding teams. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit clients. Therapies staff and admissions staff worked closely for the benefit of clients.
- Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired. Staff understood that capacity can fluctuate and ensured that this was considered at admission stage when some clients were more likely to be affected by substances or the withdrawal process.

# Substance misuse services

## Are Substance misuse services caring?

Good 

Our rating of caring stayed the same. We rated it as good.

- Staff treated clients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care and treatment. The staff team included people with lived experience of addiction and 12 step fellowships, some of whom had successfully completed the service programme as part of their own treatment.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support. This included hosting AA (Alcoholics Anonymous), NA (Narcotics Anonymous) and CA (Cocaine Anonymous) meetings on-site.
- Staff informed and involved families and carers appropriately. As Covid restrictions lifted, the visitor policy was revised to allow face to face family visits. During lockdowns, the service ensured that online and telephone contact was facilitated.

## Are Substance misuse services responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

- The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet. The service was part of a network of other residential providers, which enabled clients leaving treatment early to transfer their funding to another service where possible.
- The design, layout, and furnishings of the ward supported clients' treatment, privacy and dignity. Each client had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy, and a dedicated clinical room where the GP carried out medical examinations. One bedroom, on the ground floor, was wheelchair accessible.
- The service met the needs of all clients, including those with a protected characteristic or with communication support needs. The service celebrated cultural events that were important to individual clients, for example, supporting a client to visit a local temple to celebrate Diwali.
- The service had two dedicated chefs, one for weekdays and one for weekends, who provided healthy and freshly prepared meals for clients and special occasion treats like birthday cakes.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

## Are Substance misuse services well-led?

Good 

Our rating of well-led stayed the same. We rated it as good.

## Substance misuse services

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff. The founder, CEO and Registered manager had all been part of the service for a number of years, and there was a clear sense of shared values and common purpose among the leadership team.
- The service offered placements to social work students, who were supported in their training by qualified members of the senior leadership team.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution and understood processes for escalating concerns and whistleblowing.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect. Information was shared daily in handovers, in weekly staff meetings and monthly management meetings. We noted all operational policies and procedures had been reviewed and updated according to a clear schedule, through management meetings. An on-call system ensures that counsellors were available any time to offer support to clients who needed it.
- Staff collected and analysed data about outcomes and performance, including the number of clients completing the programme and moving on to the next stage. Outcomes were discussed in governance meetings.