

Paradise Lodge Care Home Limited

# Nest Healthcare

## Inspection report

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

## Ratings

### Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



# Summary of findings

# Summary of findings

## Our judgements about each of the main services

### Service

### Substance misuse services

### Rating

Inadequate



### Summary of each main service

Nest Healthcare is a residential service located in Clacton-on-Sea, Essex that provides rehabilitation for mental health and substance misuse. This was our first inspection of Nest Healthcare. We rated it as inadequate because:

- Staff had not received basic mandatory training with overall training compliance at 31%. No staff had completed basic life support training at the time of inspection so could not provide immediate assistance if a client became unwell.
- Staff had not completed medicines administration training and did not record full details of medicines administered. There were no audits of medicines records, so errors had not been identified.
- Staff did not have access to clinical records as client risk assessments and care plans were stored on an electronic system that they did not have access to.
- The service had not completed an assessment of potential ligature risk points despite there being several points where someone could tie a ligature in order to harm themselves.
- Staff prepared meals for clients without having any training in food hygiene.
- The service did not have governance systems and processes in place and did not assess or audit the quality and safety of the service. The service did not hold clinical governance meetings or have any structure for clinical governance.

However:

- The service was clean, well-furnished and fit for purpose.
- The service had enough staff to provide care for clients.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies and physical healthcare.

# Summary of findings

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which were personalised, holistic and recovery oriented.
  - Staff treated patients with compassion and kindness. They respected patients' privacy and dignity.
  - Staff planned and managed discharge well. The service provided aftercare for clients post discharge and signposted clients into local services where required.
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# Summary of findings

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# Summary of this inspection

## Background to Nest Healthcare

Nest Healthcare is a residential service located in Clacton-on-Sea, Essex that provides rehabilitation for mental health and substance misuse. The service had five beds with four clients in treatment at the time of inspection.

The service has been registered with the Care Quality Commission since January 2017 to provide accommodation for persons who require treatment for substance misuse, and since September 2020 to provide treatment for disease, disorder or injury.

The service does not match the Care Quality Commission definition of a community rehabilitation unit, however following the registration to provide treatment for disease, disorder or injury the service comes under the hospital directorate and was inspected under the core service of community rehabilitation. The service did not have patients receiving substance misuse treatment at the time of inspection.

The service has a registered manager in post since May 2020.

This was our first inspection of this service.

### What people who use the service say

We spoke with three clients using the service who told us they were very satisfied with the care they were receiving. They told us the staff were kind, helpful and supportive and there was a variety of therapeutic activities available every day.

All three clients told us they had benefitted from their stay at the service.

## How we carried out this inspection

The team that inspected the service comprised of two CQC inspectors, one CQC medicines inspector, and one specialist advisor with experience of working in substance misuse.

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

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the environment;
- spoke with three clients who were using the service;
- spoke with four staff members; including the manager, psychiatrist, therapist and support worker;
- reviewed four care and treatment records of patients; and
- carried out a specific check of the medication management.

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>.

# Summary of this inspection

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the service **MUST** take to improve:**

- The service must ensure that medicines administration is recorded fully. (Reg 12)
- The service must ensure that medicines administration records audits take place. (Reg 12)
- The service must ensure that staff have access to client records including risk assessments and care plans. (Reg 12)
- The service must ensure that all staff who handle and prepare food have received training in food hygiene. (Reg 12)
- The service must ensure that environmental risk assessments include ligature risk points. (Reg 12)
- The service must ensure that identified patient risks have a management plan in place. (Reg 12)
- The service must ensure that staff complete mandatory training. (Reg 12)
- The service must ensure that staff complete relevant training for their role. (Reg 12)
- The service must ensure that governance systems and process including audits are in place. (Reg 17)
- The service must ensure that they have clear admissions criteria in place. (Reg 17)

### **Action the service **SHOULD** take to improve:**

- The service should ensure that they have a fridge to store temperature sensitive medicines.
- The service should have naloxone in stock to reverse the effects of an opiate overdose.

# Our findings






## Overview of ratings

Our ratings for this location are:

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



# Substance misuse services

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

## Are Substance misuse services safe?

Inadequate 

We rated safe as inadequate.

### Safe and clean care environments

**All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.**

#### Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. The manager completed an annual environment risk assessment.

Staff could not observe clients in all parts of the service but told us they did not admit clients who required constant observation. The service did not provide us with an admission policy.

The service complied with guidance and there was no mixed sex accommodation. The service did admit male and female clients but there were separate bathroom facilities and clients could lock their bedroom doors.

There were a number of potential ligature anchor points in the service and staff had not completed a ligature risk assessment. Staff told us they did not admit clients with a risk of self-harm by ligature however risk assessments showed that some clients did have a history of self-harm and suicide risk and this was not mitigated by the service.

### Maintenance, cleanliness and infection control

The service was clean, well maintained, well furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean. Support workers completed cleaning of the service, cleaning records were up to date and all areas were visibly clean.

Staff followed infection control policy, including handwashing. However, only 57% of staff had completed infection control training.

# Substance misuse services

## Clinic room and equipment

The service did not have a clinic room. Staff used one of the therapy rooms to undertake client's basic physical health observations and the equipment including blood pressure monitor was stored in the manager's office.

The service did not have resuscitation equipment or emergency drugs as staff were not trained in how to use them. No staff had completed basic life support training at the time of inspection. The service did not stock naloxone to reverse the effects of an overdose for clients on a methadone prescription. While the service didn't have any clients on methadone prescription at the time of inspection they had previously admitted clients on methadone.

The service stored prescribed medicines in a locked cabinet in the manager's office. The temperature was monitored to ensure medicines were stored at the correct temperature but there was no fridge to store any medicines that would need refrigeration, such as insulin.

## Safe staffing

**The service had enough nursing and medical staff.**

## Nursing staff

The service did not employ any qualified nursing staff as the client group did not require nursing care.

The service had enough support staff in post and had four support workers on shift during the day and two on shift at night to keep clients safe.

The service had five regular bank staff who covered shifts when required and were familiar with the service. Agency staff were rarely used.

The manager used a needs assessment tool to calculate the number of support workers for each shift.

## Medical staff

The service contracted a consultant psychiatrist who completed the pre-admission assessment with the manager and prescribed any medication required. This was conducted remotely but the consultant could visit the service to review clients if needed and was available by telephone and video conference when required.

When the consultant was on annual leave the service would not admit any new clients.

In the event of an emergency staff would take clients to the local hospital or call for an ambulance.

## Mandatory training

Staff had not completed or kept up to date with their mandatory training. The service had 28 training courses for staff to complete, with overall compliance at 31% completed.

Six courses had 57% compliance, including infection control, safeguarding adults, dementia and sepsis training. Six courses had only been completed by the manager, including equality and diversity training and the Mental Capacity Act training. Training in basic life support, food hygiene and health and safety had not been completed by any staff at the time of inspection. Evidence supplied by the service after the inspection showed that two staff had since completed food hygiene and one staff had completed basic life support training.

# Substance misuse services

## Assessing and managing risk to clients and staff

**Staff did not fully assess and manage risks to clients and themselves well**

### Assessment of client risk

We reviewed two risk assessments and saw that staff completed risk assessments for each client prior to admission. However, risks were not always clearly recorded in a way that staff would know how to recognise when risks were increasing. An example was a client with history of depression had no assessment of how this would present for support staff to recognise and mitigate the risk.

Staff did not complete risk management plans for identified risks.

### Management of client risk

Staff were not fully aware about any risks to each client. Staff told us that the manager verbally briefed them on any risks, but they did not have access to client records including risk assessments.

### Use of restrictive interventions

The service did not use restrictive interventions.

### Safeguarding

**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 did not receive training on how to recognise and report abuse, appropriate for their role. Fifty seven percent of staff had completed safeguarding adults training.

Staff could give clear examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a policy on safeguarding and had made one referral in the previous year. Staff told us they would raise any concerns with the manager to raise a safeguarding referral.

### Staff access to essential information

**Staff did not have easy access to clinical information but could maintain paper based clinical records.**

The manager recorded client assessments, risk assessments and care plans using electronic records. During the inspection staff on site told us they were not able to access the electronic record. Although the manager assured us later that records were available to staff, during the inspection, we found no staff on site could access the electronic records. Therefore, staff did not know what was included in risk assessments or care plans. Staff told us that the manager updated them on client's risks and needs.

Staff completed paper-based records for each client to record their daily notes, physical observations, food and fluid charts, mood charts and activity log. Daily records were varied in quality with some details not recorded fully. For example, a client receiving treatment with nutrition did not have their fluid intake recorded, and a client who was recorded as having been agitated and threatening did not have any record of what action staff took to intervene.

Records were stored securely.

# Substance misuse services

## Medicines management

**The service used systems and processes to safely prescribe, administer, record and store medicines.**

The consultant psychiatrist prescribed medicines to clients following a remote assessment and delivered the prescription to the service with medicines to be dispensed by a local pharmacy. Some clients also arrived with their own medicines prescribed by their GP or drug service.

We found one prescription that was not signed by the prescriber and so was not a valid prescription.

Support staff administered medicines to clients, however only three out of seven staff members had completed safe handling of medications training. The manager completed competency checks with staff but was not qualified to provide training.

Medicines administration records were not completed fully in three of the four records we reviewed, with the date and quantity of medicines administered not completed.

There had not been any audits of medicines administration records.

The service used a private laboratory to complete physical health tests including blood tests and electrocardiogram tests prior to prescribing any anti-psychotic medicines and the psychiatrist reviewed clients' medicines weekly.

## Track record on safety

**The service had a good track record on safety.**

## Reporting incidents and learning from when things go wrong

**The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.**

Staff knew what incidents to report and how to report them. The service used their own template for staff to complete after any incident.

The service had no never events.

Managers debriefed and supported staff after any incident. Staff gave examples of incidents including an altercation with a client where the manager had held a debrief with staff.

## Are Substance misuse services effective?

## Assessment of needs and planning of care

**Staff assessed the physical and mental health of all clients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected clients' assessed needs, and were personalised, holistic and recovery-oriented.**

# Substance misuse services

Staff completed a comprehensive mental health assessment of each client prior to admission. This was completed by the manager and psychiatrist via telephone or video call.

Clients had their physical health assessed soon after admission and regularly reviewed during their time in the service.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. We reviewed two care plans and saw that clients had input into their care plans and agreed their goals with staff.

Care plans were personalised, holistic and recovery-orientated.

## Best practice in treatment and care

**Staff provided a range of treatment and care for clients based on national guidance and best practice. This included access to psychological therapies. Staff supported clients with their physical health and encouraged them to live healthier lives. Staff did not use recognised rating scales to assess and record severity and outcomes. They did not participate in clinical audit.**

Staff provided a range of care and treatment suitable for the clients in the service. The service contracted therapists to provide a range of treatment including psychotherapy, cognitive behavioural therapy, mindfulness, reiki and life coaching.

Staff delivered care in line with best practice and National Institute for Health and Care Excellence guidance but were not aware of the Department of Health clinical guidelines on drug misuse and dependence.

Staff identified clients' physical health needs and recorded them in their care plans. We reviewed three care plans and saw that where appropriate physical health needs were recorded.

Staff made sure clients had access to physical health care, including specialists as required. The service helped with access to local services including physiotherapy and GP and dental services.

Staff met clients' dietary needs and assessed those needing specialist care for nutrition and hydration. The service had contracted a nutritionist to help support a client's nutritional needs and agree a menu.

Staff did not use recognised rating scales to assess and record the severity of clients' conditions and care and treatment outcomes.

Staff did not take part in clinical audits or quality improvement initiatives.

## Skilled staff to deliver care

**The service had access to the full range of specialists required to meet the needs of clients. Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills.**

The service had access to a full range of specialists to meet the needs of the clients. The service had contracted therapists, a nutritionist and a psychiatrist to meet the needs of clients. Whilst the service did not have any qualified nursing staff, they would contract a nurse if this was required to meet client need.

## Substance misuse services

Managers did not ensure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff. Whilst the specialist staff had the right qualifications and experience, support staff had not all completed the relevant training.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through regular supervision and appraisals of their work.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. The service held online team meetings to allow all staff to attend even if not on shift.

Managers did not make sure staff received any specialist training for their role.

### Multi-disciplinary and interagency team work

**Staff from different disciplines worked together as a team to benefit clients.**

Staff held regular multidisciplinary meetings to discuss clients and improve their care. The manager and psychiatrist met weekly via videocall to discuss client care.

The service had effective working relationships with local organisations including GP surgery and diagnostic laboratory.

### Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Staff did not receive training on the Mental Health Act and the Mental Health Act Code of Practice however the service did not accept clients detained under the Mental Health Act.

### Good practice in applying the Mental Capacity Act

Staff did not receive training in the Mental Capacity Act and the manager was the only staff member who had received training.

The service had not made any Deprivation of Liberty Safeguards applications.

## Are Substance misuse services caring?

We rated caring as good.

### Kindness, privacy, dignity, respect, compassion and support

**Staff treated clients with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.**

Staff were discreet, respectful, and responsive when caring for clients. We observed staff interactions with clients and saw that they were respectful and kind.

## Substance misuse services

Staff gave clients help, emotional support and advice when they needed it. We spoke with three clients who told us that the therapists had given them support and help to work through issues.

Staff supported clients to understand and manage their own care treatment or condition.

Staff directed clients to other services and supported them to access those services if they needed help. The service helped with access to local services including physiotherapy and GP and dental services.

Clients said staff treated them well and behaved kindly. We spoke with three clients who told us that staff were very helpful and supportive.

Staff understood and respected the individual needs of each client. The service was small with four clients at the time of inspection so staff knew the clients well and understood their individual needs and preferences.

Staff followed policy to keep client information confidential.

### Involvement in care

**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 independent advocates.**

### Involvement of clients

Staff introduced clients to the service as part of their admission. Staff gave new clients a tour of the service, gave them an overview of treatment options and introduced them to the therapists.

Staff involved clients and gave them access to their care planning and risk assessments. The manager and psychiatrist conducted the risk assessment collaboratively with clients during their pre-admission assessment and agreed the care plan goals.

Staff made sure clients understood their care and treatment and could make decisions on their care. Clients chose which therapy sessions they wanted to go to and could schedule additional therapies such as reiki and counselling if wanted.

Clients could give feedback on the service and their treatment and staff supported them to do this. Clients could raise any feedback with staff or the manager at any time.

### Involvement of families and carers

**Staff informed and involved families and carers appropriately.**

Staff did not involve families as clients could update their families as they wished.

## Are Substance misuse services responsive?

We rated responsive as requires improvement.

# Substance misuse services

## Access and discharge

The service did not have clear admission criteria for client referrals.

### **Staff planned and managed client discharge and aftercare well.**

The service provided aftercare where clients could attend sessions with the therapists once they left the service and maintain telephone contact with the therapy staff.

## Discharge and transfers of care

The psychiatrist provided a discharge summary of medication prescribed to the client on discharge which they could then pass to their GP if wished.

Staff signposted clients to other agencies on discharge.

## Facilities that promote comfort, dignity and privacy

**The design, layout, and furnishings of the ward supported clients' treatment, privacy and dignity. Each client had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and clients could make hot drinks and snacks at any time. When clinically appropriate, staff supported clients to self-cater.**

Each client had their own bedroom, which they could personalise.

Clients had a secure place to store personal possessions and could lock their bedrooms for security.

Staff used a full range of rooms and equipment to support treatment and care. The service had several rooms that could be used for one-to-one treatment.

The service had quiet areas and a room where clients could meet with visitors in private.

Clients could make phone calls in private and had access to mobile phones.

The service had an outside space that clients could access easily. There was a large garden outside for clients to use.

Clients could make their own hot drinks and snacks and were not dependent on staff. Clients had access to the kitchen at all times for snacks and drinks.

The service offered a variety of good quality food. Clients who wanted to prepare their own meals could do so.

Staff asked clients daily what they wanted for meals and cooked individual meals for each client if required, however at the time of inspection none of the staff had completed food hygiene training.

## Clients' engagement with the wider community

**Staff supported clients with activities outside the service, such as work, education and family relationships.**

Staff encouraged clients to develop and maintain relationships both in the service and the wider community.



# Substance misuse services

## Meeting the needs of all people who use the service

**The service met the needs of all clients – including those with a protected characteristic.**

The service could support and make adjustments for disabled people and those with other specific needs. The service had a bedroom on the ground floor with an accessible bathroom and all treatment rooms, lounge and kitchen were on the ground floor.

Clients had access to spiritual, religious and cultural support in the local community.

## Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

Clients knew how to complain or raise concerns.

The service had not received any complaints in the previous year but had a policy in place for how to acknowledge, investigate and respond to a complaint.

## Are Substance misuse services well-led?

Inadequate 

We rated Well-Led as Inadequate.

## Leadership

**Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.**

The registered manager had been in post since the service opened and also covered two other residential locations. The manager would be on site at the service most days of the week for part of the day.

## Vision and strategy

**Staff knew and understood the provider's vision and values and how they applied to the work of their team.**

The provider vision was as “an exclusive, specialist rehabilitation and wellness clinic, offering an exceptional blend of complimentary and clinical therapies”. Staff understood this vision and applied it to the day to day running of the service.

## Culture

**Staff felt respected, supported and valued. The service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.**

Staff worked well together as a team and felt supported in their work. Support workers had the opportunity to train as senior support worker.

# Substance misuse services

## Governance

**Our findings from the other key questions demonstrated that governance processes did not operate effectively at team level nor that performance and risk were managed well.**

The service did not have governance systems and processes in place and did not assess or audit the quality and safety of the service. The service did not hold clinical governance meetings or have any structure for clinical governance.

The service did not have a full audit programme and were not able to provide us with any evidence of audits undertaken.

## Management of risk, issues and performance

**Staff did not have access to the information they needed to provide safe and effective care.**

The service used electronic records to save clients' assessments and care plans that, on the day of inspection support staff did not have access to. Support staff used paper records to record client's daily notes and physical observations. We could not be assured that staff were all aware of the current risks and needs of clients as they did not have access to the documents.

## Information management

**Staff did not collect or analyse data about outcomes and performance and engaged actively in local and national quality improvement activities.**

The service did not use outcome measures to record outcomes or performance.

## Learning, continuous improvement and innovation

The service did not have any quality improvement plans in place.

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

Accommodation for persons who require treatment for substance misuse

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The service did not have governance systems and process including audits in place.
- The service did not have clear admissions criteria in place.

#### Regulated activity

Accommodation for persons who require treatment for substance misuse

#### Regulation

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

- The service did not ensure that medicines administration was recorded fully.
- The service did not complete medicines administration records audits.
- The service did not ensure that staff had access to client records including risk assessments and care plans.
- The service did not ensure that all staff who handled and prepared food had received training in food hygiene.
- The service did not ensure that environmental risk assessments include ligature risk points.
- The service did not ensure that identified patient risks had a management plan in place.
- The service did not ensure that staff completed mandatory training.
- The service did not ensure that staff completed relevant training for their role.