

No 4

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

Overall summary

We do not currently rate independent standalone substance misuse services. At the time of our inspection, there were no clients using the service.

We found the following areas of good practice

- The service was clean and well-furnished for clients.
- A doctor and a nurse would assess clients on admission and carried out physical health checks. Clients were medically reviewed during their admission.
- Clients had access to a range of therapies and self-help groups including Alcoholics Anonymous.
- There were sufficient staff to meet the needs of clients who had been using the service.

However, we found the following areas the service needs to improve

- We checked historic risk assessments of clients and found they had not had clear risk assessments and risk management plans in place.

- The pharmacist had identified high clinical room temperatures in four out of the last five months. The service had addressed the temperature issue at the time of the inspection. However, this was after the concern had been raised repeatedly. This meant that the service had not responded in a timely manner to the outcome of audits or feedback from staff. There was no evidence that some equipment had been calibrated regularly.
- While staff had received supervision in the month prior to our inspection visit, consistent access to supervision had not yet been embedded in the service.
- Rooms in No 4 did not have access to a linked alarm system to make contact with staff in an emergency if staff were on another site on the same street. This was mitigated by risk assessment on admission but meant there was a risk that in emergency, clients may not be able to contact staff immediately.

Summary of findings

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Summary of this inspection

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No 4

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to No 4

No 4 is a three bedroom property based in a mews house in Kensington. It is run by PROMIS clinics that run two other three bedroomed properties on the same street. The sister services are called No 11 and No 12 and work in conjunction with No 4, with the same staff and with clients using the same communal facilities such as a

dining room, living room and therapy spaces as the other two registered properties. We carried out focussed inspections of No 11 and No 12 at the same time as we inspected No 4.

No 4 provides a service exclusively for self-funding clients who wish to access a bespoke service.

No 4 was first registered with CQC in June 2016. This is the first inspection of the service.

Our inspection team

Lead Inspector: V Hart

The team which inspected this service comprises of two CQC inspectors and one CQC inspection manager.

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 requested information from the service.

During the inspection visit, the inspection team:

- Visited the location and looked at the quality of the physical environment
- Spoke with the service manager and the provider's clinical lead
- Spoke with two volunteers who assisted at the service
- Spoke with one nurse and two other members of staff including a therapist and a support worker
- Looked at four historic care and treatment records including risk assessments and care plans
- Looked at policies, procedures and other documents related to the running of the service

Summary of this inspection

What people who use the service say

During our inspection, there were no clients using the service. In the six months prior to our inspection visit, 14 clients had used the service. We asked the service for

feedback forms which had been completed by clients who had been in the service in the year prior to the inspection. We received one completed feedback form, which was positive about the service.

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:

- Some historic records we looked at did not have comprehensive risk assessments and risk management plans that were easily accessible in their records.
- Equipment, including an alcometer, had not been regularly serviced by staff. This meant that there may be a risk of error.
- Clients in No 4 did not have access to call bells or easy ways to contact staff in case of emergency. Staff were usually based in an adjoining property.
- Concerns identified by the pharmacist in the pharmacy audits had not been responded to in a timely manner.

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

- The environment was clean and hygienic. Staff cleaned the premises regularly and there was a robust environmental risk assessment.
- All clients were assessed by a doctor and a nurse on admission to ensure that admissions were appropriate and that the service was able to meet the needs of clients accepted.
- Pharmacy audits were undertaken regularly and information was fed back to the service.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Previous clients had comprehensive care plans in place, which demonstrated how clients' would be supported with their physical and mental health, as well as their social circumstances.
- All clients were assessed by a nurse and doctor when they were first admitted. Nurses carried out regular physical health checks throughout client admissions.
- Staff had access to specialist training.
- Clients had access to a range of therapeutic interventions.

Are services caring?

We do not currently rate standalone substance misuse services.

Summary of this inspection

- There were no clients using the service when we attended for the inspection visit so we were not able to receive any client feedback.
- The service had a weekly clients' meeting where feedback was collected.
- Clients would have the opportunity to provide feedback after their admissions. We checked the survey response from one client who had used the service at No 4. Their feedback was positive.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Communal and private areas were clean and in a good state of repair.
- The service was able to cater to the needs of clients from diverse backgrounds and with different cultural needs.
- The service had established exclusion criteria regarding the needs of clients who could not be treated within the service.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were positive about the support which they received from the manager on site. Information from the service fed into the provider's clinical governance meetings.

However, we found the following areas where the provider needs to improve

- Minutes from the provider's clinical governance meetings did not regularly highlight discussions about clinical practice, incidents and learning from incidents and complaints took place.
- It was not clear that staff feedback was discussed at a senior management level. Issues raised in audits and feedback had not been addressed in a timely manner.

Detailed findings from this inspection

Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse/detoxification services safe?

Safe and clean environment

- No 4 was based in a house on a residential street. This was the same street as two other registered locations run by the same management team. The three registered locations share staff and common therapy and leisure spaces. Bedrooms were split between the three services, with three bedrooms in No 4.
- The service was visibly clean when we visited. While there were no clients using No 4 at the time of our inspection, we saw that staff kept the communal areas, bathrooms, toilets and kitchen areas clean and well-kept. The service employed domestic staff that cleaned the building daily, and we saw that cleaning rotas including specific tasks to be completed on a daily, weekly and monthly basis. This ensured that the service was cleaned comprehensively.
- Clients in the service used a clinic room, which was based in an adjacent property. The clinic room had locked medication cupboard including appropriate storage. Nursing staff carried out appropriate checks of controlled drugs. The clinic room had an oxygen supply and also had equipment which was used in the care and treatment of clients, including a blood pressure monitor and an alcometer, which is used to test blood alcohol levels. This equipment had not been serviced when we visited. A stocked first aid box was present in No 4. The service had a defibrillator available in the clinic room in the adjacent property. This was checked weekly by staff.
- The service had an infection control policy and staff received training regarding infection control. Toilets and bathrooms had information visible about how to wash hands effectively.

- The service had a comprehensive environmental risk assessment, which covered local risks both in the location and in the immediate environment, for example, the cobbled pavement. This ensured that staff were aware of the key risk areas for clients.
- The property did not have a call alarm system in place. This meant that clients had to call members of staff using mobile phones if there were no staff in the property. Staff could use mobile phones to contact clients. The provider had plans to install panic alarms to enable clients to contact staff if they were distressed. These were in the process of being trialled at another service run by the same provider.
- Fire safety checks had been undertaken by the London Fire Brigade in March 2017, which had found the provisions within the service to be adequate. The service had regular fire safety checks and drills, which were documented. The service did not have ways to alert people in the adjoining property regarding a fire.

Safe staffing

- The service had a full time manager who covered the three services on the same street. There was always one nurse and one health care assistant on duty during the day and at night. This staffing complement worked across the three services. Therapists worked during the day, and volunteers were also deployed to provide additional support. Staff numbers were sufficient to meet the needs of clients who used the service. In the 12 months between the service opening in June 2016 and our inspection visit in June 2017, there had been 25 clients who had used the service at No 4.
- We checked staff rotas and saw that shifts were covered and the service had access to bank staff to ensure that any gaps in the rota could be filled. We checked that day staff and night staff were not working excessively.

Substance misuse/detoxification

- The service had access to two psychiatrists with specialist training and experience in treating alcohol and substance misuse, and access to GPs, who visited the service on request, including out of hours and at weekends.
- Staff had completed mandatory training. Mandatory training included safeguarding adults and children, moving and handling, infection control, control of substances hazardous to health (CoSHH) and care planning. All support workers had additional training in alcohol and drugs awareness. Nurses working in the service had specialist experience in addictions.

Assessing and managing risk to clients and staff

- We checked historic records of four clients who had been provided with care and treatment at No 4 in the previous six months, as there were no clients present during the inspection. All four client records did not have comprehensive risk assessments and risk management plans.
- While information relating to the management of risk was clear in care plans for two of the clients, for the other two this was not the case. These clients were undergoing a detoxification which meant that clients had an increased risk of physical health complications. One client did not have any risk assessments in place prior to starting treatment. The other client was involved in an incident and presented as a risk. However, there was no clear risk management plan in place that explained the level of risk and how it would be managed by the service. When clients were admitted to the service, staff determined the most appropriate accommodation for the client based on their need. For example, clients who were deemed to be most at risk were not placed in No 4 as staff were predominantly in one of the other houses.
- Clients received an assessment from a nurse and a doctor on admission. This included a physical health check. The provider contracted medicines management to a pharmacy company, and a pharmacist visited the service weekly and undertook monthly audits. The clinic room was based in an adjacent property but was used by clients who were based in No 4. While the ambient temperature in the clinic room was within acceptable range when we visited, at 21C, we noted that in the week prior to our inspection, the room temperature had

been as high as 32C and had been consistently high over a number of months. We checked the medicines audit carried out by a pharmacist for the six months prior to the inspection and saw that in four of the previous five months, the temperature in the clinic room was raised as a concern by the pharmacist. This was actioned in June 2017, despite being identified as a concern in January 2016. The service did not respond promptly to the outcomes of audits or feedback from staff that had raised the concern. During the inspection, we raised a concern about the impact on the efficacy of medication stored for a considerable period above recommended temperature levels with the manager, who informed the pharmacist. This was followed up after the inspection with the pharmacist who confirmed the safety of the medication.

- Staff had access to emergency medicine including naloxone, which is used in event of an overdose of opiates.
- Controlled drugs were managed appropriately. They were stored securely and records were completed correctly.
- Medicines management was safe. Nurses within the service checked that medication was in date on a monthly basis. All staff who administered medicines including homely remedies completed medicines management training. If required, additional training could be provided by the pharmacist. The service also had access to detailed information via the contracted pharmacy's website. This included access to client medication information sheets which could be generated in easy read or large print versions if necessary.
- Staff regularly checked medical equipment including oxygen, defibrillator and a first aid box in the clinic room. A first aid box also available in No 4.

Track record on safety

- There had been no incidents during the year prior to the inspection.

Reporting incidents and learning from when things go wrong

- The service had a policy relating to the reporting of incidents which staff were expected to adhere to. Staff knew how to report incidents. The member of staff

Substance misuse/detoxification

involved completed a document explaining the risk and this was submitted to the service manager and the clinical director to review. The service manager kept a log of all incidents that were reported. At the time of our inspection, there were no incidents which related specifically to No 4.

Duty of candour

- The service did not have a specific policy related to their responsibilities under the duty of candour. The service manager was aware of their obligation to apologise to clients when errors had taken place, but staff we spoke with did not have an understanding of this.

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)

- Clients self-referred or were referred to the service through a central enquiries team, which was based off site. This team took basic information related to pre-admission checks and then this information was sent to the service where it was checked by clinical and managerial staff to make a decision about admission.
- All clients were assessed on admission by a nurse and a doctor. This included a physical health examination as well as an assessment of mental state.
- We checked care plans and treatment records for four clients who had used the service at No 4 over the six months prior to the inspection as there were no clients using the service during our inspection visit. We saw that staff assessed clients using recognised assessment scales including the clinical institute withdrawal assessment for alcohol (CIWA) and clinical opiate withdrawal scale (COWS) as appropriate. Initial assessments included key information including the most recent use of alcohol or substance misuse history. Clients' alcohol levels were checked and the severity of alcohol dependence questionnaire (SADQ) was also used where necessary.
- Medical staff and nurses assessed clients' physical health on admission. This assessment included

checking blood pressure, weight and height. This information was updated through a client's stay and this was recorded along with any changes in physical health parameters.

- Staff assessed clients' mental health as well as physical health and used tools, including the Becks depression inventory, where appropriate. There were some service exclusions, which included people with significant mental health needs and people with physical health complications.
- Staff stored client information on electronic records and also on paper files which were stored in the clinic room so they were stored securely. Staff also stored prescription charts in the clinic room in No 11, which was an adjacent service.

Best practice in treatment and care

- Clients were able to attend local 12 step groups including alcohols anonymous and narcotics anonymous if they chose to and staff in the service facilitated this. For example, we spoke with a volunteer who accompanied clients to attend meetings.
- There were two GPs who were linked with the service and who were able to attend the service for visits when required. This included clients who were not registered with GP services in the UK.
- Nursing staff undertook regular checks of physical health including blood pressure and weight. This was recorded in clients' records so that any fluctuations or deterioration could be tracked and referred to a doctor if necessary.
- Staff within the service used recognised scales to assess the severity of symptoms in relation to addiction, using CIWA-Ar and COWS as appropriate.

Skilled staff to deliver care

- All staff had background checks before starting their work in the service including taking two references and a disclosure and barring check from the disclosure and barring service (DBS).
- There was always at least one nurse and one support worker on duty. Volunteers, some of whom had experience of using services, provided additional support including accompanying service users to

Substance misuse/detoxification

Alcoholics' Anonymous (AA) and Narcotics Anonymous (NA) meetings. One volunteer told us that the organisation was supportive in their development and volunteers were given access to training.

- Staff told us that they have access to supervision, although some of the supervision records did not demonstrate that all staff had had consistent regular individual supervision for the previous year. The service had put systems in place to ensure that nursing staff received regular supervision. For example, one member of staff who had been in post over a year, told us that they had had two recent supervision sessions. Previously, they had not received supervision consistently. This meant that the supervision system currently in place was not yet embedded. Staff appraisals were recorded as part of supervision meetings but did not take place separately.
- The service manager shared information with staff on a continuing ad hoc basis as well as having some team meetings. Two members of staff told us that there are team meetings but they are not always available to attend. Clinical information discussed in team meetings was recorded in clients' files. However, information about the service's governance was not recorded for staff that were not present. This meant that there was a risk that some staff may not have up to date information about service if they had been absent for a period.
- Healthcare assistants had received specialist training relating to substance misuse and all staff had received specialist training relating to eating disorders.

Multidisciplinary and inter-agency team work

- On admission to the service, nursing and medical staff undertook initial assessments of clients. This included liaising with other medical professionals, for example GPs, for additional information if necessary.
- The service liaised with local authorities to raise safeguarding concerns when clients were discharged and there were specific concerns about how they might manage independently.
- Handover meetings took place daily between nurses on the day and night shifts. There was also a handover with therapy staff on a daily basis.

Good practice in applying the MCA

- Staff had received training from the provider regarding the Mental Capacity Act and had an understanding of how it was used in practice in this setting.

Equality and human rights

- The service did not exclude clients on the basis of age, gender, gender identity, race, religion, disability or marriage status. However, due to the physical environment and position of stairs, the service was not accessible to clients who had significant mobility impairments that prevented them from using stairs.

Management of transition arrangements, referral and discharge

- All admissions to the service were privately funded. This meant that there was not a waiting list and clients could access the service when they needed to and where both they and the service decided it was appropriate for them to do so.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- There were no clients when we attended. Staff had a good understanding of the needs of individual clients when they spoke about their work to us.
- We had access to one feedback card, which was provided to the service from a client who had been discharged. This feedback was positive about the service they received.

The involvement of clients in the care they receive

- Clients in the service were able to participate in weekly meetings where any issues and feedback could be shared in a communal environment. These meetings were recorded so that those who were not present could follow up issues raised.
- Staff in the service told us that clients contributed to their own recovery plans and had access to their care plans. This was reflected in the historic care plans that we saw.

Substance misuse/detoxification

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

Access and discharge

- Clients referred themselves to the service. A central admissions team took initial information from clients. That team was based off-site and passed the information to the service where it was reviewed by the manager and nurse to ensure the suitability of the client in the service. Staff assessed clients on admission.
- On arrival, all clients were assessed quickly by the nurse on duty and a doctor who came on site, including in non-traditional working hours such as evenings and weekends. The service ensured that the doctor and nurse were available before accepting a referral for an initial assessment.
- Clients' average lengths of stay varied significantly. Usually, clients attended for a five week programme, although they were able to adjust this depending on personal circumstances.

The facilities promote recovery, comfort, dignity and confidentiality

- There were three bedrooms in the service, which each had access to private shower and toilet facilities. The clinic room, dining room and a communal sitting room were based in an adjacent property, which was run by the same organisation.
- There was no dedicated office space for staff. Staff used the communal areas for clients and also the clinic room and therapy rooms in order to meet. This meant that there was a risk that clients and staff using the same spaces at the same time may not feel sufficiently comfortable.

Meeting the needs of all clients

- The service was open to clients who came from outside the UK to seek treatment, and they were equipped to provide support to people with different cultural needs. This included arranging access to a church or mosque if necessary or supporting in other places of worship.
- The service employed a chef who was able to meet the needs of clients on the basis of their religion or culture.

- Staff could access interpreters when needed. Initial assessments indicated any specific needs in terms of language and communication.

Listening to and learning from concerns and complaints

- There had been no complaints from clients at No 4 in the year prior to the inspection visit.
- The provider had a complaints policy, which included how complaints would be received and investigated. There was no information available in the service about how complaints were to be made.

Are substance misuse/detoxification services well-led?

Vision and values

- Staff we spoke with told us that they were committed to working towards the recovery of clients.
- All staff joining the organisation received a handbook that explained the values and visions of the organisation and the importance placed on putting clients at the heart of the work completed.

Good governance

- The organisation runs a number of services in London and Kent. There is a clinical governance group, which met quarterly to review management and quality issues within the services. We looked at the most recent sets of minutes from this meeting in March 2017. These showed that the meeting covered a range of issues, such as incidents across services, but there was no discussion of a key outcome from pharmacy audits at No 4 regarding the temperature in the clinic room. This meant that the clinical governance meeting was not capturing and responding to feedback from audits conducted at the services. .
- The service had not undertaken an annual audit in the year prior to the inspection. Staff told us this was due to the inspection work completed by CQC. However, staff had opportunities in weekly clinical meetings to confirm that key information had been recorded, for example, ensuring that care plans and risk assessments were up to date. When we reviewed four client records, we found

Substance misuse/detoxification

gaps in all of them. The provider had not identified any of these gaps prior to the inspection. The provider's auditing systems did not ensure staff had completed all necessary paperwork.

- We checked the pharmacy audits for the first five months in 2017 where a specific concern had been raised. The provider had not addressed this concern in a timely manner following the audits. This had not been discussed in the clinical governance meetings.
- The service manager had an understanding of notifications that needed to be made to CQC. While no notifications had been made over the year prior to the inspection, staff knew how and when to do this.

Leadership, morale and staff engagement

- Staff we spoke with were generally positive about the organisation and their own managers. Some staff raised concerns about the turnover of staff, particularly among counsellors.
- Over the 12 months prior to the inspection, seven members of staff had left out of a staff team of 21 with a 33% turnover rate. This meant that there was a risk of a lack of stability in the staffing group.
- While there were no formal ways to feedback information from staff at No 4 to the provider, such as a staff survey, the small nature of the service meant that staff were able to give feedback frequently. However, it was not clear from clinical governance meeting minutes how staff in the service were engaged to drive improvement. This meant that there was a risk that key information that staff had, which may lead to an improvement in the service, was not being used.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider must ensure that all clients are comprehensively risk assessed and risk management plans are put in place prior to the client starting treatment.
- The provider should ensure that all staff are aware of their responsibilities relating to the duty of candour.
- The provider should ensure that recent improvements in the frequency of supervision sessions for staff are maintained and that these sessions are documented. The provider should ensure it engages staff to gather their views, so feedback from them can be used to develop the service.
- The provider should ensure that clients in No 4 are able to contact staff in case of an emergency, such as a fire.
- The provider should ensure that equipment used to measure weight, test clients' alcohol levels and blood pressure is regularly serviced.