

No 11

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.

We carried out this inspection to assess whether the provider had met the requirement notices that were served following our inspection in August 2016 which related to regulation 12 (safe care and treatment) and regulation 18 (staffing). We also followed up on concerns that were raised with us about the safety of the service since the previous inspection.

We found the following areas of improvement:

- Staff had received specialist training that related to the needs of the client group. At this inspection, all staff had completed specialist drug and alcohol awareness training and eating disorders training.

- Since our last inspection in August 2016, the provider had improved health and safety with sanitary waste disposal facilities available in all toilets.

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

- Since our last inspection the provider had not improved their systems for ensuring that nursing staff received regular supervision. This was an ongoing breach of regulation.
- The service had not ensured there were sufficient staff on all shifts. It did not have nursing staff available for two shifts between December 2016 and January 2017.

Summary of findings

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Summary of this inspection

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No 11

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to No 11

No.11 is provided by Aissa Limited. This service works very closely with No.12, which is provided by Amah Limited and No.4, which is run by the same provider. All three services are located on the same road and are all part of the overarching provider called PROMIS. The services work together and clients use the facilities in all three buildings. No.11 can accommodate up to three patients at one time. On the day of inspection there were two patients staying at the service.

The service provides a medically supervised alcohol and drug rehabilitation facility. The service offers psychological therapy programme along with medical input. The average length of stay is approximately four weeks but this can be longer if required.

No.11 was registered by the CQC in 2012. In August 2016, the service was comprehensively inspected. Following this inspection, we issued two outstanding requirement notices which included regulation 12 (safe care and treatment) and regulation 18 (staffing).

The service is registered to provide the following:

- accommodation for persons who require treatment for substance misuse
- treatment for disease, disorder and illness.

The owner of the service is the registered manager.

Our inspection team

The team that inspected the service comprised of two CQC inspectors.

Why we carried out this inspection

We carried out an unannounced focussed inspection of this service to follow up on the outstanding requirement notices that were served as a result of the inspection in

August 2016. This was also a responsive inspection to follow up concerns that had been raised with the Care Quality Commission (CQC) about this service since the previous inspection.

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 service.

During the inspection visit, the inspection team:

- looked at the quality of the physical environment
- spoke with the registered manager, team manager and director of the service
- spoke with two other staff members employed by the service provider
- looked at two care and treatment records, including medicines records, for clients

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

During this inspection, we did not speak with any clients.

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 areas of improvement since the last inspection:

- The provider had improved health and safety through the provision of sanitary waste disposal facilities in all the toilets.
- The service managed medicines appropriately. During the inspection, we reviewed two medicine administration charts (MARs), which were completed fully and correctly.

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

- The provider did not ensure there were sufficient numbers of qualified staff on all shifts. In the two months prior to the inspection, the service was unable to fill two shifts with nursing cover. It covered these vacant shifts with healthcare assistants.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following area where the service provider still needed to improve:

- During our inspection in August 2016, nursing staff did not receive regular clinical supervision. This led to the provider being served a requirement notice. At this inspection, we found this had not improved. Nursing staff still did not receive regular supervision. This was an ongoing breach of regulation.

However, we also found the following areas of improvement since the last inspection:

- During our last inspection in August 2016, staff had not received specialist training that related to the needs of the client group. At our inspection in January 2017, all staff had received specialist training in drug and alcohol awareness training and eating disorders.

Are services caring?

This area was not inspected. We did not undertake a comprehensive review of this service.

Summary of this inspection

Are services responsive?

This area was not inspected. We did not undertake a comprehensive review of this service.

Are services well-led?

This area was not inspected. We did not undertake a comprehensive review of this service.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

This inspection was a focused inspection to follow up identified concerns. We did not undertake a comprehensive review of the service.

Safe and clean environment

- During our inspection in August 2016, the provider had not ensured that female staff and patients had access to sanitary waste disposal bins. At our inspection in January 2017, the service provided sanitary waste bins in toilets and bathrooms.
- We looked at the environment and the access to fire exits as the building has only one entrance and exit. We found that this was the case. The managers told us that they had recognised this issue, but it could not be resolved due to the building layout. The service completed regular fire drills and annual fire risk assessments. We passed the concern to the London Fire Bridge to investigate and make recommendations if needed.
- We reviewed the clinic room temperatures for January 2017 and the readings were consistently high and above 25 degrees. The high temperatures could have an effect on the medicines stored in the clinic room. We raised this with the provider during the inspection.

Safe staffing

- We looked at the levels of staffing at the service and found that the provider did not always ensure safe levels of staffing at the service. We found that the provider ensured safe levels of staffing on most occasions. A nurse was required to work on every shift with a healthcare assistant. Whilst two healthcare assistants were available on shift, the staffing rotas from December

2016 to January 2017 showed that on two separate shifts there was no nurse working. On another occasion, one nurse had worked five continuous night shifts in a row without a break. The managers recognised that it was unsafe for staff to work continuously without a break and told us that this was not routine practice. The staffing rotas confirmed that this was the case.

- A concern was raised about the lack of out of hour's medical support. During our inspection, we found that four GPs were available out of hours when necessary. Staff told us that the doctors were available by phone and would attend the service when required.

Assessing and managing risk to clients and staff

- We looked at how medicines were managed at the service. We reviewed two medicine administration records. These had been completed clearly and demonstrated that the doctors had signed off prescribed medicines. Staff signed for medicines that had been administered to clients.
- Doctors completed initial medical assessments of two clients who had been admitted to the service prior to them starting a detox regime. Nursing staff completed further assessments following the initial doctor's assessment which included an assessment of a client's level of withdrawals and physical health checks.

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

This inspection was a focused inspection to follow up identified concerns. We did not undertake a comprehensive review of the service.

Best practice in treatment and care

Substance misuse/detoxification

- At our last inspection in August 2016, we found nurses did not receive consistent supervision. The service manager had asked nurses to arrange peer support between themselves. At this inspection, we found that this had not improved and the nursing staff still did not receive any supervision. Since October 2016, five supervision sessions had taken place between nursing staff. The managers acknowledged that this was poor practice and told us that there was a plan in place to employ a head nurse in February 2017 who would be able to facilitate regular supervision. The lack of supervision did not ensure that the nurses were supported and their clinical practice was being monitored. Peer support was not sufficient, as this did not take in to account staff members competencies to carry out their role.

Skilled staff to deliver care

- At our last inspection in August 2016, we found staff had not received specialist training in issues that specifically related to substance misuse and alcohol misuse, or in eating disorders and mental health. At this inspection, staff had received specialist drug and alcohol awareness training and eating disorders training. This meant that staff were equipped to support clients' individual needs.

Are substance misuse/detoxification services caring?

This inspection was a focused inspection to follow up identified concerns. We did not inspect this domain.

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

This inspection was a focused inspection to follow up identified concerns. We did not inspect this domain.

Are substance misuse/detoxification services well-led?

This inspection was a focused inspection to follow up identified concerns. We did not inspect this domain.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that nursing staff have access to regular supervision.

Action the provider **SHOULD** take to improve

- The provider should ensure that staff do not work unsafe hours and that there are sufficient staffing arrangements in place so that there is always a nurse available on a shift.
- The provider should ensure that the high clinical room temperatures are addressed to ensure that medicines stored in the room are safe for clients to consume.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had not ensured that nursing staff received supervision as is necessary to carry out the duties they are employed to perform. This is a breach of regulation 18 (1) (2) (a).