

Fleming House

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

We do not currently rate independent standalone substance misuse services.

Our last comprehensive inspection of Fleming House was in December 2016. At that inspection, we issued three requirement notices. Issuing a requirement notice notifies a provider that they are in breach of legal requirements and must take steps to improve care standards.

On 10 May 2018 we undertook an unannounced, focused inspection to see whether the provider had made the required changes and found the following improvements had taken place..

- Following the last inspection in 2016, we told the provider they must ensure they assess clients referred

for alcohol detoxification to ensure they are suitable for the service. At this inspection, we found that the provider had clear admissions criteria and only admitted clients suitable for the services and treatment provided.

- Following the last inspection in 2016, we told the provider that they must ensure clients had access to emergency medication and that medication to manage seizures was prescribed for clients who required it. At this inspection, we found that clients did have access to emergency medication. The service only admitted clients with epilepsy only when their condition was stabilised with medication. The service does not admit any clients with a history of alcohol withdrawal seizures at all.

Summary of findings

- Following the last inspection in 2016, we told the provider they must ensure staff maintain the kitchen to an appropriate standard of hygiene. Staff working in the kitchen must have the appropriate training and supervision. At this inspection, we found that the kitchen was clean and tidy and there were plans in place to ensure all staff were trained with the appropriate skills required.
- Following the last inspection in 2016, we told the provider they must ensure all actions they have identified in risk assessments to mitigate risk to clients are completed. At this inspection, we found that there was a comprehensive environmental risk assessment in place, which was updated and reviewed regularly.
- Following the last inspection in 2016, we told the provider they must report all safeguarding issues to the appropriate safeguarding team as soon as they became aware of them and to notify the Care Quality Commission of incidents as required. At this inspection, we found that the provider had an effective safeguarding policy in place and that referrals were being made to the local safeguarding authorities and the Care Quality Commission.
- Following the last inspection in 2016, we told the provider they must ensure they report all incidents in line with their incident policy and that they monitor incidents and disseminate any lessons learnt to the wider team. The provider must ensure all relevant information is reported to the fortnightly management team meeting. At this inspection, we found the provider had a good incident reporting policy in place and this was being followed by staff. There was an incident log, and learning and feedback was disseminated through staff meetings and handovers.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		

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. In addition, Fleming House offers individually tailored detoxification programmes, group and individual therapy sessions.

Fleming House accepts clients funded by the NHS and local authorities, as well as self-funded admissions.

Fleming House was registered for the accommodation of people who require treatment for substance misuse. Fleming House had a registered manager in post.

We last inspected this service in December 2016 and published the report in March 2017. We issued three requirement notices where we considered the provider to be in breach of legal requirements. At this inspection in May 2018, we saw evidence that the provider had met all the requirements.

Our inspection team

The team that inspected the service comprised two CQC inspector and a specialist advisor (community substance misuse nurse).

Why we carried out this inspection

We inspected this service as part of our inspection programme to make sure health and care services in

England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014. This inspection was follow-up on the last inspection, to check the providers' compliance with the requirement notices.

How we carried out this inspection

As this was not a comprehensive inspection, we did not pursue all key lines of enquiry. We only focused on the requirement notices from the last inspection. We considered aspects of the following domains:

- Is it safe?
- Is it effective?
- Is it responsive to people's needs?
- Is it well led?

During the inspection visit, the inspection team:

- visited Fleming House, looked at the quality of the physical environment where clients received treatment
- spoke with five staff including the admissions manager, deputy manager, centre manager, founder and the chief operating officer
- looked at twelve care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of 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 substance misuse services. We were satisfied that the service had completed the improvements we detailed in the requirement notice, served in March 2017, because:

- All premises and equipment used by the service provider were clean and properly maintained. The kitchen was clean, tidy and the broken equipment had been appropriately replaced. Emergency lighting had been installed in the bathroom and kitchen.
- The ligature point noted at the last inspection had been addressed, and a comprehensive ligature risk assessment completed and reviewed.
- An alarm had been fitted in the intersection between the female and male corridor to ensure the safety of the female clients at the service.
- Clients had access to emergency medicines, and all treatment was delivered in line with guidance from the National Institute for Health and Care Excellence (NICE). The service did not admit clients with a history of epilepsy at the time of our inspection.
- All changes to medicines were recorded and signed off by the GP, and appropriately evidenced.
- The provider had an effective safeguarding policy in place. This was put into practice by staff. There was a safeguarding log and we saw that feedback and lessons learnt were shared with the wider team.
- There was an effective incident reporting policy in place. The manager kept a log of all incidents reported, and also actions resulting out of them.

Are services effective?

We do not currently rate substance misuse services. We were satisfied that the service had completed the improvements we detailed in the requirement notice, served in March 2017, because:

- We found the provider was meeting their training targets for most staff who worked at Fleming House and had plans in place where training was required.

Are services caring?

We do not currently rate standalone substance misuse services. Since our inspection in December 2016 we have received no information that would make us re-inspect this key question.

Summary of this inspection

Are services responsive?

We do not currently rate substance misuse services. We were satisfied that the service had completed the improvements we detailed in the requirement notice, served in March 2017, because:

- The provider had clear admission criteria in place and only admitted clients that were suitable for the service.

Are services well-led?

We do not currently rate substance misuse services. We were satisfied that the service had completed the improvements we detailed in the requirement notice, served in March 2017, because:

- The provider had embedded an effective system for the referrals of safeguarding concerns, and the recording of incidents. The provider shared learning with the wider team and made improvements to their practice.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

We do not currently rate substance misuse services. We were satisfied that the service had completed the improvements we detailed in the requirement notice, served in March 2017.

Safe and clean environment

- The environment at Fleming House was clean, tidy and the furnishings were well maintained. The kitchen was clean, tidy and suitable for the purposes it was being used for. At our previous inspection in 2016, we found that there were no records of cleaning or cleaning checks in either kitchen. During this inspection, staff showed us a weekly cleaning rota for the main kitchen which included all appliances. Staff had kept the cleaning rota up-to-date and we were told that visual spot checks were completed by the Registered Manager. The second part of the kitchen was maintained by the clients. The service had a cleaning rota for this area, linked to clients' therapeutic duties. Both kitchen areas were tidy and in good order as were the stock areas. At our last inspection in 2016, we found that the bins did not have lids on and there was visible dirt on work surfaces and pipework. There was a leak under the basin and dirty sealant around taps. This was not the case at this inspection; the bins had been replaced and had lids on and there was no visible dirt under work surfaces, around taps or on pipework and the leak had been fixed. However, the wash basin was dirty and there was dust on the fire extinguishers.
- Emergency lighting had been installed in the kitchen and bathroom as in accordance with the fire safety regulations.
- During our last inspection, we found that there was a high-risk ligature point area (rear stair case with spindles that had not previously been boxed in). At this

inspection we found that the ligature point had been addressed and was no longer a risk. We also reviewed the ligature environmental risk assessment which included all areas of the service and was reviewed annually.

- During our last inspection, we were concerned about the safety of female clients in the female corridor. When we raised this with the provider, staff told us that this corridor was a dedicated female only corridor. In addition to this, the provider had put an alarm at the intersecting door between the female and male corridor which alerted staff that it was being opened.

Assessing and managing risk to clients and staff

- At the last inspection in December 2016, we found that that the provider did not ensure that clients had access to emergency medication. Also, medication to manage seizures was not prescribed for clients who required it.
- During this inspection we found that clients had access to emergency medication. The service admitted clients with epilepsy only if their condition was stabilised with medication.
- All opiate detoxification treatment prescribed for clients in the service was in line with guidance from the National Institute for Health and Care Excellence (NICE). Where the prescribing deviated from the guidance, there was a clear rationale for doing so and this was evidenced.
- During the last inspection, we found that the provider had hand-written changes to medicines administration records which should have been reprinted and signed by the GP. This was no longer practiced, and all changes were clearly evidenced by audit trails and correspondence with the GP. However, in one instance we did notice that medicines from a blister pack had been removed at the wrong time. When we raised this with the provider, they told us that the patient had asked to change from quarter daily dispensing to once

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daily dispensing, and provided confirmation from the GP which stated that they could change the timings. We informed the provider that they should get new blister packs in place for future if this happens, so that medicine errors could be avoided. In this instance, this was done soon after our inspection.

Safeguarding

- During our last inspection in December 2016, we found that the provider had not reported safeguarding issues when appropriate. Since then, the provider had put together a safeguarding log and accompanying file for staff to document any safeguarding concerns. Staff showed us the log which clearly showed that staff were openly talking to the Registered Manager about allegations of abuse. Safeguarding referrals were being made to the local authority and these incidents were discussed in the manager's meeting and clinical governance group. Lessons learnt and feedback were discussed in handovers, team meetings and staff supervision sessions.

Reporting incidents and learning from when things go wrong

- There was an effective incident reporting policy in place. The manager kept a log of all incidents reported, and also actions resulting out of them. There was a clear process for reporting incidents, and we saw clear lines of escalation on which incidents were to be reported and how. The manager told us that they monitored the log for identification of trends, improvements to safety and shared the lessons learnt in their managers' meetings and handovers. We saw evidence of this in the meeting notes.

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

We do not currently rate substance misuse services. We were satisfied that the service had completed the improvements we detailed in the requirement notice, served in March 2017, because:

Skilled staff to deliver care

- We found the provider was meeting their training targets for most staff who worked at Fleming House. All staff, with the exception of kitchen staff, had completed all

their mandatory training. The service's chef and cook were both just out of date for their food hygiene certificates but the provider was aware of this and planned to send them on the next available course. This was identified within the training matrix.

Are substance misuse services caring?

We do not currently rate standalone substance misuse services. Since our inspection in December 2016 we have received no information that would make us re-inspect this key question.

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

We do not currently rate substance misuse services. We were satisfied that the service had completed the improvements we detailed in the requirement notice, served in March 2017.

Access and discharge

- During the last inspection in December 2016, we found that the assessment of clients admitted for treatment did not ensure that clients were suitable for the service. At this inspection, we found that the provider had a comprehensive assessment in place prior to the admission of clients to the service. They had clear criteria in their admissions policy where they would be unable to meet the needs of clients, or associated risks might not be manageable at the service. This meant that they could ensure clients admitted to the service were suitable for the treatments offered.
- The service had a robust alternative care pathways and signposting system in place for people whose needs could not be met by the service.

Are substance misuse services well-led?

We do not currently rate substance misuse services. We were satisfied that the service had completed the improvements we detailed in the requirement notice, served in March 2017.

Good governance

Substance misuse services

- The provider had an effective system in place for safeguarding referrals to be made. The provider had an effective incidents policy in place, and incidents were reported and analysed in accordance with this.
- We found that there was a robust system in place for the sharing of learning from incidents and safeguarding with the wider team. The provider also had an effective training matrix in place to ensure that all staff were skilled to deliver the care and services promoted by the service.
- The provider made statutory notifications to the Care Quality Commission. However, we found one incident which had not been reported to the Care Quality Commission as the provider did not think it was within the remit of statutory notifications. We informed the provider and made sure that they understood the regulations for reporting incidents correctly.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should maintain the cleanliness of the premises, in particular the kitchen areas.
- The provider should inform the Care Quality Commission of all incidents which comprise of risk to staff or clients at the service.
- The provider should ensure that they order new blister packs where medicine times are changed by the GP.