Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Fleming House

ANA Treatment Centres, Fleming House, Waterworks Road, Portsmouth, PO6 1NJ

Tel: 02392373433

Date of Inspection: 06 May 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	A N A Treatment Centres Limited
Registered Manager	Mr Richard Johnson
Overview of the service	Fleming House provides a 12 week abstinence treatment programme for people who have drug and/or alcohol addiction. Group and individual therapy sessions are provided. People also take part in domestic duties which they organise themselves. The service is able to accommodate people as part of a detoxification programme supported by community health services. The service can accommodate up to 29 people. At the time of the inspection the service accommodated 24 people.
Type of service	Residential substance misuse treatment and/or rehabilitation service
Regulated activity	Accommodation for persons who require treatment for substance misuse

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and were accompanied by a specialist advisor.

What people told us and what we found

We met with five people who used the service, a relative, staff and managers of the service.

People were wholly positive about their experience. Some people had been through treatment programmes in the past and one person described the care and support at Fleming House as "got to be the best" and another said it was the "first one that has got me clean".

People we met with were at differing stages of their recovery but all felt the therapeutic content of the treatment programme was right for them. People felt respected by staff and appreciated that staff reliably delivered on their agreed treatment and support plan.

We saw that each person had signed a range of agreements either prior to or on admission and staff told us they periodically reviewed these throughout the programme. People were aware of their responsibilities and also of their rights to continue with the programme or not.

Staff appeared motivated and said they felt both valued and supported. They were particularly appreciative of the way the staff team worked together and of the opportunities for supervision and training.

People felt safe and staff demonstrated a good understanding of their responsibilities in relation to safeguarding.

Staff received the training and support appropriate to their role which enabled them to meet needs of the young people using the service.

The quality of the service provided was monitored by an effective quality assurance processes.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Staff explained to us the assessment and admission process for people coming into Fleming House. The programme is explained to people at the assessment stage and they are enabled to make an informed choice whether to enter the programme. Staff explained that on admission people may be unwell, or still under the influence of drugs or alcohol; this is taken into account on admission. This means staff may explain about the programme and the boundaries on two or three occasions before they are sure the person has understood and is able to fully consent.

We saw that each person had signed an admission and a confidentiality agreement and these set out the responsibilities placed on people who were making a commitment to the programme.

Each person was able to explain how long their treatment plan was for and also the requirements placed on them as members of the programme.

We saw that one person had signed a behavioural contract as a result of some breaches to the programme. They told us they understood the reasons for this. They explained how sanctions were designed to support them both within the unit and also with challenges of everyday life outside of Fleming House.

Some people had left the programme before their scheduled date and we saw that efforts had been made by staff to encourage them to remain but ultimately respecting their decision to leave.

The external doors to the unit were unlocked and people were therefore, free to leave if they chose to do so.

When we spoke with members of staff they demonstrated a good understanding about gaining people's consent before providing care and support. They gave examples of how

they ensured people were consenting to care and support and allowing people to time to make their decisions about whether to accept care and support.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People's needs were assessed both prior to and during the treatment programme. Prior to admission either a face to face or telephone assessment was carried out with the person themselves. There was also liaison with others who may be involved in the person's care for example, care managers, family or probation services.

Following admission a more detailed assessment was carried out by the therapy team. These assessments considered the person's personal history as well as their current presentation and the impact drugs and alcohol were having on them. Following this assessment a care plan was developed which included the person's physical, social and psychological needs.

Depending on the person's physical health, a chemical detoxification would be started either within a hospital environment or at the unit.

We saw that care plans were personalised and comprehensive and easy to read. Staff told us they had time to read people's care plans and found them useful when delivering care. Care plans were periodically reviewed by the therapy team and these reviews were also informative and detailed.

The treatment programme was based on the 12 step model which involved 12 workbooks with different aspects of recovery. There was regular input from Narcotics Anonymous, Alcoholics Anonymous and Cocaine Anonymous. During the visit we saw that people were committed to attend groups and these took place as set out on the schedule of activities.

There were restrictions placed on the use of the telephone and television. People told us they understood the reasons for these and appreciated the boundaries imposed as part of the programme. They understood this enabled them to focus on their treatment and recovery. People told us staff were consistent in their approach to maintaining boundaries which they found helpful.

Although the programme was largely prescribed, people felt involved in their care. For example, one person said they had been involved in, and consulted about a care plan that suited them.

Some people felt that more opportunities for physical exercise would be beneficial, especially in the weeks following admission when no leave was permitted. Staff were able to explain that it was important for people to remain focused on their recovery and not be distracted by vigorous exercise.
There were facilities for people with restricted mobility and we saw areas were wheelchair accessible such as ramps had been installed.

People told us staff were always available to talk to, to discuss any concerns or worries. We observed staff interacting with people in a friendly and courteous way. One person described the staff as "very nice, lovely and really super". Another said "staff talk to us like we are human". We noted that people had regular one to one time with staff and the outcomes of these were clearly recorded in the records.

The provider may find it helpful to note however, that entries made in the daily progress records were made as word documents which had the potential to be changed by staff without a clear audit trail that changes had been made. Staff said they were unaware that any records had been changed without the author's permission but acknowledged there was a risk associated with recording information in this way.

As people moved through the treatment programme, they were given added responsibilities to support newer people on the programme as well as engage in activities and some basic housekeeping chores throughout the unit. People were clear about their responsibilities and the reasons for them.

We saw evidence of work people had done during sessions facilitated by the local college who came in to the unit to do group sessions in art and information technology.

There were a range of ongoing support options following the programme at Fleming House. Some people moved on to the next stage of the programme in a different location and others were discharged home with community based support in place. People we spoke with had a clear understanding of the plans for them once they completed the programme.

A relative we spoke with was grateful for the support the person using the service had received. They felt assured the person was well cared for and felt optimistic for their future as a result of the support/preparation they had received for living at home.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs. Meals were cooked on site and a full time chef was employed. The chef was supported at weekends by another cook. One person described the regular chef as "great".

People were provided with a choice of suitable and nutritious food and drink. We saw there was a choice of meals and in addition, people could request salads. People were asked for their meal choice each morning.

Meals were cooked using fresh ingredients and we saw the fridges; freezers and food stores were well stocked with locally sourced produce. Fresh fruit was available throughout the day, as was bread and other basic items for people to make snacks. Other items, such as biscuits, were not provided by the unit.

The chef attended the community meetings where feedback was given on the meals and this enabled the chef to make any necessary changes based on the feedback. People we spoke with were wholly complimentary about the quality of the food with one person saying they had put on weight after a long period of self-neglect and another described the food as "excellent".

Staff we spoke with were aware of the importance of adequate food and fluids for people who had been through a detoxification programme, as food also gave them an alternative to think about. Healthy living and eating were promoted in the service.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People we spoke with felt safe within the unit and we saw that people were able to lock their rooms when they were in them. We were told items could be handed to staff for safe keeping. Staff also felt safe working in the unit.

We saw that male and female accommodation was on different floors. None of the rooms were en-suite and we noted that some of the shower rooms were separated by just a curtain. None of the people using the service expressed any concerns in relation to privacy however.

People felt able to raise any concerns to staff and said they all got on really well with each other and there were very few instances where people were upset or angry with each other.

Staff demonstrated a clear understanding of their responsibilities in relation to safeguarding and spoke with confidence about the action they would take if they suspected a person was at risk. We were told of an incident staff had had concerns about. They had discussed this with the relevant safeguarding team who were satisfied with the actions taken to ensure the person's safety.

We met with the lead for safeguarding at Fleming House who told us further safeguarding training was planned to take place for all staff. The lead was confident staff would discuss any safeguarding concerns they had with them.

We saw there was an up to date safeguarding policy and staff were able to describe the action they would take if they suspected that a person was at risk or was being abused. None of the staff we spoke with had needed to report any concerns to the safeguarding team but said they would if the need arose.

Training records showed that all permanent staff had attended training in safeguarding vulnerable adults and children or had training booked. Staff we spoke to confirmed this. They were able to give examples of the types of issues that might occur and would

constitute abuse. All were aware of the safeguarding protocols and said they would report incidents according to the procedure in the unit.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff told us they felt valued and supported in their work. One person said they "look forward to coming to work" and another said they "never watched the clock" which was an indication of how much they enjoyed their work. The provider may find it helpful to note however, that some staff felt the salaries paid were lower than those paid in other services.

People using the service considered that staff were well trained and well educated in all aspects of the programme. One person said staff were "passionate about what they do".

Staff received appropriate professional development. They told us they were up to date with their training and would receive an email when training was due for renewal. Staff appreciated the opportunities for ongoing training.

We were told that some people who had previously used services were employed within the unit. People using the service appreciated that staff had personal experience of addiction. They felt encouraged being supported by people with such experience and expertise.

There were opportunities for supervision and staff valued both the formal supervision sessions as well as the ad hoc and informal supervision and support that was available. Staff were confident that supervision was an open and mature process where areas of good practice, as well as areas that needed to be challenged or improved upon were discussed in order to improve their professional practice.

Staff we spoke with were motivated and felt supported. One told us caring for young people was their "passion". Another said they "loved" their work. Staff said they appreciated the staff dynamics and that senior colleagues were approachable and were highly visible within the unit. We observed some positive interactions between people who were using the service and managers.

We looked at the staff training records and staff training plans. These detailed the training staff had completed and any training members of staff needed.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We were told there were regular community meetings and feedback from people was considered and acted upon. For example, we were told people had requested additional TV time and as a result, the TV was allowed on for longer in the mornings to enable people to watch the news programmes.

We also saw the complaints record which showed the last complaint was raised in April 2014. The complaint was about misleading information in the brochure. We saw that the investigation had taken place the day after the complaint was received and feedback given to the complainant and their response recorded.

There was a report on the results from the experience feedback forms from people using the service. These forms asked questions about admission, food, therapy and groups, medical services and the service generally. Some comments included 'the groups, staff, and facilities, all in all the whole experience was amazing'. Also, 'would like the option of meetings at weekends'. However the responses did not indicate whether the person had been the 12 step programme or the 10 day detoxification programme. The provider may find it useful to note that it was not clear what action the service had taken in response to the comments.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Regular staff meetings and daily handovers were held to ensure that information was discussed and passed through the staff group.

There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. For example after a person left the service without notice a 'headcount' was implemented three times a day. We saw minutes of the weekly feedback

by senior staff to the manager on areas such as therapy team meetings, admissions and finances. We saw that there was feedback from local authorities on the service.

We saw that a senior management meeting was held in March 2014 from which an action plan for the coming six months was developed. For example medicines management, nutrition, safeguarding and cleanliness and infection control. Actions planned included, nutrition grading on menus, hydration campaign during the summer and updating staff on safeguarding.

This means the staff at Fleming House monitored the service provided and looked to take action to improve.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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