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: 18 June 2013

Date of Publication: July 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✗ Action needed
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✗ Action needed
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 home is able to accommodate people as part of a detoxification programme supported by community health services. The home can accommodate up to 29 people. At the time of the inspection visit there were 22 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 18 June 2013, 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 staff and were accompanied by a pharmacist.

What people told us and what we found

This was a scheduled inspection but we also looked at two outcome areas where we made compliance actions at the previous inspection of 11 February 2013. The provider sent us an action plan outlining how the home would be addressing compliance actions regarding the home's medicines procedures and decorative defects in bathrooms and toilets. The action plan said the compliance actions were completed by 20 March 2013. At this inspection we found the home met the compliance action regarding the environment. The home had made a number of improvements to the medicines procedures but we still found there were aspects of the recording and storage of medicines that needed to be to be addressed.

Each of the people we spoke to said they were satisfied with the service they received. People said the 12 week programme was helpful.

People's needs were assessed before they came into the home. Each person had records of their recovery programme as well as records of counselling sessions and medical needs. People told us they received a copy of their care plan which they had signed to agree to its contents.

We looked at the home's procedures for the recruitment of newly appointed staff and found that suitable checks were not being carried out.

People said they had opportunities to discuss issues about the home and their individual care. We saw the home also obtained the views of people by the use of survey questionnaires.

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

What we have told the provider to do

We have asked the provider to send us a report by 25 July 2013, setting out the action

they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. People told us they were fully aware of the recovery treatment programme the service provided. People said they visited the service before they decided to move in. They said this gave them the chance to find out about the treatment programme and to clarify anything they needed to know. We saw that people had signed agreements to the limitations on their freedoms which were part of the treatment programme. This included agreement to random urine testing for any drug or alcohol use. There were also restrictions on the use of mobile telephones, going out, relationships and receiving mail. People told us they were in full agreement with these restrictions, which they considered essential to their treatment programme. People also said they received an information pack about the service provided by the home.

People who use the service were given appropriate information and support regarding their care or treatment. We saw the home had a Client's Handbook which gave details about the service, its aims and the care and treatment programme. The provider may find it useful to note that one person said they were not given information before they agreed to move into the home about the restrictions of the home's regime. This person said they had requested this information after being admitted to the home but had not yet received it. This was discussed with the home's manager who said the policy was to provide an information pack to each person before they moved in. The manager also told us that information packs were given to referring social services' care managers with the expectation that the information pack would be given to those being referred for possible admission.

People expressed their views and were involved in making decisions about their care and treatment. People told us they were aware records and care plans were maintained about them. People also said they were involved in making agreements with the counselling staff regarding the content of their counselling sessions. People said they discussed their care

plan with staff, that they signed a copy of their care plan and were given a copy of it. We saw copies of individual's care plans which they had signed to acknowledge agreement to its contents.

People were supported in promoting their independence and community involvement. The service's treatment programme involved people agreeing to limitations on their freedoms and independence. Following successful completion of the stages of the programme people were able to access community facilities in a controlled and planned way. This included people attending a satellite community facility where support was given with life skills, budgeting and housing.

Peoples' diversity, values and human rights were respected. People told us they were treated with respect. Staff were said to be helpful. One person described the staff as "fantastic." One person referred to the arrangements for making phone calls as not always being available. There was an allotted time when people could make calls via the office with the support of staff. One person said this did not always work as staff were sometimes busy in the office and were not able to respond to requests to use the phone. Comment was made that some staff were occasionally not as polite and receptive to these requests as the person would have liked.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at the process of assessing people's needs before they were admitted to the home. People told us they visited the home before they made a decision about moving in. This involved having lunch with the people living at the home where they were able to discuss the home's treatment programme.

The home took referrals from a number of sources including probation services, prison services, local authorities and health trusts. People were also able to refer themselves and fund their own treatment programme. We saw there was an assessment of the person before a decision was made about admitting the person. The manager told us the home had contact with referring agencies and we saw the service had obtained relevant information about any criminal convictions. We also saw that the home had obtained written information from referrers, such as an assessment. We noted, however, that for one person there was no assessment by the referrer. A staff member explained that the home requested these but they were not always provided.

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that in each person's records there was a copy of the treatment programme. These included details about the 12 stages of the programme. We also saw the treatment programme's contents were displayed on a notice board in the home. The programme consisted of group and individual therapy sessions. We saw individual records were kept of the counselling sessions people had. The manager told us the home's counselling staff were trained to a least diploma level in counselling and were supported to maintain and develop these skills. People told us they found the group sessions and counselling helpful. People told us the counselling and group sessions had been useful in helping them confront and deal with emotional and behaviour needs.

We saw copies of individual's care plans which included details of the person's goals and their specific needs. Records were seen of daily support provided to people which was in addition to the group work and individual counselling sessions. These showed people were supported with emotional and practical needs. A life history was recorded for each person.

A GP visited the home on a weekly basis to carry out health checks and to support people

with detoxification programmes. We saw records called a 'detoxification checklist' before people started a detoxification programme. This included details such as a dependency score along with the home's own medical checks such as blood pressure

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We saw that care records included risk assessments which identified areas of risk for individual people along with guidelines for minimising these risks.

Management of medicines ✖ Action needed

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for safe administration and disposal of some medicines. Some records were not true and accurate around medicine control.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at this outcome to follow up the compliance action made in the last inspection report regarding the home's medicines procedures. The provider sent us an action plan to say the service was compliant by 20 March 2013.

The Pharmacists looked at the handling of medicines in the home. There were processes in place to ensure patient medication did not run out either through sufficient being brought by the patient on admission or through a weekly ordering process. There were no written procedures on how the weekly ordering process should be undertaken. This meant different staff could undertake the process differently leading to medication not being ordered.

We reviewed the recording of the administration of medicines. The pharmacy provided printed medicines administration record sheets for staff to complete when they gave people their medicines. We saw that administration records had been completed. Some additional medicines had been handwritten. Care staff signed and dated records they made and they were checked by a second person. This helped to reduce the risk of mistakes being made. These records also indicated a number of patients were self administering some medicines (typically creams, ointments and inhalers). Other than these records we could find no evidence of documented assessments for self administration or secure storage within the patient rooms

The medicines administration records included "home remedies". We were shown the documentation completed by the visiting GP after the patients arrived at the unit, where the GP authorised that these may be given. We also noted that where a "home remedy" was also prescribed the medication had been crossed off the "home remedy" list. Where patients were prescribed medication with a variable dose (ie One or Two to be taken) the medicines administration record clearly showed the actual number administered.

We undertook a balance check between the Controlled Drugs (CD) Register and the actual quantities in the Controlled Drugs Cupboard. This identified three discrepancies (two of excess medicines and one of a short fall between the register and the cupboard content). A discussion with staff on duty resolved one of the excess discrepancies. We also noted that when the Controlled Drugs were either returned to the patient or to the issuing pharmacy the balance was not recorded as "zero". We also estimated that three quarters of the cupboard content were for patients that had left the unit up to five months previous and were awaiting destruction. The medication awaiting destruction had been segregated from the medication currently being administered. The day before our visit, one person had been admitted into the service with a supply of controlled drugs. We saw these controlled drugs were locked in the CD cupboard but had not been entered into the CD register.

We saw records of all other medicines received and returned. This meant an audit was possible if needed and all medicines could be accounted for. Where more than one month's medication was held the additional stock was kept separate in a secure manner.

Whilst the Controlled Drugs and regular prescribed medication were within locked cupboard the "home remedies" cupboard was not lockable and the lock on the door to the treatment room was inadequate, and not in accordance with guidance for safe storage of medicines.

There was good support from the medical team. We were informed that the GP visits on a weekly basis and there was a system which listed people who needed to see the doctor. We were informed that when people refused their medicines consistently the doctor and the counsellor would be informed however this was not recorded.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We looked at this outcome to follow up the compliance action made in the last inspection report regarding decorative defects in bathrooms and toilets. The provider sent us an action plan to say the service was compliant by 20 March 2013. We found at this inspection that the decorative defects have been fully rectified. Bathrooms and toilets were found to be clean and decoration in good order.

We looked at a number of bedrooms and the home's communal areas. These were clean and in good decorative order. We spoke to one person who told us they liked their room and kept the room clean and tidy. Part of the home's regime was that people were supported and had responsibility for maintaining cleanliness in the home.

We saw records that the home's staff carried out weekly checks on the home's environment. This included details about how the home made any repairs or improvements.

Requirements relating to workers ✖ Action needed

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

The provider did not have an effective recruitment procedure to ensure staff were of good character and had the necessary skills and experience.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Appropriate checks were not undertaken before staff began work.

We looked at the recruitment procedures for three recently appointed staff. There was an employment history for each person and the staff had submitted a curriculum vitae (CV).

For one staff member there were no references available and the provider could not confirm if references had been requested. The staff member had not given any referees on their CV and there was no application form for the person. For a second staff member there was one reference. The provider showed us an email request for the second reference but the reference was not available or had not been provided. For the third staff member there were two written references.

We noted that each of the three staff started work prior to the criminal records bureau (CRB) and independent safeguarding authority (ISA) checks being obtained. One staff member had started work seven weeks prior to the ISA check being obtained by the provider.

We saw for each staff member there was a record of an interview to assess the person's suitability for the job as well as a record of an induction to prepare them for the job. The induction procedure used the nationally recognised Common Induction Standards. Each of the three staff had signed an agreement to the home's Code of Practice which covered confidentiality, relationships with clients and supervision.

The manager told us how the home had used its disciplinary procedures regarding the suitability of staff to work with vulnerable people.

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.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw the home provided people with a survey questionnaire so they could give their views on the service they received. We saw copies of surveys completed by people. The manager told us these were analysed for any trends and then discussed at the home's management meetings. The manager also told us the home had a suggestion box so that people could make anonymous comments about the service provided.

Weekly 'community groups' were held in the home where staff and people discussed issues about the home. The manager told us these meetings aimed to resolve any issues people may have about the home. People told us they were able to raise any matters about the home at the community groups. One person described how people had raised issues about the food and the environment and that these were recorded by staff and then acted on. Another person described how people's views at the 'community groups' were incorporated so that changes were made on how people used communal areas of the home. People also said they felt able to raise any concerns they had with their counsellor.

The provider took account of complaints and comments to improve the service. We saw records of management team reviews where decisions were made to introduce changes to the way the home operated based on feedback form people and as a result of monitoring of the home's performance.

The manager described how the home had introduced a system of checks and monitoring of the medicines procedures. These included a revision of the home's written policy on the handling and recording of medicines. The home had also introduced a medicines audit by an external source as well as a system of audits and checks. The manager told us how these audits of medication were discussed at the home's management meetings. We saw records of these audits. Staff were also given additional support and training for the medicines procedures.

We saw records of the home's monitoring of the standard of the environment and safety in the home. These included a record of action taken to rectify any faults or defects.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The manager described how the home monitored staff performance and that where necessary had investigated specific issues and taken action. We saw a record was kept of any complaints along with a record of how the home had dealt with the complaint.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the obtaining and safe administration of some medicines. Regulation 13.
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	**Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010** **Requirements relating to workers**
	How the regulation was not being met: The provider did not have an effective recruitment procedure to ensure staff were of good character and had the necessary skills and experience.Regulation 21.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 25 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

This section is primarily information for the provider

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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