

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

## Napier Road

30 Napier Road, Luton, Bedfordshire, LU1 1RF

Date of Inspection: 11 December 2013

Date of Publication:  
December 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Safety, availability and suitability of equipment</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	PCP Luton
Registered Manager	Mr. James Peacock
Overview of the service	Napier Road is registered with the Care Quality Commission to provide accommodation for people who require treatment for substance abuse.
Type of service	Community based services for people who misuse substances
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 December 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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During this inspection of Napier Road on 11 December 2013, we spoke with people who used the service about their experiences of the support and treatment they received. They confirmed that they were given sufficient information to make informed choices about their treatment options, and were fully involved in setting personal goals throughout their treatment. The records we looked at confirmed this.

People who used the service said that staff were respectful and treated them with dignity. We found the accommodation was clean and comfortable and provided people with the facility for quiet time to reflect on work which was required as part of their treatment plan. There was a maintenance programme in place to ensure the premises and any equipment available to people who used the service, was safe and suitable for use. One person using the service told us, "It's the best thing ever, a brilliant programme."

The provider had a complaints policy that was made available to everyone who used the service, and we noted that the provider responded appropriately to complaints and concerns that were raised with them.

Records were well maintained and stored securely, both electronically and as paper documents.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People who used this service understood the care and treatment choices that were available to them, and had been given all the information they required to make informed decisions about their treatment programme. They were familiar with the provider's website which they said was helpful, however the provider might find it useful to note that some people who used the service thought that more detail was needed, particularly relating to the accommodation provided.

People also had access to the provider's 'Guide for Clients and Keyworkers' document. This formed part of a welcome pack that was given to people when they were admitted to the treatment programme.

People told us that although the staff were sometimes 'challenging' towards them, this was done respectfully. They went on to explain that this approach by staff was essential, particularly in the early stages of the treatment programme.

Everyone we spoke with had a clear understanding of their treatment programme, and had consented to the restrictions it involved. They were happy that staff treated them in a dignified way, and told us that the philosophy of the programme involved a peer support system which meant they had very little privacy. They reinforced the importance of this element of the programme to successfully treat their addictions. One person said, "It's a really caring place, they really want you to get better."

## Safety and suitability of premises

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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This location provided a clean, comfortable and secure environment for people who were undergoing the provider's treatment programme for drug and alcohol misuse.

The accommodation had three single occupancy rooms and one shared room, with privacy screens available when in use. There was a communal lounge which provided space for people to relax and socialise. Other facilities included a bathroom, two toilets and a kitchen diner, all of which were shared.

People using this service were very satisfied with the accommodation, which had just been redecorated and had new carpets and flooring laid throughout. The only area of concern raised with us was the lack of lockable cupboards where people could keep any valuables if they wished to do so. The provider was considering options to resolve this problem.

There was a 'house manager' employed, and they carried out twice weekly visits to check the cleanliness and everyday maintenance of Napier Road. The provider also had an on-going programme for the maintenance and refurbishment of all their premises, and we observed the final touches being applied to this location. There were smoke detectors and a full alarm system in place, however recent recommendations by the local fire service to add safety door closures was not yet completed. The provider assured us this was work in progress, however obtaining agreement from the landlord was taking some time.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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There was enough equipment to promote the safety, independence and comfort of people who used the service.

We found Napier Road had sufficient equipment to enable the people who lived there to be independent with regards to basic daily living. There were laundry and cooking facilities on site, and although we did not see them working, people who used the service confirmed that they did. There was a variety of electrical appliances available for people to use, and we were shown records which confirmed portable appliance testing (PAT) had been recently carried out to ensure it was safe to use.

Firefighting equipment and first aid boxes were in place in this premises, and had been checked regularly to ensure they were appropriately maintained. Clear signs were displayed to show people where the first aid boxes were located in case of emergencies.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available, and comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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We found the provider had a complaints policy in place, which had been recently reviewed. This clearly outlined the process for raising any concerns with the provider and the expected timescales for complaints to be managed and responded to.

We found that people who used the service were made aware of the complaints system. A summary of the complaints policy was given to people in a welcome pack when they commenced the treatment programme. A feedback / complaints form was also included in this pack. People that we spoke with during our inspection, confirmed they knew how to make a complaint, and were familiar with the form they needed to complete.

We asked the registered manager to show us a summary of all the complaints they had received since our last inspection. They produced three complaint forms that they had received recently, and other documentation which demonstrated how the concerns raised had been managed. We noted that in each case, the complainant had been advised of the outcome. We could see that although the logging system was disorganised, people's complaints had been investigated and resolved, where possible, to their satisfaction. We noted two of the complaints had related to the condition of the accommodation, and we could see that the concerns raised had been addressed and resolved.

## Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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We noted that records were kept securely and could be located promptly when needed.

People's personal records including medical records were accurate and fit for purpose. We looked at the care records for one person who was using this service and found they had been appropriately completed, to ensure support and treatment was delivered safely and consistently. Records were updated regularly, and accurately reflected any treatment interventions that were planned or had taken place.

We also saw records relating to staff, and the health and safety monitoring systems for the accommodation provided to people who used this service. These had been accurately completed and demonstrated that appropriate records were maintained.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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