

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

Inspire Nelson

Inspire House, Rigby Street, Nelson, BB9 7AA

Tel: 01282644100

Date of Inspection: 26 November 2013

Date of Publication:
December 2013

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
Staffing	✓ Met this standard
Complaints	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	CRI (Crime Reduction Initiatives)
Registered Manager	Miss Nichola Joanne Armitage
Overview of the service	Inspire Nelson is located in Nelson Lancashire. This is a substance misuse service offering open access to assessment and treatment for people experiencing problems with drugs and or alcohol, promoting recovery from addiction and dependence.
Type of service	Community based services for people who misuse substances
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Staffing	8
Complaints	9
Records	10
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 26 November 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with two staff members both were able to discuss appropriate procedures were in place to ensure consent was obtained from people who used the service. One recovery worker told us, "I always explain consent to them (people who used the service)". Another said, "There is consent to share information form for service users to sign".

We looked around the service and in all public's areas. We saw details for people who use the service on how to access support sessions for example; chance to change, kickstart and welcome groups. There were copies of information leaflets for people who used the service to access for example; health education advice, alcohol and exercise.

We spoke with two staff members a recovery worker and a recovery champion. Both confirmed they received regular supervision and topics such as; previous goals, case files, team values and any safeguarding concerns were discussed.

We spoke with two staff members who were able to discuss appropriate actions to deal with complaints. We were told, "I have had no complaints, if I did I would inform my senior and encourage service user to put complaint in comments box".

We looked at the care records for four people who used the service. We saw evidence of completed personal details, medical and health care details were seen. All documentation was clear and followed a chronological pattern and was person centred.

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.

People who used the service were able to give valid consent for the care and support they received.

Reasons for our judgement

We looked at the care files of three people who used the service. We saw decisions on care and treatment had been signed and dated by recovery workers and people who used the service. There was evidence of consent that had been obtained from people who used the service for example; confidentiality review statement, consent for sharing information, contacting the Driver Vehicle Licensing Agency (DVLA) and safe storage of medications.

We spoke with two staff members both were able to discuss appropriate procedures were in place to ensure consent was obtained from people who used the service. One recovery worker told us, "I always explain consent to them (people who used the service)". Another said, "There is consent to share information form for service users to sign".

Staff told us what they would do if people who used the service refused their consent. One person said, "There is not a lot I can do if they refused (consent). I would document it, it is about engagement and getting them (people who used the service) to come back. This meant that people who used the service received care that had been discussed and agreed with them.

We spoke with four people who used the service. One person told us, "I have agreed to my care and signed my care file".

There was an in house policy on confidentiality which included consent for staff to follow. Staff told us they had access to this on the intranet.

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

Our judgement

The provider was meeting this standard.

People who used the service were assessed and care and support was planned and delivered in line with their individual care records.

Reasons for our judgement

We spoke with two recovery workers and asked them about care and care files and their relevance to service user's safe and effective care. One person told us, "I always involve the service user in their care file. I constantly review their files". Another told us they handed the records over to the recovery workers when I have done the initial assessment".

We looked at the care files and documentation held on the computer for three people who used the service.

We saw evidence of up to date care planning and risk assessments such as, drugs and alcohol, physical and mental health. Detailed care planning highlighted the needs and support that was required for people who used the service.

We spoke with four people who used the service about the care they received. Some comments included were, "I talk about my care and where I am going, the staff are absolutely brilliant I am made to feel really comfortable" and, "They are brilliant I couldn't fault them, they have helped me. I wouldn't be here if it wasn't for that service, this is probably the case for most people".

We saw thank you cards in a file with positive feedback seen. An example of this was, 'Had it not been for the support team from inspire I am convinced I would of ended my own life. I now look forward to the future with enthusiasm and positivity'.

We looked around the service and in all public's areas. We saw details for people who use the service on how to access support sessions for example; chance to change, kickstart and welcome groups. There were copies of information leaflets for people who used the service to access for example; health education advice, alcohol and exercise.

We saw there were clinics rooms available to enable people who used the service to have private sessions with recovery workers, the nurse, counsellors or the doctor.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

People who used the service were having their health and care needs met by an experienced and upto date team of staff.

Reasons for our judgement

We looked the staff files for three recovery workers. We saw there were systems in place recording regular supervision. We saw that these had taken place recently and been signed and dated by staff. We saw evidence in one of the files documentation relating to support for staff highlighting training needs with evidence of reviews seen.

We spoke with two staff members a recovery worker and a recovery champion. Both confirmed they received regular supervision and topics such as; previous goals, case files, team values and any safeguarding concerns were discussed.

There was an in house policy on supervision available on the intranet for all staff to follow.

We saw evidence in the staff training files we looked at of up to date training that was relevant to their role. The staff we spoke with confirmed they were up to date with training. This meant people who used the service were supported by staff that had up to date and relevant skills to meet people who used the service's needs.

There was an in house policy on discipline and recruitment and selection for recovery workers to follow on the intranet. All staff had access to these on the computer.

We asked staff about staffing numbers for the service. We were told, "There are good team dynamics, very supportive. There is a lot of sickness and people leaving". The staff member confirmed there was enough staff and felt supported.

A senior member of the team told us there had been some staff shortages and they were in the process of recruiting. Agency staff were being used at present to cover shortages. We were told staff were being booked over a two week period to maintain consistency.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system in place. Comments and complaints were dealt with effectively and in a timely manner.

Reasons for our judgement

We looked around the service and saw there was a copy of the complaints procedure on display in reception. We saw copies of complaints forms and there was a comments box for people who used the service and visitors. We saw there was an in house policy for complaints on the computer for staff to follow.

We were shown the complaints and compliments file. We saw that there were systems in place to document any complaints. We saw evidence of appropriate actions that had been taken in dealing with complaints including minutes from meetings and actions taken.

There were thank you cards from several people who used the service. Some comments seen were, 'No complaints just a big thank you to X for taking us to LUF, top day and it put me in a good frame of mind for the start of the weekend', 'I feel like I have got my life back. I am happy with life now thanks to inspire' and, 'I would like to thank you for all your help and getting me back on track'.

We spoke with two staff members who were able to discuss appropriate actions to deal with complaints. We were told, 'I have had no complaints, if I did I would inform my senior and encourage service user to put complaint in comments box'.

We spoke with four people who used the service. They told us, "I have no complaints, for me the whole experience and support keep you going. The service was second to none", "I have no complaints at all if I did I would speak to my recovery worker", and, "I have no complains about any of them all have been exceptional. I have seen the complaints procedure on the wall".

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

Our judgement

The provider was meeting this standard.

People's needs were being met because systems were in place to ensure people who used the service were protected against risks as their personal records were accurate and fit for purpose.

Reasons for our judgement

We looked at the care records for four people who used the service. We saw evidence of completed personal details, medical and health care details were seen. All documentation was clear and followed a chronological pattern and was person centred.

We saw evidence in all the care files we looked at that people who used the service had signed their care files and agreed to their care. Two of the care files we looked at had up to date documentation in relation to their care planning. We noted in the third care file the last review was several months ago. We asked the senior member of staff on duty who advised of valid reasons for this being out of date.

We looked at one person's who used the service's care file. We noted there were two care files and could not establish clearly which record recovery workers were using. In one of the care files we saw several pieces of documentation relating to another person who used the service. We brought this to the attention of the deputy manager. An investigation was commenced immediately and the documents were removed from the care file. The provider may wish to note the importance of, accurate record keeping to protect people who use the service.

There were copies of comprehensive daily diary records, this included date, times and activity undertaken for example, telephone contacts, reviews or one to one sessions. Some of these were held in care files for people who used the service; however some documentation were kept on the computer system. The deputy manager told us they had recently held a meeting to discuss daily diary records. We were told in future all diary entries will be maintained in the computer records only this was to maintain consistency in all care records.

There was an in house policy on record keeping for staff to follow on the computer.

We spoke with two staff members. One told us, "I always review my care files. I make sure my notes are up to date; there is on-going reviewing. I always refer to them as you can see where you were last time, the information is at hand".

We spoke with four people who used the service. All were able to confirm they had gone through their care files and had been involved in decisions regarding their care. One person told us, "I have gone through my care file and I discuss my care needs". Another said, "I have gone through my care file and I agree with it".

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@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
