

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

Passmores House

Third Avenue, Harlow, CM18 6YL

Tel: 01279634200

Date of Inspection: 01 July 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Management of medicines	✗	Action needed
Safety and suitability of premises	✓	Met this standard
Staffing	✓	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	Vale House Stabilisation Services
Registered Managers	Mr Tom Wai Tak Shyu Mr Phillip Baron
Overview of the service	Passmores House is registered to provide accommodation for persons who require treatment for substance misuse.
Type of services	Care home service with nursing Residential substance misuse treatment and/or rehabilitation service
Regulated activities	Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Passmores House had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Cleanliness and infection control
- Management of medicines
- Safety and suitability of premises
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision

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 1 July 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We spoke with eight people who used the service. We also spoke with the area operational manager, interim service manager, nurse manager and two members of staff. We looked at four people's care records, staff rota's, therapy timetables, policies and procedures, audits and medication records.

We considered our inspection findings to answer questions we always ask; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led?

This is a summary of what we found;

Is the service safe?

When we arrived at the service we were greeted by a member of staff and introduced to the interim service manager.

The security and leave arrangements in place form part of the contract for people who use the service

One person told us they felt safe at the service and that they had spoken when they felt unwell and the staff had supported and reassured them. Another person said. "I feel safe here, a beautiful place, enjoy the garden and the staff have helped me understand my problems."

We reviewed staffing records regarding the Mental Capacity Act (MCA) 2005 in relation to

Deprivation of Liberty Safeguards (DoL'S) and saw this training was up to date. The CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. The interim service manager in day to day management of the service was able to demonstrate a knowledge and understanding of the MCA and DoL'S. There were no DoL'S in place.

Is the service effective?

People's care records showed that care and treatment was planned and delivered in a way that was intended to support people's recovery and welfare. The service had a range of therapies available including complimentary therapies. The service also provided counselling and relapse prevention, of which all people we spoke with had found helpful. The care plans were indexed for ease of reading and finding information. People who used the service worked with the cook and catering staff to devise menu plans. There was water and fresh fruit available at all times People could engage with training to achieve the basic food hygiene certificate, this boosted confidence and was an award the person could leave the service with. One person showed us the garden where they were growing vegetables. There were arrangements in place for the staff to work with other organisations to support people to follow their life-style choices and provide care.

Is the service caring?

We saw that the staff interacted with people who used the service in a caring, respectful and professional manner. One person said. "The staff are lovely because they always listen."

Is the service responsive?

The service had a structured programme for all people who used the service. The service responded to people individually having listened to their concerns and taken account of assessments and progress, through an individualised therapy programme. This was discussed with the placement care manager and person who used the service to identify the length of stay at the service and plan achievable outcomes. Another person told us. "There are too many bank or agency staff, so I do not want to talk with them much as they do not know me."

Two people told us that they knew how to make a complaint if they were unhappy.
Is the service well-led?

The service employed a multi-disciplinary team of staff to provide therapy and support to people's assessed needs. The service had identified its reliance upon bank staff and had recruited three new members of staff in the previous month.

The service had addressed the issues of non-compliance of our previous inspection with a detailed action plan which had been implemented. At this inspection we did find a new matter of non-compliance. The service took immediate steps at the time to resolve the issue.

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

What we have told the provider to do

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

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

At our inspection on 29 October 2013 we could not clearly see from the care plans how the service planned to meet people's individual needs regarding the accurate recording of risk assessments. At our inspection on 01 July 2014 we saw that a great deal of work had been done since our last inspection.

An action plan had been written and at this inspection we found that it had been implemented. This included staff having received risk assessment training. Within the four care plans we saw that risk assessments had been appropriately assessed, accurately recorded including the dates being recorded. This had been of particular concern at our inspection of 29 October 2013.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Information about the person's condition was provided, with the person's agreement, by their respective care manager and the service accepted people from across the country. Once this initial information was gathered, people were sent and asked to complete a signed consent form for the provider to contact their GP for their medical history. On the day of admission an assessment and health check was completed by a doctor. This meant that people's needs were assessed, staff knew how to meet their needs and knew what people were expecting from their treatment programme.

We looked at the care and treatment records of four people who used the service. This looked at people's substance misuse, life histories, relationships and medical requirements. There was a comprehensive timetable detailing the support activities that took place throughout the week. This included complimentary therapies and support groups.

A person who used the service was appointed as 'senior resident' on a rotational basis. This person had a meeting with the manager once per week to discuss any issues and support the smooth running of the service. We found that people who used the service

were randomly tested for drugs and alcohol to ensure their safety and welfare. One person said. "There is no problem, the staff are sensitive and it clear from the outset this will happen."

We saw that people were provided with a welcome pack which included all the information they would need during their stay. Staff told us, that people who used the service were allocated a key worker, shown round the service and had the first weeks programme explained to them. In the first week the person were supported, when appropriate, with medication to support withdrawal from the effects of substances misused. People signed their consent form before treatment commenced to confirm they understood and agreed with the treatment programme. This meant people were told about the programme and agreed to any restrictions placed on them.

We saw that people's needs were regularly discussed and records updated. Each person's programme was clearly structured and everyone was expected to participate in group work. The programme included, usually, four therapy sessions per weekday, times for reflection, agreed meal times and times when prescribed medication would be administered. We saw that people were supported and met regularly with their keyworker. During this time the keyworker reviewed with the person what they hoped to achieve from the programme and looked at individual goals and achievements. Family members were welcome to visit on a Sunday after the initial detoxification period. This meant people had structured programmes which addressed people's emotional, behavioural and physical needs.

We saw that following discharge the service provided a follow up support group which unfortunately was not accessible for everyone because of the distances some people had travelled. We were told that telephone support was provided to people following discharge.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

At our inspection on 29 October 2013, we found there effective systems were not in place to reduce the risk and spread of infection and not all staff had received training in infection control. At our inspection on 01 July 2014, we saw that the service had implemented an action plan to take account of these issues. All staff had been trained and there was an on-going training programme to keep staff updated with the necessary skills. The service had put an effective system into place to reduce the risk and spread of infection.

The service had devised a new cleaning time table which had been implemented in November 2013 and staff, including the house-keeper had been involved. The new timetable included the areas to which we had previously had concerns about. We saw that these areas were clean and a new carpet had been laid in some areas.

There was now a daily check list in place for lavatory checks and this was signed once the designated person had cleaned the lavatory. We also noted that another person carried out, from time to time, spot checks to confirm this work had been done and an accurate record had been made.

The service had included Infection control lead as part of the nurse manager responsibilities. We also saw that the kitchen cleaning schedule included daily, monthly and quarterly scheduled cleaning. This meant there were effective systems in place to reduce the risk and spread of infection.

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 to manage medicines.

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

At our inspection on 29 October 2013, medicines were not being stored safely to protect people who used the service. Non-clinical staff were able to access prescribed medicines, as not all medicines were locked away and some medicines for first aid treatment were out of date. The service was not following its own policy on the safe handling of medicines that required, "Maximum, minimum and actual temperatures" should be recorded and, "The thermometer must be re-set after each reading is made". There was also no record made of the receipt of medicines.

At our inspection on 01 July 2014, we found the service had considered the issues stated above, discussed at a staff meeting of November 2014 and written an action plan to resolve the issues. We checked that the new arrangements were in place and were working effectively to take account of the non-compliance of the last inspection. This meant we inspected the Controlled Drugs and discovered that there were five tablets of Subutex 2mgs. The records stated in the Controlled Drugs book that there should have been seven. The record could not account for how the two tablets were missing.

We also noted that two different blister packs of Buprenorphine 2mgs were stored in the same packet, the expiry dates were the same but they were from different trade manufactures. There was also one tablet outside of the blister pack on its own and this tablet could not be verified as being from the packet. This meant that appropriate arrangements were not in place in relation to the recording of medicine.

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

At our inspection on 29 October 2013, we noted there was a leaking radiator on the first floor of the service outside people's bedrooms. There was a towel underneath the radiator to soak up the liquid. In the accident book, we saw that a person had slipped on the leaking fluid three months before our inspection, yet this issue had not been resolved. At our inspection on 01 July 2014, we saw that this radiator had been repaired.

The service had introduced a half yearly review of the furniture within the service. We also noted that health and safety quarterly checks had been arranged and carried out by the maintenance officer. People who used the service were asked for their views of the service during meetings. People we spoke with felt confident that they could raise maintenance issues with the staff if so required and they would be acted upon. It was the view of the staff working at the service that they would be supported by the maintenance team and a budget had been agreed for the carrying out of maintenance. This meant that the provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

Staffing

✓ Met this standard

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.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We reviewed the current duty rota and noted that there was sufficient staff on duty to meet the care and treatment needs of the people who used this service. We noted that three new staff had been appointed and arrangements were in place for them to commence their induction training.

We saw that sufficient staff were available within each of the two areas of the service to provide individual support as required. One person told us, "I have experienced problems sleeping while also having dreams, the staff have been kind and understanding." The interim manager confirmed the arrangements in place to cover any short term staff absences. The service did use agency staff including qualified nurses sometimes on night duty.

The provider may find it useful to note some people who used the service were not aware that agency staff, unknown to them, were working at night and found this upsetting, if they required assistance during the night shift. The agency staff had not been introduced to people who used the service and people had not been informed of these arrangements.

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

We spoke with two members of staff who told us that they were up-to-date with their mandatory training and had received supervision. All the staff members reported that they felt well supported by the interim manager.

We looked at the provider's training programme and calendar and these showed us that staff had received comprehensive induction training for their role. We saw that further training was planned as was supervision and annual appraisals.

A member of staff outlined examples of the care provided and showed a good understanding of the different needs of people who were supported by the service. They spoke to us about the assessment process and clarification given to people prior to them coming to the service for treatment. They also explained the treatments provided and follow-up support care after discharge. They explained to us the various components of their training to support people who used the service through these stages. The key being to work as part of a team with good support networks from colleagues.

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

Evidence was seen that demonstrated to us that on-going monitoring and assessment of the quality of the services took place. There were staff meetings and meetings when people who used the service could express their views. We saw a number of audits had been completed, which included individual therapy time tables, and care records. We saw that concerns expressed by staff regarding people's physical condition had been reported appropriately to senior members of the team.

Staff told us how they supported the people living in this service and how they monitored the treatments provided and this was supported by the care records seen. These included daily evaluations of the care and support provided and identified the actions taken when concerns were identified by staff. We also saw reports of progress to care managers responsible for funding places for people at the service.

Policies, processes and records seen showed that, incidents and accidents were reported and action taken as required. This enabled the provider to monitor trends and identify any specific areas of concern. We noted that the operational manager visited the service regularly. We saw that the fire alarm was tested weekly.

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 activities	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Diagnostic and screening procedures	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 management, administration and recording of medicines. Regulation 13.
Treatment of disease, disorder or injury	

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

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.

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.

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