# South Regional Office

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- The service was not informing Care Quality Commission, without delay, of client deaths in relation to the required statutory notifications. This was in breach of a regulation. Further information is detailed at the end of this report.
- We found that client risk assessments and management plans were not always updated in the risk assessment documentation. Staff recorded detailed discussions of risk in other sections of the client files.
- We found some client's care planning documentation had not been recently reviewed or updated. Recording of detailed care planning was not contained within the services formal care planning documentation.

However, we found the following areas of good practice:

- Medicines management was robust and efficient across the whole service.
- The service received a requirement notice under regulation 12 safe care and treatment at the last inspection in relation to disclosure and barring service checks. On this inspection, all staff and volunteers had disclosure and barring service checks in place or pending. The service had good procedures and policies in place regarding these checks.
- The service received a requirement notice under regulation 15 premises and equipment at the last inspection in relation to a missing hand basin in the Doctors clinic room in Chichester. On this inspection, a hand basin had been installed in the doctor's clinic room in Chichester to improve infection control procedures.
- The service had governance structures in place to highlight and address quality issues pertaining to client risk.

# Summary of findings

## Contents

# South Regional Office

**Services we looked at;**
Substance misuse/detoxification

# Summary of this inspection

## Background to South Regional Office

Change, Grow, Live (CGL) is a substance misuse service providing community substance misuse treatment and care from 15 services across the southern region of England. For this inspection we inspected seven of the services: Gloucester, Maidstone, Swindon, Hastings, Eastbourne, Chichester and Worthing. CGL (formerly known as CRI and renamed CGL in April 2016) was registered with the Care Quality Commission (CQC) in 2010 for the treatment of disease, disorder or injury and for diagnostic and screening procedures.

The services we inspected offered a range of groups, one to one key working sessions, alcohol detoxification and substitute prescribing for opiate detoxification. The registered managers are Michaela Richards and Charity Easton. The seven CGL services we inspected were commissioned by Swindon, Kent, West Sussex (Worthing and Chichester) and East Sussex (Eastbourne and Hastings) and Gloucestershire (Gloucester) local authorities.

The services provide specialist community support for adults affected by drug and alcohol misuse. The West Sussex service also provides a service for young people. CGL also offers support and information to friends and family members affected by someone's drug and alcohol use.

At the time of our inspection, the seven services were providing care and treatment to 5396 clients, both male and female.

When the CQC inspected the service in November 2016, we found that the service had breached regulations. We issued the service with four requirement notices. A requirement notice is issued by CQC when an inspection identifies that the provider is not meeting essential standards of quality and safety. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
- Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment
- Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
- Regulation 17 HSCA (RA) Regulations 2014 Good governance

These requirement notices have now been met following this inspection.

CQC do not currently rate substance misuse services.

## Our inspection team

The team that inspected the service comprised CQC inspector Charles Young (inspection lead), three other CQC inspectors, and a specialist advisor who was a nurse with experience of working in substance misuse services.

## Why we carried out this inspection

We undertook this inspection to find out whether South Regional Office had made improvements to their community based substance misuse services since our

# Summary of this inspection

last comprehensive inspection of the service in November 2016. Additionally, we were responding to recent information received by the CQC regarding the service.

## How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

For this inspection, we were looking specifically at the safe and effective domain.

Before the inspection visit, we reviewed information that we held about the location and requested data post inspection from the service.

During the inspection visit, the inspection team:

- visited seven sites out of 15 registered by the service
- spoke with four service managers
- spoke with 18 other staff members including nurses, consultants, quality leads and recovery workers
- spoke with one volunteer
- looked at 45 recovery plans
- reviewed 45 risk assessments
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We did not speak with any service users on this inspection. However, at the last inspection in November 2016 we did not receive any concerns from clients or their carers relating to their care and treatment. Since that inspection, we have not received any information that would cause us to re-inspect this aspect of our inspection.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas that the service provider needs to improve:

- The service was not informing the CQC of client deaths in relation to the required statutory notifications. This was a breach of a regulation. You can read more about it at the end of this report
- We found that client risk assessments and management plans were not always updated in the risk assessment documentation. Staff recorded detailed discussions of risk in other sections of the client files.

However, we found the following areas of good practice:

- Medicines management was robust and efficient for the whole service.
- Mandatory training compliance among staff had improved since the last inspection and plans were in place to reach 100% compliance.
- A hand basin had been installed in the doctors' clinic room in Chichester to improve infection control procedures.
- The service had governance structures in place to highlight and address quality issues pertaining to client risk.
- The service was actively managing and engaging in processes to handle the high number of clients on staff caseloads.

### Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All staff and volunteers had disclosure and barring service checks in place or pending. The service had good procedures and policies in place regarding these checks.

We found the following issues that the service provider needs to improve:

- We found care plan documentation that had not been recently reviewed or updated. Recording of detailed care planning was not contained within the services formal care planning documentation.

# Summary of this inspection

## Are services caring?

We do not currently rate standalone substance misuse services.

At the last inspection in November 2016 we did not find any concerns relating to the caring domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

## Are services responsive?

We do not currently rate standalone substance misuse services.

At the last inspection in November 2016 we did not find any concerns relating to the responsive domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

## Are services well-led?

We do not currently rate standalone substance misuse services.

At the last inspection in November 2016 we did not find any concerns relating to the well-led domain. Since that inspection, we have received no information that would cause us to re-inspect this key question.

# Detailed findings from this inspection

# Substance misuse/detoxification

| | |
|---|---|
| Safe | |
| Effective | |
| Caring | |
| Responsive | |
| Well-led | |

## Are substance misuse/detoxification services safe?

**Safe and clean environment**

- During the last inspection we found that the doctor's clinic room in the Chichester service did not have a hand basin. This meant that the risk of cross-infection when moving from room to room was increased.
- The service addressed this issue by installing a hand basin in the Chichester doctor's clinic room on 11 January 2017, and this was confirmed at this inspection. Additional monthly clinical audits were in place to ensure maintenance of all clinical equipment and facilities at all sites.

**Safe staffing**

- Staff mandatory training levels across the service had improved since the last inspection. Not all staff were at the service target of 100% compliance, however we saw evidence that all staff requiring training were booked onto local upcoming training sessions. The Maidstone and Worthing teams had a 100% compliance rate for all staff. Mandatory training covered training areas such as safeguarding adults, safeguarding children and Mental Capacity Act.
- All locations had at least one nurse and one doctor as part of the multidisciplinary team. All locations had adequate nursing cover at all times and all new nurses received appropriate induction and supervision during their probationary periods. Allocated lead nurses were assigned over multiple locations in specific regions to provide an overall lead and support to all nurses. Nurses did not hold caseloads at any site.
- Caseload numbers varied for care coordinators between 30 and 107 clients. Caseload numbers varied due to the complexity of cases and the inclusion of clients who attended groups, one to ones and were low-level care clients. This was similar to the findings from the last inspection in November 2016. Staff we spoke with said they had high caseloads that they hoped would reduce. However, we did not see an impact of this on client engagement of safety.
- The service was implementing additional administration support in addition to allowing 'protected time' in locations for staff to complete their additional administration tasks in light of large caseloads. The service was also developing and modifying existing pathways into and out of the service to offer a more risk based service and reduce current client caseloads. Those clients deemed at lower risk were signposted to additional support networks and did not enter the service.

**Assessing and managing risk to clients and staff**

- During the last inspection we found risk assessments that were out of date or missing. A requirement notice was issued in respect of this. The service sent an action plan to CQC describing the actions they would take in response to this that contained a completion date of the end of May 2017.
- A risk and care plan tracker was in place in the service and implemented by the data analyst team. The tracker captured the date of clients current risk assessment, previous review date and included a formula that flagged in red to identify any overdue reviews.
- The tracker highlighted any risk assessments or recovery plans that were out of date, amongst other fields such as 'last meaningful contact' for every client. Where these fields were deemed out of date, they would flag in red. Service managers, team leaders and individual staff

members received caseload tracker reports monthly to identify any 'flagged' clients. These cases were then discussed in monthly supervision for staff to update those clients who needed review.

- Quality leads for each region checked randomly selected case files each week to check for updated risk assessments and care plans.
- However, during this inspection we reviewed 45 client risk assessments across all locations and found three clients without a risk assessment and 10 with an out of date risk assessment. The service implemented internal quality audit cycles for risk documentation that found similar figures to these, based on all client records.
- Many client records discussed individual risk in one to one key working notes and safeguarding minutes, but these were not recorded on the risk assessment documentation or review notes. For example, we saw a client whose risk of opioid dependency increased with a general hospital admission that was discussed with the hospital staff and demonstrated good liaison and care, however was not highlighted in the formal risk assessment folder.
- We saw that all missing or out of date client risk assessments found during our inspection were highlighted on the service's caseload tracker. The service was working towards implementing new or updated risk assessments for all clients.
- All sites demonstrated good medicines management. All fridges and clinic rooms containing medicines remained locked when not in use and fridge and room temperatures were recorded daily. We saw good liaison with local pharmacy teams, GP's and general hospital staff concerning medicines. When clients did not collect their prescription, the dispensing pharmacy contacted the service immediately, who in turn contacted the client for assessment. If clients missed prescribed opiate substitute medicine for three days in a row, their prescription was terminated and the client was booked in for a medical review.
- Clients received an initial period of supervised prescription taking for newly prescribed medicines. If clients were ready to have a regular prescription to take home and self-dose, this was individually risk assessed. We saw good examples on inspection whereby clients with young children at home were appropriately risk-assessed and managed with regards to medicines at home.
- High risk clients and those prescribed high daily doses of methadone (100ml+) were monitored appropriately for their physical health with electrocardiograms being completed annually as a minimum.
- However, we found one patient in Swindon who had not had an electrocardiogram when there was an increase in their methadone prescription, despite them having potential cardiac problems. The service immediately rectified this issue when we highlighted it to them.
- All sites had emergency adrenaline and naloxone readily available for trained staff to use in emergencies. Some clients, carers and family members were also risk assessed, trained and supplied with naloxone by a trained member of staff, in the event of an emergency occurring in the community.

**Reporting incidents and learning from when things go wrong**

- The service recorded every death of clients on a local spreadsheet and additionally uploaded this onto a service wide portal. This ensured local management of each death and also service wide statistics that could be used to inform practice (such as which clients were statistically more at risk of mortality for each location). Additionally, local management teams recently received targeted training sessions from the central quality team on how to fully investigate incidents.
- Deaths were appropriately logged and recorded on the online incident reporting system and a lead investigator was assigned to investigate each death. The service liaised with coroners where appropriate, discharged clients from the caseload and ensured staff, clients and families were sufficiently de-briefed.
- Staff members received any identified learning from these types of incidents and there was evidence of changes having been made because of learning from previous deaths. For example, staff routinely asked clients at the assessment stage if they misused butane gas following the death of a client from this substance. The service had regular monthly meetings with commissioners to discuss incidents including deaths.

# Substance misuse/detoxification

- However, CQC data demonstrated we received two notifications relating to client deaths in the last three months and this was significantly lower than the amount that had occurred at the service. The CQC were not being routinely informed of client deaths in line with the services responsibilities of statutory notifications. Additionally, some staff members were unaware of the need to notify the CQC. This was in breach of Regulation 16 – Notification of death of service user, of the Care Quality Commission (Registration) Regulations 2009 and a requirement notice has been issued in response to this.

## Are substance misuse/detoxification services effective?
(for example, treatment is effective)

**Assessment of needs and planning of care** (including assessment of physical and mental health needs and existence of referral pathways)

- At the last inspection, the service received a requirement notice under regulation 9, person centred care. This was issued in response to generic care plans that did not incorporate client strengths and actions needed to reach their goals. In response, the service supplied the CQC with an action plan that had a completion date of 30 September 2017.
- The service implemented care planning training for all staff members that was run alongside the risk assessment staff training and this was delivered by local quality leads.
- The service was in transition of updating their IT systems to ensure that their updated care planning forms 'my plan' and 'my strengths' were incorporated into their electronic care file system. This was to ensure a consistent approach towards care planning and risk across all services. At the time of our inspection, with the exception of the Gloucester team who had already implemented the system, the service encouraged staff to use paper copies of the forms and upload them onto the electronic system.
- The service told us that by February 2017, all new clients were going to have the new paperwork in place that incorporated the 'my plan' and 'my strengths' documents, to ensure a more client focused and individualised care plan. Additionally, the service told us that from March 2017, current client records were to be gradually updated to reflect the new care planning documents.
- However, we reviewed 45 care plans across the service and found 21 that had not been reviewed within the last three months. We found evidence that client views or strengths were not always recorded within the care plan documentation itself.
- We found that many of the client care plan discussions were recorded in one to one key working notes or medical reviews and many staff members used these records as their primary document to locate information. These recordings were holistic and detailed in nature with client views and strengths considered. We also saw evidence of comprehensive discussions with other agencies regarding client care that was recorded in the progress notes.
- The discussions and decisions contained within these records did not translate onto the care planning documents themselves. For example, one clients' medical review identified that a client required split doses of their methadone prescription to manage their side effects, but this was not recorded within the client's formal care planning documents.
- We found that client key workers knew their client risks and care plans well, in addition to where to find information in the client files. However, care planning details were not always recorded in the most logical or consistent sections of the client files for others to find.
- The services' risk and care plan tracker, which flagged where client's care planning documentation was not updated for 12 weeks, highlighted all the cases we identified. The service had introduced additional administration support and 'protected time' for staff in order to address this and were working towards a set date of September 2017 to fulfil all cases.

**Skilled staff to deliver care**

- Following the last inspection the service received a requirement notice in relation to Regulation 12 safe care and treatment. This was due to a number of staff and volunteers not receiving or updating their disclosure

# Substance misuse/detoxification

and barring service (DBS) checks in line with the service's own policy of renewing these every three years. DBS checks provide information to approve people to work with adults at risk and children

- On this inspection we found the human resources (HR) department took responsibility to ensure all staff had either a DBS check in place or one pending. A new online portal, 'Connect HR', allowed all staff to have their own account which highlighted when their DBS check was three months away from the three-year period. Additionally, the system would automatically email those staff members and their line managers to prompt early renewal of their DBS in order to comply with policy.
- On this inspection, we found that all staff and volunteers had either a DBS check in place within the 3 year period or had one pending return from the Home Office.
- We saw evidence that if staff or volunteers were without a valid DBS, they were deemed unfit for work. Where a renewal was not returned from the Home Office before the three year renewal date, staff and volunteers were risk assessed for their work and supervised where necessary.

## Are substance misuse/detoxification services caring?

At the last inspection in November 2016 we did not find any concerns relating to the caring domain. Since that inspection, we have received no information that would cause us to re-inspect this key question. We will inspect against this domain on our next comprehensive inspection of the service.

## Are substance misuse/detoxification services responsive to people's needs? (for example, to feedback?)

At the last inspection in November 2016 we did not find any concerns relating to the responsive domain. Since that inspection, we have received no information that would cause us to re-inspect this key question. We will inspect against this domain on our next comprehensive inspection of the service.

## Are substance misuse/detoxification services well-led?

At the last inspection in November 2016 we did not find any concerns relating to the well-led domain. Since that inspection, we have received no information that would cause us to re-inspect this key question. We will inspect against this domain on our next comprehensive inspection of the service.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider MUST take to improve

- The provider must ensure that the CQC are notified of client deaths, without delay, in relation to the required statutory notifications.

### Action the provider SHOULD take to improve

- The provider should ensure that risk assessment details are recorded in the most appropriate place and in a consistent manner.
- The provider should ensure that care planning discussions and details are recorded in the most appropriate place and in a consistent manner.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
| --- | --- |
| Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services<br>The service did not always notify the CQC ,without delay, of client deaths that occurred while services were being provided in the carrying on of any regulated activity or were (or may have been) as a result of the carrying on of any regulated activity.<br>This is a breach of Regulation 16 (1)(2)(3) |