The OAD Clinic

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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

We do not currently rate independent standalone substance misuse services.

We undertook this inspection to check the progress the provider had made in addressing the breaches of regulation identified at the previous inspection in March 2017. The regulations breached were regulation 12(safe care and treatment) and regulation 17(good governance). The provider had made improvements in all of the areas we identified at the last inspection.

We found the following areas of improvement since the last inspection:

- At the March 2017 inspection, we found that the provider did not supervise clients who were prescribed their initial dose of medicine. At the July 2017 inspection, we found that the provider had put plans in place to ensure that clients were supervised whilst taking the first dose of medicine. The service had implemented a new supervised consumption protocol and assessment tool.
- At the March 2017 inspection, we found that clients did not receive the appropriate physical health checks including regular drug screening. At the July 2017 inspection, we found that clients received comprehensive physical health checks during treatment and clients frequently completed drug screenings.

Summary of findings

- At the March 2017 inspection, staff did not regularly liaise with clients' individual general practitioners (GPs). At the July 2017 inspection, most clients had agreed for the provider to communicate with their GPs. When clients refused for the service to communicate with their GP liaison, the service commenced a reducing medicine dose regime with a view to discharge them. This was to ensure their safety.
- At the March 2017 inspection, the provider did not manage medicines safely because the providers systems were disorganised. At the July 2017 inspection, the provider managed medicines safely.The provider had put effective systems in place to ensure that prescription records were maintained.
- At the March 2017 inspection, staff did not comprehensively assess risks for individual clients. At the July 2017 inspection, staff assessed potential client risks and put risk management plans in place to support them.
- At the March 2017 inspection, not all clients received regular medical reviews with an appropriately qualified clinician. At the July 2017 inspection, clients received regular medical reviews with the prescribing doctor or the non-medical prescriber (NMP).
- At the March 2017 inspection, the provider did not have comprehensive policies and procedures in place that covered the care and treatment of clients using a community based substance misuse service. At the July 2017 inspection, the provider had updated the policies, which followed best practice guidance.
- At the March 2017 inspection, the provider did not have robust systems in place to ensure that the delivery of care and treatment was safe.At the July 2017 inspection, the service had put effective governance systems in place to ensure the quality and safety of the service was assessed and monitored.
- At the March 2017 inspection, clients did not always have care plans in place that supported their needs. At the July 2017 inspection, clients' needs were assessed and care planned.
- At the March 2017 inspection, the service had not updated the training and development policy to reflect the training expectations for all staff. At the July 2017 inspection, the training and development policy clearly outlined the training requirements for all staff.
- At the March 2017 inspection, the provider did not regularly service and clean medical equipment. At the July 2017 inspection, the service manager had put an effective system in place to ensure that all medical devices was serviced and cleaned regularly.
- At the March 2017 inspection, staff did not always record when they had carried out psychosocial interventions with clients. At the July 2017 inspection, staff carried out brief interventions with clients and recorded when this had taken place.
- At the March 2017 inspection, the provider did not document when staff had received an initial work induction. At the July 2017 inspection, the provider had implemented new staff induction forms and recorded when a work induction had been completed.
- At the March 2017 inspection, clients did not have access to a range of leaflets that informed clients about opening times, or community groups such as alcoholics anonymous. At the July 2017 inspection, clients were able to access a range of leaflets that provided information about treatment and community support networks.

However, we also found the following area for improvement:

- Whilst the provider had updated and introduced new policies, the supervised consumption assessment tool did not include the assessment of a client's cognitive abilities and parts of the prescribing policy were not clearly explained.
- At the March 2017 inspection, the provider had not yet implemented unplanned exit forms. This meant that staff may not understand how to contact or support clients who suddenly exit treatment or disengage with the service. At the July 2017 inspection, this was still the case but the service had a plan of when these forms would be available.

Summary of findings

At the last inspection in March 2017, we found that the service was providing unsafe care and treatment. We wrote to the provider expressing our concerns and asked the provider to take immediate action. The provider voluntarily agreed to not admit new clients into the service until the service had improved. After this inspection it was agreed that the provider could start to accept new referrals.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		We do not currently rate independent standalone substance misuse services.

Summary of findings

Contents

The OAD Clinic

Services we looked at
Substance misuse/detoxification

Summary of this inspection

Background to The OAD Clinic

The OAD Clinic is a community-based alcohol and drug detoxification service. The provider took over the service in July 2016. The service provides clinical treatment to clients based throughout the UK.

The service provides a range of treatments that include opiate substitute prescribing, alcohol treatment programmes, naltrexone implants as part of relapse prevention treatment, one-to-one support, and online appointments. The service also offers a pain clinic for clients who are addicted to medicines used for pain relief.

The service had a caseload of 210 clients at the time of inspection. The majority of clients are self-funded but the service can accept referrals from the NHS.

The service has a registered manager in place and has been registered with the Care Quality Commission (CQC) since July 2016. The service is registered by the CQC to provide treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

Our inspection team

The team that inspected the service comprised of two CQC inspectors, a CQC inspection manager, a CQC pharmacy inspector and one specialist advisor who was a consultant psychiatrist with a background in substance misuse.

Why we carried out this inspection

We undertook this inspection to check on the provider's progress in addressing the breaches of regulations from the previous inspection in March 2017. At that inspection, we found breaches of the following regulations:

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 12 (safe care and treatment)

Regulation 17 (good governance)

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?

As this was a focussed inspection, we only looked at some areas of Safe, Effective, Caring and Well-Led.

Before the inspection visit, we reviewed the provider's improvement action plan and the last inspection report.

During the inspection visit, the inspection team:

- spoke with the registered manager and the service manager
- spoke with two other staff members employed by the service provider, including the non-medical prescriber

Summary of this inspection

- looked at 20 care and treatment records, including three medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service

What people who use the service say

This was a focussed inspection and we did not speak with any clients.

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 of improvement since the last inspection:

- At the March 2017 inspection, we found that the provider did not supervise clients who were prescribed their initial dose of medicine. At the July 2017 inspection, the service had implemented a supervised consumption protocol and assessment tool for clients who needed to be supervised whilst taking the initial first dose of medicine.
- At the March 2017 inspection, the provider did not routinely liaise with clients' individual GPs about the care and treatment they provided. At the July 2017 inspection, the provider had actively approached existing clients to promote the benefits of GP liaison and that most clients agreed to GP liaison. The provider had put plans in place to support those clients who continued to decline the provider contact with their GP.
- At the March 2017 inspection, the service's system for producing and checking prescriptions was ineffective and disorganised. At the July 2017 inspection, the service managed medicines safely.The provider had put in place robust systems to ensure that prescription records were maintained.
- At the March 2017 inspection, the provider did not manage individual client risks appropriately. At the July 2017 inspection, the provider had ensured that clients' risks were comprehensively assessed and risk management plans were in place to support clients. However, the provider had not yet implemented unplanned exit forms that showed how clients would be contacted and supported if they suddenly exited treatment. The provider was in the process of implementing the forms.
- At the March 2017 inspection, the provider's training and development policy did not clearly demonstrate the training requirements for all staff. At the July 2017 inspection, the service had updated the training and development policy to reflect the training expectations for all staff.
- At the March 2017 inspection, the service did not ensure that medical equipment was regularly cleaned and serviced. At the July 2017 inspection, the service manager had put an effective system in place to ensure that all medical devices were serviced and cleaned regularly.

However, we also found the following area for improvement:

Summary of this inspection

- Whilst the service had updated and implemented new policies, the supervised consumption assessment tool did not include the assessment of a client's cognitive abilities and parts of the prescribing policy were not clear.
- The provider had not yet implemented unplanned exit forms. This meant that staff may not understand how to contact or support clients who suddenly exit treatment or disengage with the service. The service had a plan of when this would be achieved.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of improvement since the last inspection:

- At the March 2017 inspection, staff did not always carry out comprehensive physical health checks on clients. At the July 2017 inspection, this had improved and staff carried out appropriate physical health checks during treatment. Staff explored clients' blood borne virus (BBV) status.
- At the March 2017 inspection, staff did not carry out regular drug screening tests on clients. At the July 2017 inspection, staff carried out drug screening tests at regular intervals with clients.
- At the March 2017 inspection, the provider did not ensure that clients received regular medical reviews by an appropriately qualified professional. At the July 2017 inspection, clients received regular medical reviews with either the prescribing doctor or the non-medical prescriber. Clients' needs were assessed and addressed through care plans.
- At the March 2017 inspection, staff did not always record psychosocial interventions that clients received. At the July 2017 inspection, staff recorded when they had carried out interventions with clients during regular appointments. The service no longer offered formal counselling but actively signposted clients to other providers.
- At the March 2017 inspection, staff did not document when new workers had completed an initial induction. At the July 2017 inspection, the provider had put in place new staff induction forms and recorded when a work induction had been completed.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of improvement since the last inspection:

Summary of this inspection

- At the March 2017 inspection, clients did not have access to information leaflets that included community support groups. At the July 2017 inspection, clients had access to a range of leaflets that provided information about treatment and other support networks such as alcoholics anonymous.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of improvement since the last inspection:

- At the March 2017 inspection, the service did not have robust governance systems in place to evaluate the service. At the July 2017 inspection, the provider had put effective governance systems in place to ensure the quality and safety of the service was assessed and monitored.

Substance misuse services

Safe	
Effective	
Caring	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- At the March 2017 inspection, staff did not routinely record when clinical equipment had been cleaned. This meant that the service could not be assured that measures were in place to prevent the spread of infections. During the July 2017 inspection, we found that the provider regularly cleaned clinical equipment and recorded when this had taken place.
- At the March 2017 inspection, staff did not record when clinical equipment had been serviced. There was a risk that the equipment may not provide accurate readings.

Safe staffing

- At the March 2017 inspection, the provider's training and development policy did not demonstrate the training expectations for all staff. we found that the policy had been improved and now included the training requirements for full-time staff, part-time staff, and volunteers.
- Since the March 2017 inspection, the provider had employed a non-medical prescriber (NMP) to help support medical reviews.

Assessing and managing risk to clients and staff

- At the March 2017 inspection, staff did not always ensure that client risk events and self-disclosures were reflected in the individual client's risk assessment and risk management plans. During the July 2017 inspection, we found that his had improved and treatment records demonstrated that staff assessed clients' risks during treatment and managed identified risks appropriately. Out of 20 treatment records we reviewed, we found that staff had comprehensively assessed the potential risks of 19 clients and this had been clearly documented. In one record, we found that staff had identified risks to a client's mental health but this had not been recorded in the individual risk assessment. This meant that staff might not be aware to monitor these risks, as they were not recorded in a central place.
- At the March 2017 inspection, the provider did not complete unplanned exit forms with clients. This meant that if clients suddenly exited treatment, the service did not have a clear plan to follow in order to attempt to re-engage the client or inform other professionals and relatives. During the July 2017 inspection, the provider had not yet completed unplanned exit forms with clients. However, the provider had a missed appointments and re-engagement policy in place. The policy guided staff in how to respond to a client who disengaged with the service.
- Since the March 2017 inspection, the provider had put in place a weekly complex case meeting which gave staff an opportunity to discuss clients who were deemed a higher risk. The weekly meeting minutes for June and July 2017 demonstrated that staff closely monitored clients and put plans in place to support them.
- At our last inspection in March 2017, we found that the service did not supervise clients taking their medicines after the initial 'test' dose or had a policy in place to support this. National guidelines recommend that during the initial period of prescribing medicines, a qualified clinician should directly supervise clients for a period appropriate to their needs and risks. During the July 2017 inspection, we found that this was no longer the case, and the service had put new policies and procedures in place to support clients who required supervised consumption. We saw evidence of five existing clients being put back on supervised consumption at their local pharmacy as they were deemed a risk. Whilst the provider had created a new supervised consumption assessment tool, the tool did not refer to an assessment of a client's cognitive abilities. This is important to rule out any impairment.

Substance misuse services

- At our last inspection in March 2017, staff did not always contact clients' GPs about the treatment they provided. This type of practice increased the risks of clients accessing another prescription from their GP, receiving double the amount of medication, and clients developing physical health problems without staff being aware. At the July 2017 inspection, we found that this was no longer the case and staff had approached existing clients to highlight the benefits of GP liaison. Out of the 20 treatment records we reviewed, 13 clients had agreed for the provider to contact their GP.The service had put clear management systems in place for those clients who continued to decline GP liaison. We found that five clients had commenced a reducing dose regime with a view to be discharged. This approach was taken to ensure clients' safety. The provider told us that no new clients would receive treatment without their agreement to GP liaison. However, this was not clearly documented within the provider's prescribing policy. Without this recorded within the provider's policy there was a risk that staff would not be aware of the new approach.
- At the last inspection in March 2017, the provider did not manage medicines safely. Staff did not accurately log and maintain prescription records. Staff did not appropriately record when medicines were destroyed and all staff had access to blank prescription pads, which was unsafe due to their high street value. During the July 2017 inspection, we found that medicines were safely managed, destroyed correctly, and appropriately recorded. Prescriptions were stored securely and there was an effective recording system in place to demonstrate the prescriptions that had been used. The prescribers ensured that they signed for the prescription on the clients' individual prescribing charts.

Reporting incidents and learning from when things go wrong

- The provider had reported three incidents in the last three months that related to prescription delivery problems. Two incidents were a result of prescriptions not being successfully delivered to the nominated pharmacies and the third was lost by the individual pharmacy. The provider had investigated the incidents and reported them to the local controlled drugs accountable officer at NHS England and the police. The accountable officer reviews and assesses controlled drugs related incidents. The incidents were discussed at the provider's monthly governance meeting in July 2017. As a result of the incidents, the provider changed the postage system and ensured that prescriptions were sent to nominated pharmacies by recorded delivery so that the service could track them.

Are substance misuse 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 in March 2017, the provider had not ensured that clients received comprehensive physical health checks before and during treatment. This included failing to ensure clients who were prescribed Naltrexone, which is a medicine that can cause liver damage, received liver function tests (LFTs). Best practice advises that clients who are prescribed high doses of methadone should have heart monitoring checks (ECG) before and during treatment because methadone can cause serious heart problems. However, this was not taking place. During the July 2017 inspection, we found that clients received appropriate physical health checks. We reviewed 20 treatment records and found that the clients who required an ECG and LFTs received them. The results of these checks were clearly recorded within the treatment records. Whilst the provider had updated the opioid dependence policy with best practice guidance for monitoring physical health, the policy did not refer to the longer term monitoring of LFTs. Without this clearly documented within the policy, there was a risk that staff would not be aware of the requirements to monitor a client after six months of treatment. This could put clients at risk of harm.
- At the last inspection staff did not always ensure that during treatment, clients completed random drug screenings at regular intervals. This meant that the provider could not be assured as to whether clients were taking illicit drugs in addition to their prescribed medication, which could result in overdose. During this

inspection, we found that this had significantly improved. In the 20 treatment records we reviewed, we found that all clients had completed regular urine drug screenings.

- At the inspection in March 2017, an appropriately qualified care professional did not review clients at regular intervals in line with their individual needs. During the July 2017 inspection, this had significantly improved and clients had received routine medical reviews by a qualified clinician. We reviewed 20 treatment records and found that all clients had received a routine medical review. Clients who were higher risk or had physical health problems had more frequent reviews. This followed best practice guidance.
- At the inspection in March 2017, the provider did not always ensure that clients' blood borne virus (BBV) status was assessed. This meant that clients might have been at risk. During the July 2017 inspection, we found that this had improved. We reviewed 20 treatment records and found evidence in all that staff advised and educated clients about BBV. The service routinely offered clients an educational leaflet on BBV assessment and treatment. The provider had updated the prescribing policy to reflect the need to assess clients' BBV status.
- At the inspection in March 2017, we found that care plans did not always demonstrate how the client would be supported or monitored. During the July 2017 inspection, we found that this was no longer the case and clients had an up to date support plan in place. We reviewed 20 treatment records and found that all of the clients had a risk and recovery plan in place. The plans clearly demonstrated how the staff would support individual client needs and mitigate any identified risks.

Best practice in treatment and care

- At the March 2017 inspection, the service did not always ensure that staff documented that clients received psychosocial support. During the July 2017 inspection, we found that this had improved. We reviewed 20 treatment records and found that all clients received brief psychosocial support at regular appointments. This included relapse prevention. The service no longer offered formal counselling but was able to signpost clients to other providers for this.

Skilled staff to deliver care

- At the March 2017 inspection, the provider did not formally record that they had completed a work induction. During the July 2017 inspection, we found that this was no longer the case and the provider had put in place new documentation. Since our last inspection, the provider had employed one new starter. We reviewed the induction record and found the staff member had undertaken a work induction.

Are substance misuse services caring?

Meeting the needs of all clients

- At the March 2017 inspection, clients did not have access to a range of leaflets to inform them about types of treatment and other support networks. During the July 2017 inspection, we found that clients had access to leaflets about services such as alcoholics anonymous.

Are substance misuse services well-led?

Good governance

- At the March 2017 inspection, the provider had implemented some new policies and procedures. However, the systems in place were not effectively monitoring the quality and safety of the service. For example, the provider did not have adequate systems in place to monitor prescriptions safely and supervise clients taking their medicines at the start of treatment. During the July 2017 inspection, we found that this was no longer the case and the provider had put robust systems in place to improve the safety and quality of treatment delivered to clients. For example, the provider had put procedures in place to offer supervised consumption to all clients. The provider had created an assessment tool to help guide clinicians. This was in line with best practice guidance. Staff had improved the quality of record keeping and ensured that all clients were reviewed in line with their needs.
- Since the March 2017 inspection, we found the provider had carried out regular treatment record audits. The audits included checking that all client files were up to date and included information such as GP correspondence, physical health checks, frequent drug screening, and individual risk assessments.

Substance misuse services

- At the March 2017 inspection, we found the provider needed to improve their policies and procedures to ensure they covered all aspects of clinical practice and reflected good practice. During the July 2017 inspection, we found that the provider had updated most of the clinical policies to reflect best practice guidance. For example, the providers prescribing policy clearly described the expectation of clients completing frequent drug screenings and the individual physical health checks that clients must receive prior to and during treatment.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that the prescribing policy clearly demonstrates the need for GP liaison and the supervised consumption assessment tool clearly highlights all aspects of clinical assessment.
- The provider should ensure that all clients have an unplanned exit form in place to ensure that staff understand how to contact and support clients in the event that they suddenly exit treatment or disengage with the service.