

# Addaction – Bradford Clinical Support Services

## Quality Report

33 – 37 Salem Street

Bradford

BD1 4QH

Tel: 01274 762170

Website: [www.addaction.org.uk/services/addaction-bradford-clinical-support-service](http://www.addaction.org.uk/services/addaction-bradford-clinical-support-service)

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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 provider had not taken action to address the recommendations made following the inspection in October 2016. This was in relation to ensuring that the systems in place with regard to the transport, storage and recording of prescriptions was safe or ensuring that service continued to work with partners and commissioners to fully integrate governance at a strategic level with the partner organisations in the Bradford recovery system.
- At this inspection in March 2017, the systems in place remained insufficient for Addaction to be assured that the transfer, recording and storage of prescriptions in, and between, the host services was safe. Also, the integrated clinical governance structure did not adequately allow the service to address service delivery issues such as interruptions to client appointments and the safe and secure transfer and storage of prescriptions between partner services.

- The provider had in place a Controlled Drug Policy and Standard Operating Procedures that was revised following the inspection in April 2017. This policy included guidance on batch prescribing and audit. However, during the inspection senior staff were not aware that there was a policy or operating procedure regarding batch prescriptions in place that was underpinned by national guidance.

However, we also found the following areas of good practice:

- Addaction Bradford Clinical Support Services were now meeting Regulations 10 and 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.
- Staff were up to date with policy changes, and now followed the policy for taking blood samples from clients. The system that ensured prescribers reviewed the client treatment record before signing a prescription where there had been a change that was not in line with the original treatment plan was working well in practice.

# Summary of findings

- The provider had taken action in response to the recommendation at the last inspection and staff received regular management supervision in line with the policy.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		Inspected but not rated

# Summary of findings

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# Summary of this inspection

## Background to Addaction - Bradford Clinical Support Services

Bradford Clinical Support Services is one of 46 locations registered by the provider Addaction. This location was registered by the provider on the 4 August 2015. The location has a registered manager and a responsible person, and provides the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

Based in the same premises, Addaction works in partnership with three other organisations to deliver care and treatment in the Bradford Recovery System. They were awarded the contract in July 2015 to deliver the clinical support services for this system.

The clinical support service includes the provision of physical healthcare and well-being services, such as

physical health assessments and blood borne virus screening and interventions, as well as the prescribing interventions primarily for opioid dependence. This clinical provision is delivered by doctors, non-medical prescribers and nurses employed by Addaction across 10 sites, known as host sites.

The CQC last inspected Addaction in October 2016. We issued Addaction with two requirement notices which related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 10 HSCA (Regulated Activities) Regulations 2014 Dignity and respect
- Regulation 12 HSCA (Regulated Activities) Regulations 2014 Safe care and Treatment

## Our inspection team

**Team Leader:** Joanne White, Inspector (Mental Health) Care Quality Commission.

The team that inspected the service comprised of the team leader and one other CQC inspector.

## Why we carried out this inspection

We undertook this inspection to find out whether Addaction had made improvements to their community based substance misuse clinical support services in Bradford since our last comprehensive inspection in October 2016.

When we last inspected the location in October 2016, we told the provider it must take the following actions to improve community based clinical support services:

- The provider must ensure that staff follow their procedures with regard to the signing of prescriptions to ensure that the clients' confidentiality and privacy is maintained, and that they are respectful to all clients.
- The provider must ensure that all prescribers review or check the care records of the client before signing the prescription or the check with the recovery worker at the point of signing the prescription.

- The provider must ensure that their policy is followed with regard to taking blood and screening for blood borne viruses.
- These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:
  - Regulation 10 HSCA (Regulated Activities) Regulations 2014 Dignity and respect
  - Regulation 12 HSCA (Regulated Activities) Regulations 2014 Safe care and Treatment

We also recommended that the provider should take the following actions:

- The provider should ensure that the systems in place with regard to the transport, storage and recording of prescriptions are safe.

# Summary of this inspection

- The provider should ensure that all staff receive managerial supervision in line with their policy and
- The provider should ensure that the systems are in place to support staff to fulfil their role, and that service provision is safe and effective, including collecting and monitoring data to use proactively to manage the risks associated with prescribing medication.
- The provider should ensure that they continue to work with partners and commissioners to fully integrate governance at a strategic level with the partner organisations in the Bradford recovery system, including agreed clinical audit.

## 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?

On this inspection in March 2017, we assessed whether the service had made improvements to the specific concerns we identified during our last inspection. We also followed up on a sample of the actions we recommended the provider should take. We returned to inspect Addaction within six months of publication of our last report.

This inspection was announced 48 hours prior to the inspection visit. Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- spoke with the contracts manager who was the registered manager
- spoke with the nurse manager and the team leader
- spoke with three other staff members employed by the service provider, including nurses and non-medical prescribers
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

At the last inspection in October 2016, we spoke with seven clients and received 31 comment cards providing feedback about the service. Feedback was generally

positive about the service. We did not receive any information that would indicate this had changed. Therefore, at this inspection visit we did not speak to any clients of the service.

# 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 issues that the service provider needs to improve:

- The provider had not taken action to address the recommendation made following the inspection in October 2016 in relation to ensuring that the systems in place with regard to the transport, storage and recording of prescriptions was safe.
- At this inspection the systems in place remained insufficient for Addaction to be assured that the transfer, recording and storage of prescriptions in, and between, the host services was safe.
- Senior staff were not aware that there was a policy or operating procedure regarding batch prescriptions in place that was underpinned by national guidance. However, during the factual accuracy checks the provider submitted a Controlled Drugs Policy and Standard Operating Procedures that was revised following the inspection in April 2017. This policy included guidance on batch prescribing and audit.

However, we also found the following areas of good practice:

- The provider had addressed the breach of regulation identified at the inspection in October 2016 where we found that Addaction staff did not follow their policy for taking blood and screening for blood borne viruses. At this inspection staff were up to date with and followed Addaction's policy for taking blood from clients.
- The provider had addressed the breach of regulation identified at the inspection in October 2016 where we observed a doctor allowing a recovery worker to enter an appointment whilst they were already in an appointment with a client, and sign the amended prescription for another client without checking the client treatment record or other relevant information to confirm the change.

At this inspection the system introduced in September 2016 prior to the inspection in October 2016 was now working in practice, which ensured that the prescriber reviewed the client treatment record before signing a prescription where there had been a change that was not in line with the original treatment plan.

# Summary of this inspection

## Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had taken action in response to the recommendation following the inspection in October 2016 to ensure that all staff receive managerial supervision in line with their policy and that they have a contingency plan in place where supervisors are not available.

At this inspection, staff regularly received management supervision. Management supervision records were consistent and comprehensive, providing detailed discussion and actions for staff to complete.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had addressed the breach of regulation identified at the inspection in October 2016 where we found that Addaction staff did not follow their procedures with regard to the signing of prescriptions to ensure that the clients' confidentiality and privacy was maintained.
- At this inspection, the clinician attempted to maintain the clients' confidentiality and privacy despite interruptions from the recovery workers in the host service we inspected. In contrast to the last inspection in October 2016, the clinician did not agree to the staff members from the host service entering and attempted to prevent them doing so.

## Are services responsive?

We do not currently rate standalone substance misuse services.

Since the last inspection in October 2016, we have received no new information that would cause us to re-inspect this key question.

## Are services well-led?

We do not currently rate standalone substance misuse services.

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

- The provider had not taken action to address the recommendation made following the inspection in October 2016 in relation to ensuring
- At this inspection, Addaction did not have fully integrated governance at a strategic level with the partner organisations in the Bradford recovery system to review the safety and quality of



# Summary of this inspection

the services and address service delivery issues such as interruptions to client appointments and the safe and secure transfer and storage of prescriptions between partner services. Issues remained in the internal governance systems, particularly around prescribing and prescription management.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Assessing and managing risk to clients and staff

At our last inspection in October 2016, we found that staff did not always consult with the electronic client record before signing revised prescriptions for controlled drugs, like methadone or buprenorphine. Whilst on that inspection, we observed a doctor allow a recovery worker to enter an appointment whilst they were already in an appointment with a client. The doctor signed the prescription for another client without checking the client treatment record or other relevant information to confirm the change.

At this inspection in March 2017 we reviewed prescribing practice across the service. We found that the system introduced in September 2016 prior to the inspection in October 2016 was now working in practice. A recovery worker was required to complete a detailed form to ensure that the prescriber had agreed to all the changes to prescriptions from the existing prescribing plan for the client. This process ensured that the prescriber reviewed the client treatment record before signing the prescription and ensured safe prescribing. We discussed the use of the form with two prescribers. One prescriber was a temporary member of staff and had worked in the service for a very short time. However, the prescriber was familiar with the form and how to use it. The other prescriber was in a substantive role within the service. They described how the form for changes to prescriptions was easily accessible through the electronic clinical treatment record. They told us the process worked well as prescribers had dedicated time built into their clinics to check the client record, make or reject the specified changes to the prescription and discuss any outstanding issues with the recovery worker.

Clients that were managing well on maintenance doses of medication had their prescriptions planned in advance.

Recovery workers prepared these prescriptions and they were in line with the prescribing plan agreed by the prescriber at the client's face to face prescriber appointment. Clients' medication was reviewed every 12 weeks at these face to face appointments or more frequently if they had started treatment, were reducing or had complex needs with increased risk in line with national guidance.

It was the prescriber's role to sign batches of these prescriptions prepared by the recovery workers in the partner agencies. On the day of the inspection, the prescriber had signed a batch of approximately 50 prescriptions. The prescriber did not access individual clinical treatment records prior to signing each prescription. The prescriber told us they would pick a prescription if the client was on a high dose of medication or if something unusual was prescribed. We reviewed team meeting minutes from February 2017; these confirmed prescribers had been advised to sample prescriptions from each batch. A coded entry was then made in the clients' clinical treatment record to highlight that the prescription was sampled and the notes had been checked prior to the prescriber signing the prescription. This process enabled the service manager to audit those prescriptions sampled by the prescribers. Prescribers showed us an example from a client treatment record where a code had been inserted to identify which prescription had been checked against the treatment notes.

During the inspection senior staff were not aware that there was a policy or operating procedure regarding batch prescriptions in place that was underpinned by national guidance. However, during the factual accuracy checks the provider submitted a Controlled Drugs Policy and Operating Procedures that was revised following the inspection in April 2017. This policy included guidance on batch prescribing and audit.

# Substance misuse services

At this inspection in March 2017 we followed up on this action to assess if the service had improved the recording, storage and transportation of prescriptions.

At the last inspection in October 2016, we recommended that the provider should take action to ensure that the systems in place with regard to the transport, storage and recording of prescriptions were safe. During that inspection it was unclear where prescriptions were taken to when they were given to the host services. The service recorded the first and last serial numbers of the pads but did not record the serial numbers of the prescriptions actually given to the patients. Therefore they would not be able to identify details if there was a lost or stolen.

At this inspection in March 2017 there was an effective process for the receipt, initial storage and access to prescriptions for Addaction staff. This process extended to the transfer of prescriptions into the host service. We saw a written log of when batch prescriptions were handed to the host service; each entry was dated and signed. Recovery workers in the host service had prescriptions divided into files and stored securely.

All recovery workers in the host service had access to where the prescriptions were securely stored. We reviewed the signing in and out file to this area and found the daily record sheets simply indicated what time and date staff had accessed the secure storage area. However, not all entries were countersigned by two members of staff, as required. The daily record sheets did not indicate which prescriptions had been removed from the secure storage area or where they were going to once removed.

Also, during an observed clinical appointment, a keyworker from the host service interrupted the session by knocking on the door and immediately entered the room. They explained they were looking for a box of prescriptions. The host service did locate the prescriptions following a search of their office. Addaction confirmed that the prescriptions should have been securely stored.

As controlled stationary, prescriptions remain the responsibility of Addaction at all times. We were concerned that the systems in place remained insufficient for Addaction to be assured that the transfer, recording and storage of prescriptions in, and between, the host services was safe.

At our last inspection in October 2016, staff did not always follow Addaction's procedures for blood borne virus

screening and allowed a client to take their own blood in the clinic appointment. Addaction confirmed that this was not the service's procedure and that blood should be taken by a specialist nurse.

At this inspection in March 2017 we found that Addaction had taken action to ensure all staff followed the organisations policy for taking blood. We reviewed the current standard operating procedure and policy for taking blood, which made it clear that clients should not attempt to take their own blood. The nurse manager and team leader confirmed that staff had been reminded of their responsibilities regarding keeping themselves up to date with policies through team meetings, supervision sessions and email when policies had been updated. We reviewed meeting minutes from three staff meetings which reflected general discussion regarding current policies and procedures and specific discussion regarding the outcome of the Care Quality Commission inspection in October 2016.

We reviewed five staff personnel files. All five files recorded discussion with staff members regarding their individual responsibilities in relation to maintaining up to date practice in line with the organisations policies and procedures. Staff had signed their supervision notes to confirm this.

We discussed with two members of staff their understanding of the organisations current policy for taking blood. Both members of staff knew the provider's procedure. One member of staff acknowledged the difficulties of working with a client group that posed challenges when taking blood. They were able to provide practical alternatives for consideration by the client and member of staff. For example, offering an additional appointment to make further attempts to take blood or referring to the local hospital.

The provider had addressed the concerns identified during the previous inspection in relation to clients taking their own blood samples. Clients could have their blood taken safely and the clinical practice of staff was guided and protected by the organisations policy.

**Are substance misuse services effective?**  
(for example, treatment is effective)

**Skilled staff to deliver care**

# Substance misuse services

At our last inspection in October 2016, we recommended that the provider should ensure that all staff receive managerial supervision in line with their policy and have a contingency plan in place where supervisors are not available.

At this inspection in March 2017 we followed up on this recommended action. In the five personnel files that we reviewed there was evidence that management supervision had been completed on a monthly basis for staff from January 2017. Management supervision records were consistent and comprehensive, providing detailed discussion and actions for staff to complete. For example, we saw action plans in all five personnel files for staff to read updated organisational policies, these included children in service, venepuncture and medication management. We noted that one personnel file recorded the next scheduled date for management supervision.

In the absence of the team leader, the contracts manager told us they would provide management supervision or allocate this responsibility to the senior members of the team. This meant that staff would receive regular supervision that would support them to carry out their roles effectively.

## Are substance misuse services caring?

### Kindness, dignity, respect and support

At our last inspection in October 2016, we had a concern that during a clinic appointment where a prescriber was completing a medical review with a client, a recovery worker entered the appointment at the agreement of the prescriber to have another client's prescription signed. The recovery worker was employed at the host site by one of Addaction's partner organisations in the Bradford recovery system. This compromised the privacy and level of respect shown towards the client in the appointment, and had the potential to breach the other client's confidentiality whose name would have been on the prescription.

At this inspection in March 2017 we observed three separate interruptions to two client appointments within a 45 minute period. However, in contrast to the last inspection in October 2016, the clinician attempted to maintain the clients' confidentiality and privacy. The clinician did not agree to the staff members from the host service entering and attempted to prevent them doing so.

During the first client appointment a member of staff knocked on the door, they were asked to wait by the clinician and they then went away. The two further interruptions in the second appointment were again from staff members in the host service. A recovery worker knocked on the door and without waiting for a response, entered the room and stood at the door, stating they were looking for prescriptions. The second, from a recovery worker who knocked quietly, opened the door and left immediately when they saw that the clinician was busy.

Staff from Addaction confirmed the frequency of interruptions to clinical appointments by the host service was an ongoing issue but one that Addaction continued to take steps to address. We observed a sign on the clinic room door stating 'clinic in progress, please do not disturb.' Addaction had maximised the number of opportunities for recovery workers to access prescribers to discuss issues regarding prescriptions. The schedule was available for all recovery workers to see on the electronic clinical recording system.

We reviewed Addaction team meeting minutes from November 2016 and February 2017 that highlighted the ongoing issues with clinic interruptions. On both occasions, action to be taken was for Addaction managers to discuss this issue with the host service. Addaction managers confirmed that they had discussed in person these ongoing issues with the host service. We saw evidence of communication from the Addaction management team to the host service managers to address the increased interruptions.

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

Since the last inspection in October 2016 we have received no information that would cause us to re-inspect this key question.

## Are substance misuse services well-led?

### Good governance

# Substance misuse services

At our last inspection in October 2016, we recommended that the provider should ensure that they continue to work with partners and commissioners to fully integrate governance at a strategic level with the partner organisations in the Bradford recovery system.

Whilst the contract manager told us there was an integrated clinical governance structure in place, during this inspection we found that the service had ongoing issues in relation to partnership working with other services in the Bradford Recovery System. The service did not have a formal mechanism to escalate service delivery issues with partner services. The integrated clinical governance structure did not adequately allow the service to address service delivery issues such as interruptions to client appointments and the safe and secure transfer and storage of prescriptions between partner services.

Whilst Addaction had improved compliance with management supervision and had updated policies and

procedures following the inspection in October 2016, during this inspection there remained gaps in the internal governance systems, particularly around prescribing and prescription management. The systems in place remained insufficient for Addaction to be assured that the transfer, recording and storage of prescriptions in, and between, the host services was safe.

The provider had in place a Controlled Drug Policy and Standard Operating Procedures that was revised following the inspection in April 2017. This policy included guidance on batch prescribing and audit. However, during the inspection senior staff were not aware that there was a policy or operating procedure regarding batch prescriptions in place that was underpinned by national guidance. The audits to monitor batch prescribing and sampling of prescriptions had not been undertaken as the process had only commenced the week prior to our inspection.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider MUST take to improve

The provider must ensure that they continue to work with partners and commissioners to fully integrate governance at a strategic level with the partner organisations in the Bradford recovery system.

The provider must ensure that all staff are aware of the Controlled Drugs Policy and Standard Operating Procedures (Version 14) regarding the signing of batch prescription.

The provider must ensure they have an effective system in place to effectively manage the transfer, recording and storage of prescriptions in, and between, the host services.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance</p> <p>How the regulation was not being met:</p> <p>The systems in place remained insufficient for Addaction to be assured that the transfer, recording and storage of prescriptions in, and between, the host services was safe.</p> <p>The provider had in place a Controlled Drug Policy and Standard Operating Procedures that was revised following the inspection in April 2017. This policy included guidance on batch prescribing and audit. However, during the inspection senior staff were not aware that there was a policy or operating procedure regarding batch prescriptions in place that was underpinned by national guidance.</p> <p>The integrated clinical governance structure did not adequately allow the service to address service delivery issues such as interruptions to client appointments and the safe and secure transfer and storage of prescriptions between partner services.</p> <p>Regulation 17 (1)(2)(a)(b)</p>