

FOCUS12 - Treatment Centre

Quality Report

82-87 Risbygate Street,
Bury St Edmunds,
Suffolk,
IP33 3AQ.
Tel: 01248 701702
Website: www.focus12.co.uk

Date of inspection visit: 04 January 2017
Date of publication: 17/03/2017

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

Ratings

Overall rating for this location

Are services safe?

Are services caring?

Are services well-led?

Overall summary

We carried out this unannounced follow-up inspection to find out whether Focus 12 had made improvements to its service since our last comprehensive inspection of the service on 23 May 2016.

The Care Quality Commission inspected Focus 12 in May 2016. It was found non-compliant under regulations:

Regulation 12 HSCA (RA) regulations 2014, Safe care and treatment

Regulation 17 HSCA (RA) Regulations 2014, Good governance

Regulation 19 HSCA (RA) Regulations 2014, Fit and proper persons employed.

The provider was sent a requirement notice and a warning notice in May 2016.

The provider had sent us an action plan, telling us how they would ensure they had made the improvements required in relation to these breaches of regulation.

At this inspection, we confirmed that these improvements had been made.

Summary of findings

Contents

Summary of this inspection

	Page
Background to FOCUS12 - Treatment Centre	4
Our inspection team	4
Why we carried out this inspection	4
How we carried out this inspection	4
What people who use the service say	5
The five questions we ask about services and what we found	6

Detailed findings from this inspection

Outstanding practice	12
Areas for improvement	12
Action we have told the provider to take	13

Focus 12

Services we looked at:

Substance misuse services

Summary of this inspection

Background to FOCUS12 - Treatment Centre

Focus 12 is an independent charity, which was established in 1997. In Bury St Edmunds.

82- 87 Risbygate Street is a community based treatment centre, which offered detoxification from both drugs and / or alcohol under staff supervision.

The primary treatment is offered over a 12 week period. The provider delivers ongoing abstinence based treatment, which included group therapy and individual counselling.

In addition to the treatment centre, Focus 12 also had four different residential accommodations, whereby clients receiving treatment could reside. These were in Bury St Edmunds at the following locations:

- 24 Crown Street

- 26 Brentgovel Street
- 8 Out Northgate
- 120 Cannon Street

Clients using this service are either privately funded or have funding approved by statutory organisations.

There were nine clients in treatment at the time of our visit.

The provider is registered with the Care Quality Commission to provide the following regulated activities.

Treatment of disease, disorder or injury

Accommodations for persons who require treatment for substance misuse.

Our inspection team

The team leader was CQC inspector Lynda Day, and consisted of two CQC inspectors.

Why we carried out this inspection

This was an unannounced inspection to check that the concerns identified at the last inspection in May 2016, had been addressed by the provider.

How we carried out this inspection

Before the inspection visit, we reviewed the provider's action plan and current information that we held about the location.

During the inspection visit, the inspection team:

- reviewed the quality of the physical environment, and observed how staff were caring for clients
- met with four clients
- interviewed the clinical lead nurse and the business development and finance manager

- spoke with three other staff members employed by the service provider, including councillors and key workers
- examined in detail four care and treatment records, including medicines records, for clients
- reviewed the policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

- Clients we spoke with said staff were helpful, authentic and very recovery focused. Clients felt staff cared about their individual needs and treated them with respect.
- Clients felt safe during their treatment and reported they could tell staff anything. Clients said they were seen quickly by a doctor and their physical healthcare needs were taken into consideration.
- All clients said they felt staff went the extra mile, helping to prepare them for discharge and living a substance free lifestyle.

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 good practice:

- Since the last inspection, the provider had relocated the clinic room. This room was now on the first floor. It was equipped to check the client's height, weight and pulse. Emergency equipment was available. For example, an automated external defibrillator. There was a suitable couch for doctors to carry out physical examinations.
- Staff regularly cleaned the premises. The treatment centre was visibly clean and tidy.
- The provider defined staffing levels for the treatment centre. There were 18 members of staff consisting of, one full time clinical lead nurse, a part time consultant psychiatrist, counsellors, key workers, administration and night intervention workers.
- At our last inspection, we identified staff were not using a recognised screening tool. At this inspection, staff were regularly using a recognised screening tool in relation to the detoxification and withdrawal from drugs and alcohol. This meant that staff were monitoring client's physical health during withdrawal.
- The service had improved the way that staff managed medications. We found good medicines management practice in relation to medicines reconciliation, record keeping, dispensing and disposing of medications. There was an outside pharmacy providing each client's personal medication.
- All staff had now been trained in the provider's new incident reporting procedures. Staff used a standard incident form and knew what to report.

However, we also found the following issues that the service provider needs to improve:

- Some client records lacked detail on physical healthcare issues.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Clients spoke highly about staff, they said they were all caring, that the staff were passionate about recovery and liked their job. Clients said staff were approachable and helped with any problem.
- Two clients said there was a good staff client ratio, they felt safe during treatment and built up good therapeutic relationships.
- Clients were involved in their care planning process and told us they could have copy of all of their care plans and assignments.
- Clients told us that their family members were involved in their treatment when they gave consent.
- Staff held weekly family meetings. One client said that these meetings had helped their treatment and recovery.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Managers now kept a record of staff training. This included details of future training.
- Managers now kept managerial supervision records. We saw supervision notes that reflected discussions around client treatment and interventions, incidents, training and development.
- There was a draft clinical audit policy in place. This covered how the audit would help the organisation deliver its visions and values, best practice framework and standards for good governance.
- Managers had started completing audits such as collecting client experience, reviewing clinical effectiveness and client safety.
- The recruitment policy now included disclosure and barring certificate conditions. Staff files were in order and included job descriptions. Recruitment processes had now been improved.
- Staff said morale was good, they said they get along as a team and continued to enjoy the work they did.

However, we also found the following issues that the service provider needs to improve:

- The provider had not implemented some of the new policies. These remained in draft form.

Substance misuse services

Safe

Caring

Well-led

Are substance misuse services safe?

Safe and clean environment

- The provider was updating their ligature risk assessment. In the meantime, staff were mitigating against the risk associated with ligatures. Staff completed detailed up to date client risk assessments on admission. Individual risks were reviewed as necessary.
- Since the last inspection, the provider had relocated the clinic room. This room was now on the first floor. It was equipped to check the client's height, weight and pulse. Emergency equipment was available. For example, an automated external defibrillator. There was a suitable couch for doctors to carry out physical examinations.
- Staff regularly cleaned the premises. The treatment centre was visibly clean and tidy. Clients assisted staff with cleaning tasks and we saw rotas to reflect this.
- The service had appropriate hand washing facilities in place. Staff and clients had access to hand sanitiser.
- There was a health and safety audit in place. The provider was producing an updated environmental risk assessment.
- Staff had access to personal alarms.
- The provider had a draft lone working policy in place. This identified the processes and practices essential for keeping clients and staff safe.
- The building had areas which needed some renovation or decorating. The provider had plans to address this.

Safe staffing

- The provider defined staffing levels for the treatment centre. There were 18 members of staff consisting of, one full time clinical lead nurse, a part time consultant

psychiatrist, counsellors, key workers, administration and night intervention workers. At the time of our inspection, there was one night intervention worker, a fundraiser and a registered manager vacancy.

- The provider did not use bank or agency staff. Short-term absences were covered by the staff team. There had been no long-term staff sickness since our last inspection.
- There have been six staff leave in the last 12 months. This was reported as staff seeking new opportunities. One member of staff left due to family commitments.
- Managers adjust staffing for shifts daily and there was a duty rota in place. There were student counselling staff and volunteers trained in reception duties, to offer cover if needed.
- A consultant psychiatrist worked one day a week at the treatment centre and was available via telephone or email. Out of hours, staff would contact the local GP service or local general hospital in case of emergency.
- Managers now kept a record of staff training. This included details of future training. Staff administering medications had been trained and were up to date. Seventy five percent of staff were trained in incident management and first aid. Seventy percent of staff had Mental Capacity Act training. Staff were booked on substance abuse specific training, and we saw evidence staff were being booked onto further Safeguarding Adults level 2 training.

Assessing and managing risk to clients and staff

- Staff completed initial assessments via telephone including an initial measurement of severity of dependence for alcohol or drugs. The service had an admissions criteria. Staff considered mental health issues and discussed these with the psychiatrist. If staff felt that they could not support a client through treatment, arrangements were made for alternative support.

Substance misuse services

- Staff sought additional information from GP's, mental health teams, social workers and criminal justice workers as appropriate. These formed part of the initial risk assessment, which staff updated regularly.
- At our last inspection, we identified staff were not using a recognised screening tool. At this inspection, staff were regularly using a recognised screening tool in relation to the detoxification and withdrawal from drugs and alcohol. This ensured staff were monitoring clients physical signs during withdrawal. Staff understood the warning signs associated with withdrawal from substances. Although physical health care checks were completed, some notes lacked detail on physical health issues.
- Staff were trained in safeguarding vulnerable adults. There was now a safeguarding lead for the service. Staff said they would ask the lead or local authority if they needed guidance. We saw staff had discussed the pregnancy of a client with the local authority, doctors and appropriate professionals. There was an easy flow chart available for staff to follow on the procedure for abuse or suspected abuse of children and adults. Managers were in the process of updating the safeguarding policy.
- The service had improved the way that staff managed medications. We found good medicines management practice in relation to medicines reconciliation, record keeping, dispensing and disposing of medications. There was an outside pharmacy providing each client's personal medication. The service had employed a clinical lead and staff had implemented change having an outside pharmacy providing each client's personal medications. Staff monitored the temperature of the clinic room and fridge. We found the medication administration record sheets to be accurate with no errors. Staff knew how to report and record any administration errors if needed.
- The service was developing a child visiting policy and there were safe practices in place for family visits. Staff would communicate with other agencies where appropriate. Family visits were planned in advance, and children were accompanied at all times.

Track record on safety

- There had been two serious incidents reported since May 2016. These were related to clients having severe physical symptoms during treatment or admission, which required emergency care.

Reporting incidents and learning from when things go wrong

- All staff had now been trained in the provider's new incident reporting procedures. Staff used a standard incident form and staff knew what to report. Managers had investigated incidents and provided feedback to staff about these.
- Patients were told about incidents and included in any debriefs. Staff said they could discuss incidents at weekly team and counsellor meetings. Management meetings were held every fortnight, minutes confirmed that incidents had been discussed.
- Managers had investigated the cause of these incidents. A full review had taken place and this included discussions with the consultant psychiatrist. Staff had received further training about how to best assess the dependency of drugs and alcohol with clients on admission.

Duty of candour

- Managers and staff were aware of the duty of candour and emphasised the importance of being open and honest with clients. Examples were seen of this in practice. Clients said they felt staff were honest with them.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed staff interactions with clients, and saw they were respectful and treated clients with dignity.
- On the day of inspection there was a graduation for two clients. Staff attended this ceremony wishing the clients luck and congratulations.
- Clients spoke highly about staff, they said they were all caring, that the staff were passionate about recovery and liked their job.
- Clients said staff were approachable, and helped with any problem.

Substance misuse services

- Two clients said there was a good staff client ratio, they felt safe during treatment and built up good therapeutic relationships.

The involvement of clients in the care they receive

- Clients said they were given information over the phone before admission to the service. They were shown around and given a range of information, including how to ask for help and the availability of local support groups.
- Clients were involved in their care planning process. Clients told us they could have copy of all of their care plans and assignments. There was evidence of good collaborative working with clients.
- There were no advocacy posters or information about mental health services up in the treatment centre. However, staff said they worked with local agencies to make referrals. Clients told us that staff would support clients to access any agency or community help. One client told us staff had helped someone with mental health issues and explained what advocacy support was available.
- Family members were involved in a client's treatment when they gave consent. There was a large room for family counselling and meetings.
- The service provided a weekly meeting for families and affected loved ones. One client said these meetings had helped their family member and their treatment.
- Clients had opportunity to give feedback on the service they received. One client said their feedback and ideas had been implemented. Clients had weekly community meetings, and could approach senior managers with any concerns.

Are substance misuse services well-led?

Vision and values

- The service had recovery based visions and values. Staff knew these and reflected the values of the organisation in their work.
- Staff had been informed of the provider's vision and values at interview, and on induction.

- Staff knew who the most senior members of the organisation were. They said they visited the service and sometimes worked from there.

Good governance

- Managers now kept a record of staff training. This included details of future training.
- Managers now kept managerial supervision records, these reflected discussions around client treatment and interventions, incidents, training and development. There were some gaps in supervision records, however this reflected staff leave and absences and changes in management.
- The provider was using an independent consulting agency to draft new policies. They had identified areas where policy and practice could be further strengthened. However while some of the new policies were still in draft format, we saw that managers had allocated meetings to sign these off in the next two months.
- There was a draft clinical audit policy in place. This covered how the audit would help the organisation deliver its visions and values, best practice framework and standards for good governance. Front line staff participated in clinical audits. There was a medication audit and a client file audit in place.
- Managers had started completing other audits such as collecting client experience, reviewing clinical effectiveness and client safety. We were told that managers would use the findings to improve practice.
- The recruitment policy now included disclosure and barring certificate conditions. Staff files were now clear and included job descriptions, references and staff qualifications. Recruitment processes had been improved. Managers had implemented a risk assessment for a member of staff who was waiting for a disclosure barring certificate.
- Managers told us they had sufficient authority to do their job. They had sufficient administrative support in place and received appropriate support from the board of trustees.

Leadership, morale and staff engagement

Substance misuse services

- Staff were able to describe the whistleblowing process and felt able to report concerns to the appropriate manager.
- Staff said morale was good, they said they get along as a team and enjoyed the work they did. They felt managers promoted an honest and open culture.
- Staff spoke with passion about working with clients in recovery.
- Some staff had left the service recently. This meant that current staff had the opportunity for promotion.

Commitment to quality improvement and innovation

- Managers gave examples of how they had improved the service for clients. For example, an improved medication administration system had ensured that clients received the correct medication.
- Systems were now in place to monitor the quality of care given to clients.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that all policies are updated in a timely manner.
- The provider should ensure that client records record detailed physical health care checks for all clients.

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.

This section is primarily information for the provider

Enforcement actions

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.