

Birmingham Inpatient Drug Treatment Service

Quality Report

Park House
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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 did not have a permanent female lounge. It was created as and when requested by female clients using retracting partition walls. The lounge reverted back to a mixed gender space when the partition was retracted.
- The service had not provided training to staff to address the inconsistencies in documenting identified risks in the risk review tool. Training was due to be provided to improve the quality of the risk assessment and staff documentation.
- Clients were not fully involved in the planning of their care and care plans were not person-centred.
- The service did not have bespoke care plans they used risk assessment tools to capture care planning. However, the document did not record or address the client's physical health needs.

However we found the following areas of good practice:

- Since the last inspection, the provider has made adjustments to facilitate same sex accommodation. This inspection found the service was able to distinguish between male and female corridors where bedrooms were situated. New referral forms were in place that considered client needs around same sex accommodation and preference of gender of the allocated worker. Communal toilets were changed to identify whether they were for male or female use.
- At the last inspection clients had little privacy during the admission process due to the proximity of the designated smoking area used by other clients. The service has now installed a smoking shelter away from the building.
- At our last inspection clients' reported the food was below an acceptable standard. At this inspection clients' reported the food provided was of a good standard and met their dietary needs.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Birmingham Inpatient Drug Treatment Service	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	11
Areas for improvement	11
Action we have told the provider to take	12

Birmingham Inpatient Drug Treatment Service

Services we looked at

Substance misuse services

Summary of this inspection

Background to Birmingham Inpatient Drug Treatment Service

Change Grow Live is a social care and health charity in England and Wales. They are commissioned to provide substance misuse services for Birmingham residents by Birmingham City Council. This includes Park House; a purpose built 18 bedded residential detoxification and stabilisation unit for substance misuse for men and women over the age of 18 years. Birmingham City Council commissions nine of the beds and the remaining beds are used for out of area placements. The unit accepts professional and self-referrals.

Park House is staffed 24 hours a day, 7 days a week and supported by clinical and operational on-call systems. A client's average length of stay at Park House is two weeks but the stay is based on clients' individual needs.

Park House was not suitable for clients who had a primary mental or physical health issue that required hospitalisation.

Park House registered with the Care Quality Commission in 2015 to deliver the following regulated activities:

Accommodation for persons who require treatment for substance misuse.

Our inspection team

The team that inspected the service comprised of 4 CQC inspectors.

Why we carried out this inspection

When the service was inspected in August 2016 there were breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

These were Dignity and respect, regulation 10 (2) (a). We informed the provider that they must ensure that same sex accommodation is provided at Park House. Toilets must be identified for male or female use. We found that the provider did not provide privacy of the clients from those using the communal areas during the assessment phase of the clients' admission. This was due to the proximity of the smoking shelter.

Safe care and treatment, regulation 12 (2) (a)(b). We told the provider that they must ensure that when assessing clients all risks identified must be correctly and accurately documented in risk management plans.

This recent inspection reports on the breaches and seeks to give an update concerning the provider's response. Therefore we have not reported on all the domains or all the headings within the domains.

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?

Before the inspection visit, we reviewed information that we held about the location.

Summary of this inspection

During the inspection visit, the inspection team:

- visited the unit at this location
- looked at the quality of the physical environment
- spoke with three clients
- spoke with the registered manager and the lead nurse
- spoke with two other staff members employed by the service provider, including nurse and support worker
- attended and observed two hand-over meetings, a multidisciplinary meeting, and a daily meeting for clients
- looked at 6 care records for clients
- looked at minutes of performance meetings and the integrated governance team meetings.

What people who use the service say

We spoke with three clients using the service they told us,

The soup is “fantastic”

The chef is “excellent”

“Overall it’s a good place to be, the nurses have been great and I’ve been very happy here”.

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:

- At the last inspection we identified the service did not have a permanent female lounge. The service currently creates a female only lounge as and when requested by female clients using retracting partition walls. When the partition is retracted the lounge reverted back to a mixed gender space. Therefore there is no permanent female lounge.
- The service had not addressed the issues relating to staff not documenting identified risks in the risk review tool. This meant clients risks could escalate if not managed appropriately. The manager informed us training was planned for senior staff, to improve the quality of recording risk assessments.

We found the following areas of good practice:

- At our last inspection we identified the service was not compliant with the same sex accommodation procedures. Both males and females were in the same corridor. Since the last inspection, the provider has made adjustments to facilitate same sex accommodation. where clinical risk or contractual obligations were not an unavoidable priority they considered forthcoming admissions in order to plan male and female numbers. Referral forms considered the client's needs around same sex accommodation and preference of gender of the allocated worker.
- Communal toilets were changed to identify whether they were for male or female use.

Are services effective?

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

- The service did not have bespoke care plans. This meant that staff did not fully document all client needs in particular physical health needs.

However we found the following areas of good practice:

- The service had good individual plans for clients concerning unplanned discharge from the service.
- There was good information captured in the pre-admission document which included comprehensive GP summaries.

Summary of this inspection

Are services caring?

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

- Clients were not fully involved in their care. The tool used was populated by staff rather than clients, therefore clients were not actively involved in the planning of their care.

However we found the following areas of good practice

- Clients reported that staff were supportive and kind.
- Clients reported good pre admission documentation was available to them in advance of their arrival at the service.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had improved the privacy and dignity of all clients during the assessment process. The last inspection identified that due to the proximity of the designated smoking area clients had little privacy during assessment. The service has installed a smoking shelter away from the building.
- At our last inspection clients' reported that the food was below an acceptable standard. At this inspection clients' at the service reported the food provided was of a good standard. They took into account client choice and dietary needs.

Substance misuse services

Safe

Effective

Caring

Responsive

Are substance misuse services safe?

Safe and clean environment

- The previous inspection identified that although client bedrooms were situated over two levels, no distinction was made in separating corridors. This meant there were no female or male only areas and each floor was a mix of male and female clients. The bedrooms were all ensuite however, communal toilets did not identify whether they were for male or female use and due to the nature of the service did not have locks.
- Since the last inspection the provider had made adjustments to the referral form for Park House. Gender needs were now reflected as part of the referral form and a specific part of the form was allocated to identify any needs in this area.
- The service provided same sex accommodation and clear distinction was made between the male and female corridors. The service was able to alter the configuration of the building to enable a female only corridor. The bedrooms were all ensuite and, communal toilets identified whether they were for male or female use. Due to the nature of the service toilets did not have locks on internal doors. At the time of our inspection, female bedrooms were located on a designated corridor with gender specific bathroom facilities. Where female clients were not accommodated on a designated corridor, was due to identified risks which required increased staff support. All clients were reviewed on a daily basis during morning handover led by the nurse in charge.
- Currently the service does not have a designated female only lounge; the manager explained this was due to space restrictions at the service. There are arrangements in place for a female only lounge to be created using solid partition walls. They can be extended and fixed in place, based in response to

patient need as and when required. When the walls are retracted the lounge reverts back to a mixed gender space, therefore there is not a permanent female lounge.

- Since the last inspection the provider had updated the referral form for Park House to include client preferences for same sex accommodation, same sex lounge and preference of gender for their allocated worker. We viewed the referrals forms for the service and saw clients ticked yes or no to the questions asked. We saw one completed document out of six client records we viewed. The referral forms for Birmingham clients had been altered to reflect the changes to include gender needs. However, the referral forms for clients living outside of Birmingham had not been updated. This was brought to the attention of the registered manager who resolved the matter so all referral forms were updated.

Assessing and managing risk to clients and staff

- Our last inspection found risk management plans did not accurately reflect all the risks identified at assessment. This meant those risks might not be managed appropriately. This recent inspection found staff were not accurately reflecting all identified risks from the assessment. Staff did not always transfer issues of risk onto the risk review tool.
- We looked at six patient records; one client had issues relating to oxygen saturation levels. There was a risk of the levels falling below 75% and therefore requiring a course of action by staff to manage the condition. We found this information within the assessment but staff had not transferred it to the risk review tool. As this information was not included it would delay any action concerning the deterioration of the client's condition. Staff would not be aware of the steps to follow in these circumstances.
- The service used one risk review tool where information was captured. Staff told us they documented risk

Substance misuse services

assessments and risk management plans on this form, this also included care plans. The form had eight domains including; risk indicators, what the risk looked like and protective factors. Physical and mental health, social, offending, safeguarding and substance use were also included.

- Audits completed by the registered manager identified staff were not regularly updating the risk assessments. This was highlighted in their performance meeting on 3 August 2017. We viewed the minutes of this meeting where management informed staff of the outcome of the audits. Staff were reminded that named workers should be checking and updating risk assessments. If the risk assessments were not updated staff should inform the nurse in charge.
- In the minutes of the integrated governance team meeting on the 19 July 2017, the service had placed the risk assessment improvement plan on the risk register. The service was seeking to improve the risk assessment tool and documentation by staff through training. The registered manager and senior staff explained the training was due to take place in July 2017. This was postponed as an update to the process was required. Senior staff would be training in the next two months.

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)

- We viewed six of the risk review forms where care plan information should be documented. Although physical health care checks were completed, some records lacked detail on physical health issues. Three records did not have information concerning the clients' physical health. For example, on the assessment form completed during admission information concerning the client's diabetes was documented. However information on how to manage this and withdrawal seizures was not included in the risk review form as part of the care plan. We queried this with senior staff. They stated a pinpoint alarm was in place. This was not documented on the risk review form, therefore agency or new staff would not be aware. We saw in another client record where the assessment showed the client

had multiple physical health issues. This was not in the risk review document as part of the care plan. Staff would not have information pertaining to the ongoing management of the client's particular physical health needs.

- The service did not have separate bespoke care plans, they used a risk review tool which included care planning. Completed risk review documents did not offer itself towards inputting care planning information. We spoke with senior staff that felt the risk review document was more about protective factors and not care planning.
- We spoke with the registered manager concerning this matter. Also because we could not find information in clients' risk reviews guiding staff in how to manage clients' physical illness. For example what to do to manage clients' diabetes or chronic obstructive airways disease. We also asked about specific care plans for the service. We were told although new risk assessment documents/processes were being formed there would not be a specific care plan. However, staff stated "We do have clients with clinical needs who require care plans". The registered manager stated that this matter will be discussed with senior management within CGL. The minutes of the integration governance team meeting on the 19 July 2017 also mentioned that the service should use specific care plans. It did not identify any further discussions during the meeting.
- We saw good information captured in pre admission documents and comprehensive GP summaries. We saw evidence of referral forms that included evidence of who the clients wish to involve in their care. There was evidence of withdrawal seizures and recovery/aftercare plans that were initially started by the community team and continued by staff at Park House. The client records also included individual plans for unplanned discharge from the service. We saw references in the minutes of the 8 June 2017 where an unplanned discharge plan was implemented.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Clients told us that they found staff very supportive and kind.

Substance misuse services

The involvement of clients in the care they receive

- We spoke with three clients using the service; they all stated they had received information about the service prior to attending. One of the clients had received documentation two weeks before attending the service. The information was detailed and helped them to understand what would happen during their admission. Clients said they also had information provided to them as part of the admission process.
- Two clients told us they felt their physical health needs were addressed by the service. One stated their diabetes was monitored and other physical health checks took place prior to admission such as blood tests.
- Two of the three clients stated they had not completed a care plan, one stated they had an aftercare plan. One client told us they had completed a care plan as part of a group at the service. They had not completed an individual plan with staff on a one to one basis.
- We saw a document called “My first goals”. This was a standardised electronic document completed by staff that outlined the timeframe of how the clients’ would achieve their goals. There was no evidence of client involvement within this document. The recovery plans had some personalisation but was not evident throughout.

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

The facilities promote recovery, comfort, dignity and confidentiality

- At our last inspection we identified that there was little privacy for new clients attending the service. This was because the designated smoking area was in the vicinity of the bedrooms where new admissions to the service spent their first few days. This could impact on the clients comfort, dignity and confidentiality at a time when they may be feeling vulnerable.
- We found that on our return visit to the service improvements had been made in this area. The service relocated the designated smoking area and had purchased a smoking shelter. On the day of inspection it had not arrived; however we received notification shortly afterwards of its arrival. This would promote comfort, dignity and confidentiality for the clients during the admission phase.
- Clients had previously reported that the food at the service was below an acceptable standard. When we last inspected the service the chef had only recently been in post and therefore was unable to effect any changes.
- On the day of our inspection the service had 14 clients four of which were female. There were three admissions and three discharges. We spoke with three clients who reported positive reviews of the food and the chef at the service. One client stated they were diabetic; their dietary needs were being met by the service as they offered sweeteners and low sugar desserts. A client said they were not permitted to have sweets and chocolates due to the effect it has on the detox procedure. Another client felt that the service provided alternatives if people did not like the food on the menu. We also viewed a thank you letter from a client on the notice board concerning the food at the service. It stated they had received three meals a day presented by the chef and that the meals had met their dietary needs.
- The chef placed daily menus on the notice board for clients. There was also information relating to allergies and how they may appear on food packaging.
- Staff told us there was an ongoing menu where the chef would change the ingredients weekly. Clients would request certain meals; staff gave recent examples of requests such as vegetable soup, jerk chicken with rice and peas. The chef and other staff told us that clients asked for recipes when they were leaving the service so they could cook at home. This was particularly pleasing to the chef as it began to show clients how to cook and ensured they got all their nutrients.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

The provider must ensure that when assessing clients all risks identified must be correctly and accurately documented in risk management plans.

The provider must provide care plans for the service.

The provider must ensure all clients physical health care needs are documented in care plans.

The provider must ensure all clients are fully involved in their own care and that care plans are person centred.

The provider must ensure that same sex accommodation guidance is followed at Park House by providing a permanent female only lounge.

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
Accommodation for persons who require treatment for substance misuse	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Staff did not fully document all client needs in particular physical health needs. Clients were not fully involved in their own care and did not have a person centred care plans. There were no bespoke care plans at the service.</p> <p>Regulation 9 (3)(a)(b)(e)</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>The provider did not operate a permanent space for a female only lounge. Therefore not fully protecting the clients against risks posed to their privacy.</p> <p>Regulation 9 HSCA 2008 (Regulated</p>
Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Risks identified from the assessments of the clients on admission were not accurately reflected in the risk management plans.</p> <p>Regulation 12 (2)(a)(b)</p>