KCA Thurrock

Quality Report

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

Overall summary

We do not currently rate independent standalone substance misuse services.

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

- Medical reviews did not always take place within 12 weeks as per Addaction's policy and follow up after clients did not attend appointments was not always timely. Monitoring of medical reviews and missed appointments had not been effectively managed.
- Clients did not always receive regular face to face contact from a worker and some went for long periods without being seen by a member of the team.
- Risk assessments sometimes lacked detail or were not present.
- Managers had not reported seven unexpected deaths to CQC in a timely manner and detailed root cause analyses of these deaths had not taken place.

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

- Clients were very positive about the care they received and felt that staff listened to them and did not judge them. Staff were passionate about providing high quality client centred services.
- Managers were in the process of introducing a new risk management plan which included managing safeguarding.
- Staff saw clients who were starting treatment in a timely manner. There were no waiting lists for clients to access the service.
- Managers and medical staff were working to address the issues of missed appointments, follow ups and 12 weekly medical reviews.
- Staff completed mandatory training and received regular supervision.

Summary of findings

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KCA Thurrock

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Summary of this inspection

Background to KCA Thurrock

Addaction is one of the UK's largest specialist treatment charities for drug, alcohol and mental health issues. They have 120 individual contracts across the UK, 63 of which are in England. KCA Thurrock was taken over by Addaction in 2015 and is known as Addaction Visions. It is funded by Thurrock Clinical Commissioning Group (CCG) and referrals are made by GPs, by individuals themselves or through the police or courts.

KCA Thurrock is a community service for people with drug or alcohol related problems in the Thurrock area. At the time of inspection 312 clients were being supported by the team. They offer a needle exchange service on site and through local pharmacies, drug and alcohol community detoxification and specialist prescribing for opiate dependence and harm reduction. They also offer group and one to one counselling and therapeutic interventions including cognitive behavioural therapy for people with additional mental health needs. There is also a recovery café offering refreshments and breakfast which is run by ex-clients and volunteers alongside staff. A number of groups meet on site including advocacy and self-help groups.

KCA Thurrock is open from 9am-7.30pm on Mondays and Wednesdays and 9am to 5pm on Tuesdays, Thursdays and Fridays. There is also a 24 hour helpline which is open at weekends and bank holidays.

The service is registered with the Care Quality Commission to provide treatment of disease, disorder or injury. There is a registered manager at this location.

We have not inspected this service before.

Our inspection team

The team that inspected the service comprised CQC inspector Andy Bigger (inspection lead), two other CQC inspectors, and an inspection manager.

Why we carried out this inspection

We carried out a focused inspection of this location in response to concerns identified by the Care Quality Commission relating to reporting of unexpected deaths, medical reviews, incident reports and risk assessments. The inspection focused on three domains: safe, caring and well led.

How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the location and spoke to other organisations for information.

During the inspection visit, the inspection team:

- visited this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with four clients
- spoke with the service manager and team leaders as the registered manager was on holiday
- spoke with four other staff members, including nurses and a psychotherapist
- received feedback about the service from seven care co-ordinators or commissioners
- spoke with three peer support volunteers

Summary of this inspection

- looked at 18 care and treatment records, including medicines records
- reviewed data in the electronic recording system
- looked at supervision and team meeting records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

- Clients were positive about the services they received
- Clients said they felt safe when coming to the service and that staff were polite and caring
- Three of the people we spoke to were not fully aware of how to complain.

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:

- Doctors based on site and non-medical prescribers did not always undertake medical reviews within 12 weeks as per Addaction's policy. One person had not had a medical review since January 2015 and another did not have a medical review for seven months. In one person's notes, staff recorded that they were last reviewed ten months ago. This breaches both Addaction's own policies and guidelines from the Department of Health and the National Institute for Health and Care Excellence (NICE) to review at regular intervals.
- Doctors and nurses did not always arrange follow up appointments after clients did not attend meetings or reviews.
- Staff did not always maintain regular face to face contact with clients and some went for long periods without being seen by a member of the team.
- Risk assessments sometimes lacked detail or were not present.
- Unexpected deaths had not been reported to CQC in a timely manner and detailed root cause analyses of these deaths had not taken place.

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

- A new more detailed and robust risk and safeguarding management plan was being introduced.
- Staff saw new clients in a timely manner. There was no waiting list for people to access treatment.
- Staff were aware of what constituted abuse and knew how to report it to the local authority.
- Examination and clinic areas were well equipped and equipment we looked at was working and had been tested. The clinic room was well stocked and storage and disposal of medication and equipment was appropriate.
- Staff had access to personal alarms to promote their safety.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were positive about the care they received.

Summary of this inspection

- Staff were passionate about providing high quality services and helping people with their recovery.
- Clients felt involved in the care they received and that they were given choices.
- There were opportunities to feed back about the service through the service user involvement forum which met monthly.

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

- Three of the four people we spoke to were unclear about how to make a complaint.

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:

- Team meeting minutes for the previous three months showed little evidence of any learning being shared throughout the team in relation to incidents.
- Seven unexpected deaths had not been reported to CQC in a timely manner
- Monitoring of medical reviews had not been effectively managed.
- Managers did not monitor missed appointments effectively leading to some clients not being seen for long periods of time.

However, we found the following areas of good practice:

- Staff completed mandatory training and received regular supervision.
- Staff felt supported by their colleagues, the team leaders and the registered manager and felt able to speak about their concerns.
- Managers and medical staff were working to ensure that missed appointments were followed up and that medical reviews took place within 12 weeks.
- A new system had been put in place to monitor and improve the quality of safeguarding, risk assessment and risk management.

Substance misuse services

Safe	
Caring	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The offices were clean and well maintained. We were told that the premises were cleaned every day although we were unable to verify this with records. Staff were aware of infection control and there were handwashing signs visible and handwashing gel available.
- There were sufficient interview rooms for people to be seen privately. Rooms were tidy and well organised and maintained confidentiality. All of the rooms on the ground floor, with the exception of the recovery café, were small and had no windows.
- Examination and clinic areas were well equipped and equipment was working and had been tested. The clinic room was well stocked and storage and disposal of medication and equipment was well managed. Fridge temperatures were checked and recorded daily and were within the recommended range. Staff knew what to do if temperatures went outside this range.
- Staff completed monthly health & safety audits which were up to date.
- Staff had access to personal alarms to promote their safety.

Safe staffing

- The team consisted of a registered manager, two team leaders, one doctor, four qualified nurses and six recovery workers. There were two vacancies for recovery workers with people due to start in September. There were a number of peer mentors and volunteers alongside administrative support. The service rarely used agency staffing but had done so recently to cover a vacancy for a period of six weeks. Staff were checked through the Disclosure and Barring Service before starting their employment.
- Staff managed a caseload of between 45 and 50 clients.

Assessing and managing risk to clients and staff

- Staff completed initial assessments with clients in the recovery café. Alongside the assessment, staff gave harm reduction advice and gave clients follow up appointments. Risk assessments were formulated from the time of the initial assessment. Risk assessments were not always detailed and did not identify how risks would be managed. Staff did not update these regularly.
- Managers were in the process of implementing a new risk and safeguarding management plan. Fifty percent of staff had received training in the new method, with the remaining staff due to be trained the week after inspection. The new process was intended to ensure all information identified during the initial assessment was transferred into a plan that would effectively manage any risks to clients.
- Staff did not review clients' medical treatment in line with service's policy. Addaction policy stated that medical reviews may be reduced based on individual client risk but should be not be less than quarterly. We found that this had been breached in 12 of the 18 care records we looked at. Appointments for medical assessments and reviews were not always made within these timescales. One person had not had a medical review since January 2015 and another did not have a medical review for seven months.In one person's notes it stated that they were last reviewed ten months ago.
- Managers had started to address the issue of clients not being seen for medical reviews and told us that almost all clients had an appointment booked.
- Follow up appointments after clients did not attend appointments were not always timely. We saw 17 examples where appointments were not rearranged within 12 weeks and in one case a new appointment was not made for 32 weeks.
- The service had a prescribing policy in place to inform staff of best practice and relevant prescribing guidelines. Alongside this there was a separate controlled drugs policy which provided staff with information about how

to manage holiday prescriptions, lost medication and prescribing for clients after relapse. However, the information on the cover of the policy was not clear as to when the policy had been reviewed and how often this should occur. For example, it was not clear if it had been reviewed in February 2016 or whether a review was due.

- We found that in a random sample of six clients, five had not had any face to face contact for periods between 119 and 163 days and a further client had not been seen for 293 days.

Track record on safety

- There had been eight unexpected deaths from 1 August 2015 to 25 August 2016.
- At the time of inspection root cause analysis reports had not been produced for these deaths, although root cause analysis leads had been identified for six of these deaths and reports are due to be completed by the end of September 2016. The reports produced by Addaction identified issues in relation to the frequency of medical reviews, allocation and assessment processes and liaison with GPs.

Reporting incidents and learning from when things go wrong

- Managers and staff recorded incidents according to type and all staff were trained in incident reporting during their induction. Incidents were rated by the registered manager and then sent to the critical incident review group who in turn reported to the clinical and social governance group. Monthly reports were sent to the service manager and the registered manager and this was shared in the monthly team meetings or the weekly clinical meetings.
- For serious incidents requiring investigation, there were staff trained to complete a root cause analysis when required.
- Reports into the eight unexpected deaths identified shortcomings in relation to the frequency of medical reviews, initial appointments, risk assessments and liaison with other agencies and professionals. Addaction had made recommendations to address these issues but it was too soon to assess whether these were effective.

Duty of candour

- Managers and staff were committed to being open and transparent with clients and carers when things went wrong.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Clients were very positive about the care they received and felt that staff listened to them. They said they felt safe at the centre and that staff were polite, caring and respectful. One client said they were straight talking but did not judge which helped them in their recovery. We saw that staff treated clients with kindness and respect.
- Privacy and dignity were maintained throughout all the interview and clinic rooms we saw and there were rooms available for staff to speak to clients confidentially.
- Staff showed a good understanding of substance misuse issues and the difficulties their clients were facing. They were passionate about providing high quality services and helping people with their recovery.

The involvement of clients in the care they receive

- Clients felt involved in the care they received and that they were given choices of what activities to take part in and groups to attend. One to one work was client focused and directed. The individuals we spoke to particularly valued the recovery café with some clients using this several days a week.
- One client said that when they rang the service in some distress they were offered an appointment within an hour which helped them cope with the difficulties they were experiencing.
- There were opportunities to feed back about the service through the service user involvement forum which met monthly. There were six references to clients contributing to these meetings in the past three months.
- Three of the four people we spoke to were unclear about how to make a complaint, although two of these said they would talk to the manager of the service.

Substance misuse services

Are substance misuse services well-led?

Vision and values

- The organisation's vision was to "empower people to be successful, to make positive changes and to take back control over their lives. We ensure that children, young people and adults are firmly at the heart of what we do and why we do it." This was underpinned by the following values:

~ Compassionate: we will not judge anyone that seeks help from our services. We will listen carefully to each person and respond to their situation with honesty and understanding.

~ Determined: we believe that people can change with the right support and treatment. We will not give up on anyone and our staff will go the extra mile to achieve success for all our service users.

~ Professional: all our staff are fully qualified to offer the best services to individuals and their families. We will always aim to continually improve our services and work in partnership with other agencies to ensure successful outcomes for all.

- Staff we spoke to were enthusiastic about providing person centred services to their clients and committed to providing high quality care.

Good governance

- There were eight unexpected deaths of clients receiving a service from KCA Thurrock. These were reported to Thurrock CCG but only one death was reported to CQC at the time of death, in line with Addaction policy that deaths need not be reported where the cause was not linked to the treatment being received from the service. Addaction have since sent reports of a further six deaths detailing the circumstances surrounding the deaths and how clients were being supported through Addaction at the time of death and in the preceding months.
- Staff were compliant with mandatory training and received regular supervision which they found helpful in carrying out their role. Incidents were reported appropriately and staff said they learnt from these through team meetings. Staff were aware of the Addaction's safeguarding policy and how to report a safeguarding concern. One staff commented that they had struggled with the change of the electronic system and another that the pressure to provide documentation sometimes meant working with clients tended to be in groups as there was not enough time for one to one interventions.
- There was sufficient administrative support for the registered manager and team managers who said they had sufficient authority to undertake their role.
- Team meeting minutes for the previous three months showed little evidence of any learning being shared throughout the team in relation to incidents. Team members told us that incidents were discussed at the weekly clinical and monthly team meetings and that this started earlier in 2016.
- Managers had introduced plans to check that client's files contained detailed and up to date information in relation to the assessment and management of risk.

Leadership, morale and staff engagement

- Staff were positive about working in the service and felt supported by their colleagues. They also said that they were well supported by the team leaders and by the registered manager who managed the team, and felt able to speak about their concerns.
- Staff felt that funding cuts had impacted on the team with posts not being filled promptly which increased workload and stress levels.
- Managers and staff told us that there had been some staff sickness, but we did not see any figures in relation to this.

Commitment to quality improvement and innovation

- Managers within the service had recognised issues around timeliness of medical reviews, missed appointments, reporting serious incidents and the quality and timeliness of risk assessments and were committed to ensuring these issues were addressed. This was evidenced by the introduction of new systems and monitoring which was in its early stages and would require further work to ensure it is effective throughout the organisation.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that clients' medical reviews should be undertaken no less than quarterly in line with Addaction's policy.
- The provider must ensure that clients who miss appointments are followed up promptly.
- The provider must ensure that risk assessments are detailed and reviewed in a timely fashion.
- The provider must send notifications of deaths to the Care Quality Commission as set out in the registration of the service and carry out a detailed root cause analysis to identify the cause.

Action the provider SHOULD take to improve

- The provider should ensure that they act on their recommendations arising from investigations into recent deaths of clients supported by the service.

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
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not ensured that clients' medical reviews were undertaken no less than quarterly in line with Addaction's policy. The provider had not ensured that clients who missed appointments were followed up promptly. The provider had not ensured that all risk assessments were detailed and updated consistently. This was a breach of Regulation 12 (1)(2)(a)(b)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services The service had not notified the Care Quality Commission of deaths that required notification. This is a breach of Regulation 16 (1)(a)(3)