

PCP Leicester

Quality Report

158 Upper New Walk

Leicester

Leicestershire

LE1 7QA

Tel: 0116 2580690

Website: www.rehabtoday.com/leicester

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

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

- Clients, who did not understand English to an adequate standard had to pay for their own interpreters to access parts of the treatment programme.
- The service only had contracted medical cover for nine hours per week, and there was no specialist detoxification urgent medical cover for evenings and weekends.
- The lone worker policy required review, to ensure that it was specific to the work and processes carried out at PCP Leicester. In particular with regard to how staff and clients could and should efficiently and quickly access emergency help if required at weekends.
- Interview rooms were not fitted with alarms and staff did not carry personal alarms.
- The ligature audit was incomplete, and currently not fit for purpose.
- The fridge in the kitchen area used by staff and clients did not have a thermometer fitted or any temperature monitoring records. Open food items were not dated or labelled.

Summary of findings

- The establishment of a fire warden and the processes attached to the role including properly monitored and recorded fire drills needed formalising and promoting within the service.
- There was no designated first aider. The policy and practices relating to access for emergency first aid required formalising and promoting within the service.
- Staff did not complete records to show medical equipment had been calibrated.
- The provider had decided to not backfill the registered nurse post for a temporary period. Therefore the service only had nurse cover for three days per week, instead of the established five days.
- There was no external or independent verification of the weekly and monthly medication audits including those relating to controlled drugs audits. Clients did not sign the medication log to confirm they had received their controlled drugs.
- The services vision, values and mission statement was not clear.
- Clients would not be able to discharge themselves safely between 5.00pm and 8.30am during the first week of treatment, as they would not be able to access their mobile phone, money or other valuables, to facilitate this.

- There was no policy relating to the safeguarding of children while visiting relatives at the therapy unit.

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

- Staff were dedicated and passionate about putting the clients first and wanted to provide the best possible therapy program they could.
- Clients told us that access to the service had been easy and efficient.
- All clients had an initial risk assessment and all risk assessments had been updated within the past month. Risk assessments were comprehensive and included process to follow for a client who unexpectedly exits treatment.
- Staff induction, training, supervision and appraisal met with the provider's policy. Case reviews and team meetings were embedded in practice and well attended.
- The service had developed a culture of wanting to learn from incidents and feedback, they had recently introduced "care plan Thursday" in response to feedback.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Substance
misuse/
detoxification**

We do not currently rate independent standalone substance misuse services.

Summary of findings

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PCP Leicester

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to PCP Leicester

PCP Leicester registered with the Care Quality Commission in December 2014 and is a residential drug and/or alcohol medically monitored detoxification and rehabilitation facility based in Leicester city centre, Leicestershire. At the time of inspection, the service had a registered manager Michael Toner, controlled drugs accountable officer and a nominated individual.

The service includes a treatment centre where clients attend for daily therapy sessions, a six bedded detoxification house, known as Severn Street, which is allocated to people undergoing detoxification with 24-hour supervision. A further 8 bedded house, known as St. Stephens was available for clients in the primary treatment phase of the programme. Severn Street is separately registered with care quality commission and although it was inspected alongside PCP Leicester it has been reported on separately. St Stephens is not required to be registered with the Care Quality Commission, and therefore was not inspected.

PCP Leicester provides ongoing abstinence based treatment, which focuses on the 12- step programme and integrates cognitive behavioural therapy, motivational interviewing, integrated psychotherapy, psycho-social education and solution focussed therapy.

PCP Leicester is registered with CQC to provide treatment of disease, disorder or injury.

At the time of inspection, 14 people were accessing the service for treatment. Length of stay for clients in treatment was between two and twelve weeks.

The service provides care and treatment for male and female clients. PCP Leicester accepts self-referrals from privately funded individuals and drug and alcohol community teams primarily from around the midlands area.

The Care Quality Commission carried out a comprehensive inspection of PCP Leicester in November 2015. At that time, we found the following practices requiring action to be taken by the provider:

- The provider must ensure that all staff receive regular supervision and appraisals to monitor performance and offer support.
- The provider must adhere to a robust recruitment policy that ensured staff who are employed by the service are qualified and competent to work with the client group.
- The provider must ensure that sufficient medication is available in case of emergency.

During the current inspection, we noted that all staff had up to date supervision records and appraisals in line with provider policy, staff recruitment was thorough and completed in full, and training certificates were available in the staff files. We carried out a thorough examination of patients' medication charts, and found that there had been one incidence, in a six-month period, when a medication had not been available, and staff had corrected this later that same day.

Our inspection team

The team that inspected the service comprised CQC inspector Debra Greaves (inspection lead), and two other CQC inspectors.

Summary of this inspection

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

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, and asked other organisations for information:

During the inspection visit, the inspection team:

- visited the treatment centre for this provider, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with nine clients
- interviewed the registered manager and the lead nurse

- spoke with five other staff members employed by the service provider
- received feedback about the service from one external organisation
- looked at 18 feedback forms completed by clients at the end of therapy
- attended and observed one hand-over meeting, a multidisciplinary meeting, and a daily meeting for clients
- collected feedback from three comment cards
- reviewed 14 care and treatment records, including medicines records, for clients
- observed staff administering morning medications
- reviewed 10 staff files including those of permanent staff, peer volunteers and student counsellors
- Looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

- We spoke with nine clients, collected feedback from three clients comment cards and looked at 22 feedback forms completed by clients at the time of discharge.
- Clients we spoke with told us staff were interested in their wellbeing and staff were respectful, polite and compassionate. They said they felt safe while using

the service, and were happy with the treatment they received for physical and mental health, as well as substance misuse support. Clients said they were involved in their treatment plan and their exit plans.

- Clients told us access to the service was easy and efficient; the opportunities for their families to be involved and supported during their treatment, and the aftercare offered by PCP Leicester were some of the best they had encountered.

However:

Summary of this inspection

- We noted that ten feedback forms and two clients currently using the service, stated the quality of the sleeping accommodation at Severn Street, was poor. The location at Severn Street, while inspected alongside PCP Leicester has been reported on separately.

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:

- Interview rooms were not fitted with alarms and staff did not carry personal alarms.
- There was no thermometer and no temperature records for the fridge in the kitchen area, used by staff and clients for the storage of food and drinks. Food, which had been brought in by staff or clients, and stored in the fridge, was not dated or labelled to show what it was and when it should be used by.
- Managers had not ensured the ligature audit was fully completed, (ligature points are places where clients are able to tie something to if they intend to self-harm). The audit did not identify measures for evaluating the level of risk or how the risks were to be reduced.
- There was no designated first aider for PCP Leicester. Managers had recently appointed a fire warden but the processes attached to this role, including full and proper fire drill recording and monitoring needed formalising.
- The qualified nurse had recently reduced her working hours to three days per week on a temporary basis. However, the provider had decided to not backfill her post for the two days per week.
- The service did not work in partnership with a community pharmacist in order to complete pharmacy audits or to check client's prescriptions.
- Staff did not record they had calibrated the blood pressure monitor.
- The service only had contracted medical cover for nine hours per week, and there was no specialist detoxification urgent medical cover for evenings and weekends. Outside of the contracted hours, staff were expected to access urgent help and advice from either the GP's or local walk in centre.
- While the service had a child protection policy, they did not have a policy covering children visiting family members at the service.
- The lone worker policy related to PCP as an organisation and was not specific to PCP Leicester. It did not take into account lone staff working at the therapy unit on Saturdays and Sundays.

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

Summary of this inspection

- All areas were clean and well maintained; staff maintained equipment and maintenance stickers were visible and in date. There was evidence of portable appliance testing (PAT) on all electronic equipment. Staff had completed environmental risk assessments.
- The service had a well-equipped clinic room with the necessary equipment to carry out physical examinations. Staff regularly checked the temperature of the medication fridge and adjusted according to the storage requirements of the medications being stored. There was accessible emergency equipment including a defibrillator and naloxone (used to reverse the effects of opioids). Managers ensured that staff were trained in how to use the equipment.
- With the exception of nursing, staffing was adequate for the treatment centre with a ratio of four clients to each therapist counsellor.
- All clients had an initial risk assessment and all risk assessments had been updated within the past month. Risk assessments were comprehensive and included process to follow for a client who unexpectedly exits treatment.
- One hundred percent of staff had completed mandatory training including medications management and safeguarding adults and children. Staff were trained to notice deterioration in a client's wellbeing while undergoing detoxification and knew how to access help for this.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff completed comprehensive psychological, physical, and medical assessments at the point of a client's admission for treatment. This included a physical health examination to ensure suitability for the detoxification programme.
- Staff reviewed and updated individual treatment plans weekly. All treatment plans viewed were holistic, personalised, recovery orientated and looked at the client's strengths.
- Doctors followed good practice in managing and reviewing medicines including following British National Formulary (BNF) recommendations. Staff were familiar with the Department of Health guidance, drug misuse, and dependence: UK guidelines on clinical management (2007) for alcohol and opiate detox, known as the "orange book".
- Interventions included supporting clients with the transition back to community, structured group work and individual therapy, physical health screening.

Summary of this inspection

- All staff had completed induction, supervision and appraisal in line with the providers' policy. All staff had access to the specialist training required for their work.
- 100% of staff had completed training in the Mental Capacity Act 2005. The service had an equal opportunities and diversity process in place. The service supported people with protected characteristics under the Equality Act 2010.
- There was a clear admission and discharge criteria. There was no waiting list for PCP Leicester. Clients formulated their own discharge plans including those for unexpected discharge from the service. Clients and their families could access the PCP follow up monthly groups once they had completed their treatment programme.

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

- We raised concerns with the provider about their practice of securing clients mobile phones and valuables during the first week of treatment. Only the manager could access the locked cupboard during office hours Monday to Friday. This prevented clients from being able to discharge themselves safely between the hours of 5.00pm and 8.30am during the first week of treatment. The manager advised us that he would revise the policy with immediate effect to allow for safe access 24 hours per day seven days a week.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff interacting with clients in a kind, considerate and caring manner.
- Clients we spoke with told us staff were interested in their wellbeing and staff were respectful, polite and compassionate.
- All clients received a welcome pack on admission. The welcome pack included a treatment contract, compliments, complaints and suggestions form.
- Treatment plans offered interventions aimed at maintaining and improving the clients' social networks and provided support for people to attend community resources.
- Families could be involved in treatment with client agreement. Clients told us the service facilitated monthly family meetings.
- Clients were able to give feedback on the service during weekly community meetings or on the feedback form given to them by staff at the end of their treatment programme

Summary of this inspection

Are services responsive?

We do not currently rate standalone substance misuse services.

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

- Clients, who did not speak and understand English to an adequate standard, had to pay for their own interpreters to access parts of the treatment programme.
- Due to the building status, location, design and access restrictions, the service was not able to accommodate disabled people. The provider justified this by explaining that many of their clients travelled from outside the Leicestershire area and there were similar accessible services in other parts of the Midlands area.

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

- Clients told us that accessing PCP Leicester through the admission process had been very easy, quick, and efficient.
- Staff completed a pre-admission assessment with clients to assess suitability prior to them being accepted to the service. Exclusion criteria included clients who had previously experienced seizures during detox and recent self-harm or suicide history.
- The service rarely cancelled appointments or groups due staff shortages or sickness. Clients we spoke with said they had not experienced any cancelled sessions or activities.
- Staff supported clients to access faith groups in the community to ensure their spiritual and cultural needs were met.
- Staff worked with clients to include them in their care and prevent them from disengaging in their treatment. Clients formulated their own leaving plans and discussed these plans during therapy sessions.
- The service had received two complaints and 50 compliments in the 12 months preceding inspection.

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:

- Staff we spoke with were uncertain about the organisations vision and values.
- The service did not have targets or key performance indicators, and the provider did not participate in any national accreditation schemes.

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

Summary of this inspection

- 100% of staff had completed mandatory training.
- 100% of staff had regular supervision and yearly appraisals in line with the provider's supervision policy.
- Staff morale was high. None of the staff or managers we spoke with raised any concerns regarding bullying or harassment.
- The provider had a whistle-blowing policy in place and staff told us they knew of this policy and felt able to raise concerns without fear of victimisation.
- Between December 2016 and November 2017 there were no unauthorised absences/ or sickness days taken by staff.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- 100% of staff had completed training in the Mental Capacity Act.
- Staff we spoke with had good knowledge of capacity and the impact it could have on clients they were working with.

Substance misuse/detoxification

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse/detoxification services safe?

Safe and clean environment

- All areas were clean and well maintained; staff maintained equipment and maintenance stickers were visible and in date. There was evidence of portable appliance testing (PAT) on all electronic equipment throughout the treatment centre. Staff had completed environmental risk assessments. However, interview rooms were not fitted with alarms and staff did not carry personal alarms. Staff told us they felt sure if they needed help urgently someone would hear their shouts.
- Cleaning records were up to date and demonstrated the staff cleaned the environment regularly, and staff adhered to infection control principles including handwashing. However, there was no thermometer and no temperature records for the fridge in the kitchen area, used by staff and clients for the storage of food and drinks. Food, which had been brought in by staff and clients, and stored in the fridge, was not dated or labelled.
- While there was a ligature audit, identifying potential ligature risks, (ligature points are places where clients are able to tie something to if they intend to self-harm). Managers had not ensured the audit was fully completed. The audit did not identify measures for evaluating the level of risk or how staff should reduce the risks. Staff told us they reduced these risks by using the clients' risk assessment, pre-admission assessment and daily handovers.
- The service had a well-equipped clinic room with the necessary equipment to carry out physical examinations. Staff regularly checked the temperature of the medication fridge and adjusted according to the

storage requirements of the medications being stored. Staff had access to emergency equipment including a defibrillator and naloxone (used to reverse the effects of opioids). Managers ensured that staff were trained in how to use the equipment. A clinical waste disposal contract was in place to collect and dispose of clinical waste. However, staff had not completed records to show they had calibrated the blood pressure machine.

Safe staffing

- PCP Leicester team consisted of three drug and alcohol counsellors, a manager who was also a qualified drug and alcohol counsellor, three evening support workers who worked on a rota basis, an administrator, a registered mental health nurse, two volunteer peer mentors, and six student counsellors.
- Managers adhered to thorough recruitment processes for all staff, including volunteers. We saw that all DBS certificates were in date and where necessary appropriate staff risk assessments had been carried out.
- Managers estimated the number of staff required based on client need and the therapy programmes in place at any given time.
- The average caseload was four clients per counsellor. Managers ensured that all clients had an allocated key worker. Counsellors acted as key workers and facilitated weekly one-to-one sessions with clients.
- Staff absences were planned and were able to be managed effectively within the staffing team. The qualified nurse had recently reduced her working hours to three days per week on a temporary basis. However, the provider had decided to not backfill her post because in his opinion, when agency staff had been used in the past the service had found this more problematic than managing the absence within the team.

Substance misuse/detoxification

- Between January 2016 and January 2017 there were no unauthorised absences/ or sickness days taken by staff. There were no staff vacancies at the time of inspection.
- 100% of staff had completed an induction, which included how to raise safety concerns and reporting incidents. 100% of staff had completed mandatory training in health and safety and care specific topics such as care planning, medication, records keeping, consent, Mental Capacity Act, conflict management, breakaway techniques and safeguarding of vulnerable adults.
- The service had access to one of two doctors for three hours a day, three afternoons per week (Tuesday, Thursday and Friday). The two doctors provided cover for each other's absence according to their contracted hours. Staff told us they believed they could also access one of the doctors outside of the contracted hours, if they had concerns about any client who was undergoing detoxification. However, the doctors told us that while they would try and respond to staffs requests outside of their contracted hours and during office hours, they could not guarantee being able to do this, and they were not available for emergencies during evenings and weekends.
- Doctors told us if staff required urgent medical advice or support was required outside of their contracted hours staff either contacted the clients GP, or took the client to a walk in centre or the accident and emergency department.

Assessing and managing risk to clients and staff

- We reviewed 14 care records. Staff had completed an initial risk assessment for all clients. Staff ensured they were comprehensive and included processes to follow for a client who unexpectedly exits treatment. Staff had updated all risk assessments within the past month.
- Staff told us if they noticed deterioration in client's physical health, they would refer them to the walk in centre, the local GP or seek guidance from the doctor. Staff monitored early warning signs of mental or physical health deterioration during daily contact with clients and during medication administration.
- The doctor reviewed all clients' medication on admission, introduced detoxification medication, and reviewed medication periodically during the clients stay at the service. The doctor advised nursing staff on medication administration and was available for consultation during their contracted hours. We saw comprehensive doctors' assessments including risk assessments based on a self-assessment proforma, GP records, and face-to-face consultation with the prospective client prior to admission.
- 100% of staff were trained in safeguarding adults and children and safeguarding vulnerable adults. Staff we spoke with knew when and how to make a safeguarding referral. While the service had a child protection policy, they did not have a policy covering children visiting family members at the service.
- All staff were trained in de-escalation and conflict management.
- The service had processes in place for medicines management and dispensing medication. All staff were trained in medication management and there were always two staff available when administering controlled drugs. The nurse completed a controlled drugs destruction book and a returned drugs book. Staff used this in conjunction with the local pharmacy to ensure the appropriate disposal of controlled drugs.
- The manager and the nurse completed weekly and monthly controlled drug audits. However, the service did not work in partnership with a community pharmacist to complete pharmacy audits or to check client's prescriptions. Managers told us they would be reintroducing the practice of clients signing for their controlled drugs at the time of administration, as this would make the process more robust and transparent.
- Staff recorded prescribed medications and homely remedies on separate medication charts. This was not good practice and could result in medication errors. We advised the provider of this who took immediate steps to combine the two medication charts for each client.
- The service held a Home Office stock license that meant that when presented with an alcohol dependent person in severe withdrawal the nurse was able to administer medication from stock under the doctors' instructions to reduce risk of alcohol withdrawal related complications. The doctor completed a stock medication instruction and medication card for all clients requiring detoxification and an up to date medications administration chart was available for each client.
- The lone worker policy related to PCP as an organisation and was not specific to PCP Leicester. It did not take into account lone staff working at the therapy

Substance misuse/detoxification

unit on Saturdays and Sundays. There were no formalised processes to indicate how or whom, staff or clients should contact in an emergency, there was no designated on call person to respond to such requests.

- Staff kept client files in locked cabinets within their offices which were only accessible to staff. The service used paper and electronic recording systems. When it was necessary to transport essential client notes between the therapy unit and the accommodation house, staff used a secure case for this purpose.

Track record on safety

- The service had reported no serious incidents to CQC in the 12 months leading up to the inspection. However staff told us about an incident that had occurred fairly recently resulting in a client's money going missing. This had been reported to CQC.

Reporting incidents and learning from when things go wrong

- The service had an incident and accident reporting policy, and staff told us they knew what an incident was and how to report it to their managers.
- Senior management discussed incidents at their bi-monthly clinical governance meetings. We saw evidence of change having been carried out following these discussions and investigations. incidents were being reported to CQC.
- Staff were open and transparent and explained to patients if and when something went wrong.
- Staff received feedback from incidents during daily handovers and bi-weekly team meetings. We observed, during the handover meeting, that feedback from incidents was discussed. Staff confirmed that they received debrief and supervision following any serious incidents.

Duty of candour

- Managers and staff of the service were aware of the duty of candour. Managers and staff told us they were candid with clients.
- There was an up to date duty of candour policy.

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Assessment of needs and planning of care

- We looked at 14 (100%) client case files and noted that staff had completed full assessments for all clients on the day of admission. All pre-admission assessments and information was located within the client's case files.
- The doctor completed medical assessments at the point of a client's admission for treatment; this included a physical health examination to ensure suitability for the detoxification programme. If in the opinion of the doctor people were not suitable for the service they were advised where they could get further help if they wanted it.
- Staff carried out physical health checks including blood pressure, breathalysing, and urine testing. Doctors prescribed appropriate medication regimes to support the first few days of the detoxification programme.
- Staff reviewed and updated individual treatment plans weekly. We reviewed 14 treatment plans and found that all were holistic, personalised, recovery orientated and looked at a client's strength areas. Staff discussed and clearly recorded client's goals throughout treatment and upon discharge.

Skilled staff to deliver care

- The multi-disciplinary team consisted of counsellors, a qualified nurse, evening support workers, an administrator, a registered manager, volunteer peer mentors and trainee counsellors.
- Therapy staff were always available at the service when required for support.
- One of two doctors were contracted to attend the service for three hours, three times weekly. They provided cover for each other during these contracted hours. We were advised that outside of these contracted hours staff were expected to either contact the GP or walk in centre for medical advice. Though staff acknowledged that when doctor availability allowed, one of the doctors could be contacted for advice about clients on the detoxification pathway during office hours.
- Staff induction to the service was thorough and included all the necessary skills and knowledge staff required to work with the client group. Induction

Substance misuse/detoxification

records were completed and located within staff files. Volunteers underwent the same induction and mandatory training as permanent staff, they also received the same level of supervision.

- Managers ensured all staff had regular supervision in line with the provider's policy. All eligible staff had completed annual appraisal. Both doctors had been revalidated in the previous 12 months. In addition, all staff had access to bi-weekly team meetings and therapy counsellors had access to monthly group supervision. Individual therapy counsellor supervision was available on request.
- Staff had access to specialist training for their role, 100% of eligible staff had completed HAGA: alcohol dependence, withdrawal and detoxification, RCGP management of alcohol problems in primary care, RCGP alcohol brief identification and advice, RCGP management of drug misuse, RPS accredited medication training, hepatitis B and C detection, diagnosis and management and drug and alcohol awareness.
- There had been no concerns with poor staff performance within the last year. Managers advised us that when there were any concerns an informal discussion would be held.

Multidisciplinary and inter-agency team work

- Staff had access to bi-weekly team meetings. Minutes of these meetings were stored in a file located within the staff office.
- Staff attended handovers twice daily. They included discussion around any client issues or risks, the timetable for the day, incidents and detox update.
- The service worked closely with the PCP supported housing scheme and colleagues in other PCP residential detox sites.
- Staff told us they had good links with the dispensing pharmacy, local GP surgeries, and PCP move on housing scheme. Staff told us that because many of the clients were from outside the Leicester catchment area links with community mental health teams and key workers in the community substance misuse services were on an as and when basis.

Adherence to the MHA

- The Mental Health Act was not applicable to this service; clients using the service were not detained.

Good practice in applying the MCA

- Staff discussed and checked capacity with all clients on admission.
- 100% of staff had completed training in the Mental Capacity Act 2005. Staff had knowledge of the five statutory principles of the Act, including capacity and the impact it could have on clients they were working with.
- There was a policy relating to the Mental Capacity Act. Staff could not recall the last time a client was deemed to have impaired capacity but understood the principles of best interest meetings and the need to support clients to be as involved as possible in any decisions being made on their behalf.

Equality and human rights

- The service had an equal opportunities and diversity process in place. Staff we spoke with were able to tell us about the policy and how it affected their work.
- Clients signed a treatment agreement on admission to agree they would comply with the service rules. These rules included restrictions on clients having visitors for four weeks upon entering treatment. After the initial four weeks, clients were able to have weekend visits. Personal phone calls were discouraged during the day when therapy was taking place.
- The treatment agreement also barred mobile phones and valuables during the first week of treatment. Clients were required to either not take valuables with them during the first week of an admission or leave their valuables with staff for safekeeping during this period. After the initial first week, clients were allowed their phones outside of daily treatment activities, and valuables were returned.
- We raised concerns with the provider about this practice, because only the manager could access the locked cupboard during office hours Monday to Friday. This prevented clients from being able to discharge themselves safely, with phone access and money to get home, between the hours of 5.00pm and 8.30am during the first week of treatment. The provider advised us the decision to limit access had been taken in response to

Substance misuse/detoxification

an incident but he would review the procedure so that night staff could access the secure cupboard if needs be. The manager advised us he would amend the policy with immediate effect.

Management of transition arrangements, referral and discharge

- The service had clear admission and discharge policies. Prospective clients were initially assessed using a pre-admission questionnaire to identify if they were suitable. Staff carried out another comprehensive assessment on admission. The service did not have a waiting list for new admissions.
- Staff accepted referrals from community drug and alcohol teams and on a private basis for clients.
- Staff invited prospective clients to visit the service before accepting a place.
- Staff had supported clients to formulate their own leaving plans, including unexpected exit from treatment, as part of the treatment programme. Staff gave clients information on accessing local support groups on discharge.
- PCP Leicester provided follow on support for clients who had completed their treatment programme. Clients, carers and family members who had completed treatment were offered the opportunity to continue receiving support at monthly group meetings. Where appropriate, clients could take up the opportunity to live in PCP supported housing and attend the service for additional support or could apply to become a volunteer at the service.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed staff interacting with clients in a kind, considerate and caring manner.
- Clients we spoke with told us staff were interested in their wellbeing and that staff were respectful, polite and compassionate. Clients said they felt safe while using the service, and were happy with the treatment they were receiving. They said there was always enough staff to offer additional support.

- Staff knew clients on a first name basis and were able to discuss their clients in depth. Staff had an awareness of clients' individual needs and preferences and discussed these during the handover.
- When talking to us about client care staff were mindful of maintaining client confidentiality.

The involvement of clients in the care they receive

- Clients received a welcome pack on admission. The welcome pack included a treatment contract, compliments, complaints and suggestions form, advocacy information, a treatment contract, common questions and answers and advice around local GP and dental services.
- Clients we spoke with said they were involved in and offered a copy of their treatment plan. Client case files included statements suggesting clients had reviewed their goals throughout treatment.
- Treatment plans offered interventions aimed at maintaining and improving the clients' social networks and provided support for people to attend community resources.
- Families could be involved in treatment with client agreement. Clients told us the service facilitated monthly family meetings.
- Clients had a named key worker and clients knew who their key worker was. All clients in treatment received weekly one-to-one sessions with their named keyworker.
- Clients were expected to follow the rules and protocols in place, signed agreement forms indicating client's willingness to comply with the rules and protocols were present in all client files.
- Client files contained a confidentiality and information sharing agreement, along with a signed copy of PCP's contract and a detox agreement if needed.
- Clients were able to give feedback on the service during weekly community meetings or on the feedback form given to them by staff at the end of their treatment programme.

Substance misuse/detoxification

- We looked at 22 feedback records for discharged clients, most were positive. However, we noted that ten clients felt the accommodation on a separate site at Severn Street, could be cleaner and or of a higher standard.

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

Access and discharge

- Clients told us that accessing PCP Leicester through the admission process had been very easy, quick and efficient. There was no waiting list for PCP Leicester, and no delayed discharges. New admissions were always taken in on Tuesday, Thursday and Fridays when medical staff were on the unit. The service did not accept very urgent referrals or admit clients during the night.
- PCP Leicester accepted referrals from private individuals and referral agencies. Data for the period March 2016 - March 2017 showed that PCP Leicester had admitted 135 clients, ten of whom had been re-referrals. Ninety five clients had been discharged drug and alcohol free, 15 had been discharged following completion of treatment, 19 had self discharged and six had transferred to other services.
- Staff completed a pre-admission assessment with clients to assess suitability prior to them being accepted to the service. Exclusion criteria included clients who had previously experienced seizures during detox and recent self-harm or suicide history. The registered manager or nurse and the doctor assessed all referrals on a case-by-case basis.
- Managers assigned counsellors to clients as key workers at the point of admission. Leading up to discharge, clients formulated their own leaving plans and discussed these plans during therapy sessions.
- The service rarely cancelled appointments or groups due staff shortages or sickness. Clients we spoke with said they had not experienced any cancelled sessions or activities.
- Staff worked with clients to include them in their care and prevent them from disengaging in their treatment.

The facilities promote recovery, comfort, dignity and confidentiality

- PCP Leicester treatment centre had a range of rooms available, including group rooms, 1-2-1 rooms a clinic room, seating areas for lunch and a relaxation lounge. Clients who were detoxing had the opportunity to use a quiet room if they felt unwell and could not engage in treatment.
- Facilities were available at the treatment centre for clients to make a hot or cold drink when they wanted to. The service ordered sandwiches from a local café, which was delivered to the treatment centre. While clients were able to choose from a range of sandwiches they told us the choice was limited and boring considering what the café could actually offer. Clients were self-catering and so individual dietary requirements could be catered for.
- Clients had access to a smoking area at the treatment centre. We saw comfortable dining areas with adequate seating at the treatment centre.
- Staff told us the nature of the service, and type of therapies currently being offered by the service, was not able to accommodate clients who did not have an adequate understanding of the English language. Staff said they could access interpreters for certain parts of the programme at the client's own expense.

Meeting the needs of all clients

- Staff said they supported clients to access their spiritual needs in the local community. Clients confirmed they felt their spiritual needs were being met.
- While information in other languages was not readily available, the service was able to supply leaflets in languages other than English on request.
- The service was able to make adjustments for people in response to meet their needs, such as spiritual, and cultural needs.
- The premises does not lend itself to being made disabled access due to its listed building status, except to the reception desk on the ground floor (via a ramp at the back of the building, where there is some limited car parking). The provider told us many of their clients came

Substance misuse/detoxification

travelled from outside the Leicestershire area, and there were other similar accessible services in the midlands. This means they are not in breach of the equality act for disabled access.

Listening to and learning from concerns and complaints

- The service received two complaints in the 12 months prior to inspection, one was upheld, and the other was not. The service had a robust process in place for managing complaints
- The service received 50 compliments in the 12 months prior to inspection. We saw thank you cards and letters displayed within the staff office from clients who had successfully completed treatment, thanking staff for the support they had received.
- Clients knew how to complain. Staff displayed information about making a complaint in the treatment centre. Information about how to complain was also present in the clients welcome pack. None of the clients we spoke with had made a complaint about the service and were not therefore able to reflect on how the service had handled their complaint. Staff knew how to handle complaints appropriately.

Are substance misuse/detoxification services well-led?

Vision and values

- Staff we spoke to were not certain about the organisations vision but several staff members commented on empowerment being at the heart of what they believed in. A senior manager confirmed that formulating the organisations vision, values and mission statement was a “work in progress” at senior management level.
- Team objectives reflected empowerment and respect.
- Staff knew who the most senior managers in the organisation were and these managers have visited the team.

Good governance

- The service had a robust recruitment process. We looked at ten staff and volunteer personnel files. All

active volunteers and substance misuse staff had a current disclosure and barring service (DBS) check and all staff had two references located within their personnel files.

- 100% of staff had completed mandatory training. Mandatory training included safeguarding children and adults, lone working, safeguarding vulnerable adults, Mental Capacity and Conflict management and breakaway techniques as well as substance misuse, detoxification and medication specific training.
- 100% of staff had regular supervision and yearly appraisals in line with the provider’s supervision policy.
- Management used an on line employers handbook to ensure all staff had the correct employment paperwork.
- Managers were not able to identify specific targets or key performance indicators.
- Managers felt they had sufficient authority and administrative support.
- Staff were involved in completing one or more service audits including client file audit, environmental audit (covering all aspects of buildings such as health and safety/ infection control), emergency equipment audit and weekly house checks.
- Most staff were aware of the risk register. Staff knew how to report a risk or safety hazard to the manager.
- The provider was reporting all incidents that should be reported to CQC.
- There were robust safeguarding procedures in place including the establishment of a new post of safeguarding lead at organisational level to oversee the monitoring and management of all safeguarding matters.

Leadership, morale and staff engagement

- Between December 2016 and November 2017 there were no unauthorised absences/ or sickness days taken by staff. In response to a staff members request managers had agreed that one staff member could reduce their hours from five days per week to three days until July 2017.

Substance misuse/detoxification

- The provider had a whistle-blowing policy in place. Staff told us they knew the whistle-blowing process and said they felt able to raise concerns without fear of victimisation.
- None of the staff or managers we spoke with raised any concerns regarding bullying or harassment.
- Staff morale at the service was high. Staff told us they felt valued and rewarded for the job they did, staff said they enjoyed their roles and the team was supportive. We saw positive interactions between staff members and staff said they all worked well together.
- Staff felt able to input into developments within the service. One member of staff we spoke with told us they had been encouraged to develop a trainee counsellor program and another had told us how they had developed systems and processes to enable better monitoring of clients physical health needs.

Commitment to quality improvement and innovation

- The provider did not participate in any national accreditation schemes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

Action the provider **MUST** take to meet the regulations:

- The provider must ensure they have access to specialist medical cover during evenings and weekends.
- The provider must ensure that a lone worker policy is in place specifically for this service.
- The provider must ensure staff can summon help in an emergency when meeting with clients in interview rooms.
- The provider must ensure the ligature audit is fully complete, and fit for purpose.
- The provider must ensure the fridge temperature is monitored and maintained, and that food is stored in line with guidance.
- The provider must ensure they maintain complete and proper records of all fire drills carried out.
- The provider must ensure an official first aider is appointed and appropriate signage relating to access for the first aider is displayed in the therapy unit.

- The provider must ensure all medical equipment is calibrated and full calibration records are maintained.

Action the provider **SHOULD** take to improve

- The provider should ensure they have enough registered nurse hours to meet the needs of patients.
- The provider should consider how they can work more closely with the local pharmacist complete stock medication audits and medication charts.
- The provider should prioritise the formulation and promotion of the organisations vision, values and mission statement.
- The provider should ensure clients can discharge themselves 24 hours a day with all their property.
- The provider should have a policy in place to safeguard children during family visits to the service.
- **The provider should review their policies around charging for interpreters to assure themselves that, if this situation did arise, they would have due regard to the protected characteristics of people as laid out in regulation ten of the Health and Social Care Act.**
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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 | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Safe care and treatment</p> <ul style="list-style-type: none">• The lone worker policy required review, to ensure that it was specific to the work and processes carried out at PCP Leicester. In particular with regard to how staff and clients could and should efficiently and quickly access emergency help if required at weekends.• Interview rooms were not fitted with alarms and staff did not carry personal alarms.• The ligature audit was incomplete, and currently not fit for purpose.• The fridge in the kitchen area used by staff and clients did not have a thermometer fitted or any temperature monitoring records. Open food items were not dated or labelled.• The establishment of a fire warden and the processes attached to the role including properly monitored and recorded fire drills needed formalising and promoting within the service.• There was no designated first aider. The policy and practices relating to access for emergency first aid required formalising and promoting within the service.• There were no records to show medical equipment had been calibrated. <p>This is a breach of Regulation 12</p> |
| Regulated activity | Regulation |
| Treatment of disease, disorder or injury | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Staffing</p> |

This section is primarily information for the provider

Requirement notices

- Specialist medical cover was contracted for nine hours per week, on three afternoons (Tuesday, Thursday and Friday). Therefore staff did not have access to specialist medical assistance during evenings and weekends.

This is a breach of regulation 18