

Swanswell Redditch

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

Summary of findings

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Summary of this inspection

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Summary of this inspection

Our inspection team

The team that inspected the service comprised CQC inspector Julie Bains (lead inspector), one other CQC inspector and a CQC assistant inspector.

Why we carried out this inspection

We undertook this inspection to find out whether Swanswell Charitable Trust Redditch had made improvements to their substance misuse services since our last comprehensive inspection of the service in September 2016.

We currently do not rate substance misuse services. However, following the September 2016 inspection, we told the provider that they must take action in the following areas:

- The provider must ensure that the glass panel in the door of the needle exchange is obscure so that the privacy and dignity of clients can be maintained.
- The provider must ensure they have a system in place for checking emergency drugs such as adrenaline is in date.
- The provider must ensure that temperature of the fridge are regularly checked and that they have a system in place so that they know that it has been working during weekends to ensure vaccines have been stored at the correct temperature of 2-8 degrees.
- The provider must ensure risk assessments and recovery plans contain detail from the contact notes to ensure the safety of clients and that they have plans in place in case of unplanned exits by clients from the service.
- The provider must ensure that the mandatory training identified is completed so staff are supported to carry out their roles safely and effectively.

- The provider must notify the Care Quality Commission (CQC) of client deaths, which is a requirement of their registration with CQC.

These related to the following regulations under the Health and Social Care (Regulated Activities) Regulations 2014:

- Regulation 10 (1) (2) (a) HSCA 2008 (regulated activities) Regulations 2014. Dignity and respect
- Regulation 12 (1) (2) (a) (c) (g) HSCA 2008 (regulated activities) Regulations 2014. Safe care and treatment
- Regulation 16 (1) (a) (b) HSCA 2008 (regulated activities) Regulations 2014. Notification of death of a person who uses services

We also identified action the provider should take to improve:

- The provider should ensure staff receive training in psychosocial interventions to ensure clients can access a wide range of treatments.
- The provider should ensure that staff update electronic records with consent to treatment and consent to share information forms.
- The provider should ensure that they monitor clients in staff areas to ensure staff safety and potential breaches of confidentiality.
- The provider should ensure they only use rooms that are adequately soundproofed for confidential conversations with clients.

How we carried out this inspection

Before the inspection we reviewed information we held about the location including provider engagement meeting minutes, policies and provider action plans produced to address the breaches of regulation identified

during our last inspection. Since the September 2016 inspection, the Care Quality Commission has met with the registered manager monthly, at the provider engagement meeting.

Summary of this inspection

During the inspection visit, the inspection team:

- visited the service at Redditch and looked at the quality of the physical environment
- looked at policies, procedures and other documents relating to the running of the service
- spoke with seven staff members employed by the service provider, including a team leader, two substance misuse workers, an administrator, a peer mentor and volunteer co-ordinator, a senior practitioner and the clinical quality team lead.
- reviewed 10 care and treatment records, including risk assessments and care plans for clients

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.

This inspection was to review the progress made by the provider in meeting the requirement notices issued after the September 2016 inspection.

- We found the provider had not addressed the issue of the quality of risk assessments and management plans, identified as a requirement in the last inspection.
- The reception area was unmanned and clients were not supervised at all times when on the premises.
- Systems were not in place to check if medical supplies were out of date or stored at the correct room temperature. Medical equipment had not been calibrated, as recommended by the manufacturer.

However, we found:

- The provider had made improvements by putting systems in place to check and record the fridge temperature was operating at between 2 and 8 degrees when storing vaccines.
- Staff were completing the e-learning mandatory training and the service had an average compliance rate of 83%.
- Staff were recording consent to treatment and consent to share information correctly.
- The glass panel in the needle exchange door had been obscured to protect the privacy and dignity of clients.
- The provider was notifying the Care Quality Commission of client deaths in a timely manner.

Are services effective?

We do not currently rate standalone substance misuse services.

This inspection was to review the progress made by the provider in meeting the requirement notices issued after the September 2016 inspection.

- We found the provider had not addressed the quality of recovery plans since the previous inspection. During this inspection we reviewed ten care records and found eight of the records lacked detail, and not recovery orientated.
- Regular supervision of staff had been in place at the time of the last inspection. However, during this inspection we reviewed seven supervision records and found only two staff had

Summary of this inspection

received supervision in accordance to the provider's policy. Mandatory training in psychosocial interventions for staff delivering one to one interventions had not been completed consistently.

Are services caring?

We do not currently rate standalone substance misuse services.

This inspection was to review the progress made by the provider in meeting the requirement notices issued after the September 2016 inspection. No requirement notices were issued under this section, so we did not review caring as part of this inspection.

Are services responsive?

We do not currently rate standalone substance misuse services.

This inspection was to review the progress made by the provider in meeting the requirement notices issued after the September 2016 inspection.

- We found the provider had not addressed the issue of monitoring clients when they had used the toilet in the staff area, which increased the risk of the client having access to areas of the service unsupervised.
- The previous inspection highlighted the provider should address the issue of confidentiality, as we found not all interview rooms were soundproofed and conversations could be heard through some walls and in the reception area. During this inspection, we found the provider had not addressed this.

Are services well-led?

We do not currently rate standalone substance misuse services.

During the inspection, we found the provider could not assure itself that:

- systems implemented to address the requirement notices issued after the last inspection, had not been effective in improving practice
- staff were completing role specific mandatory training including motivational interviewing and solution focused therapy, to ensure staff had the competencies to deliver effective interventions
- systems were in place to monitor the use by dates of medical supplies
- systems were in place to calibrate medical equipment as recommended by the manufacturer

Summary of this inspection

- systems were in place to monitor if staff were receiving supervision in line with the provider policy.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	N/A	N/A	N/A	N/A	N/A	N/A

Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

Information about the service

Swanswell Charitable Trust is a specialist treatment provider for substance misuse. They have five individual sites in England registered with the Care Quality Commission. The local authority in Worcestershire commissions the service on behalf of Public Health England and the Police and Crime Commissioner.

Swanswell Redditch shares a registered manager with two other Swanswell services in Worcestershire. Swanswell senior managers are responsible for the delivery of services in fixed bases and countywide. Family workers, nurses, young person workers, peer mentor and volunteer coordinator, non-medical prescriber, doctors and criminal justice workers deliver specialist roles in a range of settings.

Swanswell Redditch provides community based substance misuse services to young people and adults who have drug and alcohol related problems. They provide group work and one to one interventions, substitute prescribing for opiate dependence, community detoxification from opiates and alcohol, needle exchange programme, harm reduction information, blood borne virus testing and administer hepatitis B immunisations, issue the emergency opioid overdose medication kits.

A family service provides support to individuals who have been affected by others drug and alcohol use. Swanswell Redditch service has disabled access, is close to the city centre, and easily accessed by public transport and public car parking is within a two minutes' walk. Swanswell Redditch offers a service from 9am – 5pm Monday to Friday, with extended opening hours every Thursday until 7pm. They offer a satellite service for clients living in Bromsgrove and surrounding areas. The service was previously inspected on the 12 September 2016 and is registered with the Care Quality Commission to provide:

1. Diagnostic and screening procedures

2. Treatment of disease, disorder or injury.

The service was last inspected in September 2016.

Substance misuse services

Summary of findings

Inspection of the service in September 2016 identified a number of issues the provider needed to improve. This unannounced responsive inspection was to establish if the improvements had been made.

Our inspection found the provider had addressed the following issues:

- the glass panel in the door of the needle exchange had been obscured to protect the privacy and dignity of clients using the exchange
- systems had been put in place to regularly check and record fridge temperatures to ensure vaccines have been stored at the correct temperature of 2-8 degrees
- the provider was notifying Care Quality Commission of service user deaths, in accordance to the requirement of their registration
- staff were updating electronic care records with consent to treatment and consent to share information forms.

However, we found the provider still had not addressed the following issues:

- risk assessments and recovery plans did not contain detail from the contact notes to ensure the safety of clients and they have plans in place in case of unplanned exit by clients from the service

We also found other areas the provider will need to address:

- staff were not consistently monitoring clients movements whilst they were on the premises
- systems were not in place to monitor use by dates of medical supplies such as vitamin c sachets
- manufacturers recommendations were not been followed for calibrating equipment such as blood pressure monitors, which had not been calibrated since 2013
- staff delivering one to one interventions had not completed mandatory psychosocial intervention training

- risk assessments and recovery plans did not contain up to date detail from the contact notes to ensure the safety of clients and plans were not in place in case of unplanned exits by clients from the service
- recovery plans were not holistic, person-centred, recovery orientated and the plans were not reviewed regularly
- staff were not receiving regular supervision, in accordance with Swanswell's policy
- confidentiality of clients could not be guaranteed, as not all interview rooms were soundproofed

Substance misuse services

Are substance misuse services safe?

Safe and clean environment

- During the September 2016 inspection, we saw the administrator sat in reception area to monitor the camera system screens, which allowed them to see who was pressing the buzzer to gain access to the service. This meant the administrator greeted clients and visitors in the reception area and they could observe the use of interview rooms. During this inspection, we observed the reception area was unattended, as the administrator sat in the staff office. When the buzzer sounded and staff in the office activated the opening of the external door via an intercom system. However, the camera system screens were still in reception, which meant staff could not view who gained access to the service. We observed a client and a support worker from another agency in the unattended reception area. This meant they had access to the clinic room where medical supplies and equipment were kept.
- We saw two sets of weighing scales, a blood pressure monitor, and a blood-reading meter, not been calibrated in line with manufacturer's instructions. This could result in incorrect readings being recorded when used for health checks.
- During the September 2016 inspection, we found staff were not consistently recording the temperature of the fridge used for the storage of vaccines. During this inspection we reviewed the fridge temperature records and saw the fridge temperature was checked daily and records showed it was within the 2-8 degree operating temperature required for the safe storage of vaccines. However, on this inspection we found the temperature of the clinical room was not being monitored, although it was used to store Naloxone, which the manufacturer recommends storage should be in temperatures below 25 degrees, to preserve its effectiveness.
- During the September 2016 inspection we found the emergency drug adrenaline was out of date. At the time of this inspection, the service had no adrenaline in stock, as they were waiting for the delivery of supplies from the manufacturer. We found wound care packs, probe covers, and vitamin c sachets were out of date. The team leader removed the items as soon as we brought it to their attention.
- During the September 2016 inspection, we found staff had not completed and recorded the required mandatory training. To address this, the provider had introduced a rolling programme of mandatory training for staff to complete. An electronic system identified individual training needs and recorded when staff completed it. The training records we reviewed showed an average completion rate for mandatory e-learning training of 83%. 92% of staff completing Safeguarding for adults, children and young people and 95% completing Safeguarding children from abuse by sexual exploitation. The provider and staff told us they had protected time each week to enable them to complete the required training.
- The previous inspection recorded a caseload average of 65 clients per substance misuse worker. This had increased to an average of 75 clients at the time of this inspection. The provider said this was a result of reduced staffing levels, due to cuts in the budget. Workers told us this was affecting the quality of the work with clients. They said the increase in caseloads reduced time allocated to update records including risk assessment, recovery plans, and impacted on their ability to deliver meaningful interventions for clients, including group work. On the day of the inspection, we attended the team meeting, where the service manager presented a new allocation system to reduce the pressure felt by staff.
- In September 2016 the provider reported a waiting list of 37 clients, who had been referred but required an assessment. The provider addressed the waiting list, however, due to staff sickness, annual leave and a vacancy a new waiting list started on the 9 June 2017. On the day of the inspection, 36 clients were waiting for an assessment, of which 27 were outside the three-week national target. Staff told us all clients on the waiting list had been risk assessed and those presenting with the greatest risks were seen as a priority. The provider said they were addressing this by employing an agency worker who had started on the day of the inspection to complete comprehensive assessments.

Assessing and managing risk to clients and staff

- During the September 2016 inspection, we found risk assessments were not up to date, lacked detail, risks identified in the contact notes had not transferred to the risk assessment and they had not recorded plans for the unexpected exit of a client from the service. After the

Safe staffing

Substance misuse services

previous inspection, the provider had produced an action plan to improve the quality of risk assessment and risk management plans, which included providing mandatory training on assessing and monitoring risk, updating paperwork and quality checks, as part of the supervision process. The provider had undertaken an audit of risk assessments in February 2017 that reviewed the impact of the changes and found little evidence of improvement.

- During this inspection, we reviewed ten client records and found nine had up to date risk assessments and risk management plans. However, the information contained in the documents did not reflect the risk information contained in the contact notes, including a contact from the mental health crisis team about a client's high risk of self-harm or suicide, a client at risk of neglect and a report of a client's low mood.
- The records we reviewed did not include plans on how to manage a client's unexpected treatment exit. However, since the last inspection, the provider had reviewed and updated the re-engagement policy and there was evidence in the care records of staff trying to re-engage clients including telephone calls, copies of letters and contact with other agencies.

Reporting incidents and learning from when things go wrong

- During the September 2016 inspection, we found the service did not routinely notify the Care Quality Commission of deaths of clients within the service. Since the last inspection, the service had submitted death notifications, as required. The minutes from the provider and Care Quality Commission engagement meetings record showed discussions have taken place about the reported deaths and the actions taken by the provider.

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

Assessment of needs and planning of care

- The September 2016 inspection found recovery plans were completed but lacked detail and were of an inconsistent standard. During this inspection, we reviewed ten care records and found nine had recovery plans in place, although regular reviews of the plans had not taken place in eight of the records. The recovery

plans in eight care records lacked detail, were not recovery orientated. Only one of the recovery plans was comprehensive, recovery orientated, holistic, and personalised.

Skilled staff to deliver care

- During the September 2016 inspection, we found staff received regular management and clinical supervision and caseload management. However, during this inspection, we reviewed seven supervision records, only two staff had up to date supervision records and two staff had not received supervision since December 2016. Staff we spoke to said they had experienced a number of changes of supervisors in the previous 18 months and when supervision happened, it tended to focus on case management. The provider was aware of the lack of supervision being delivered and arranged for nursing staff from Swanswell to be available to discuss complex cases and safeguarding issues and staff were still able to discuss clients at the complex case review meetings. The provider engagement meeting minutes with the Care Quality Commission, held in April 2017, recorded the provider had arranged for nursing staff to offer supervision for staff until the recruitment to two senior practitioner had been completed and they were in post to deliver the supervision. The provider told us they were trialling a new supervision model to ensure staff received one to one supervision, group clinical supervision, and case management on a three month rolling basis. Staff we spoke with confirmed they had attended the first clinical group supervision session the week prior to the inspection.
- The previous inspection found staff did not receive training in psychosocial interventions such as motivational interviewing and solution focused therapy to enhance support offered to clients. The provider stated a trainer had been employed in January 2017 to deliver all aspects of training including psychosocial interventions. During this inspection, staff we spoke with told us they had protected time every week to complete e-learning and face-to-face training. The provider supplied training figures for the service, which confirmed of the 12 staff who required psychosocial training only five (41%) had completed motivational interviewing and one (8%) had completed solution focused therapy.

Substance misuse services

Are substance misuse services caring?

This inspection was to review the progress made by the provider in meeting the requirement notices issued after the September 2016 inspection. No requirement notices were issued under this section, so we did not review caring as part of this inspection.

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

Access and discharge

- During the September 2016 inspection, we found the service were not meeting the three week national target for referral to assessment and had 37 clients on the waiting list. The service reported the previous waiting list had been addressed, however, since 9 June 2017 36 clients were waiting for assessment, 27 of these were outside the national target.

The facilities promote recovery, comfort, dignity and confidentiality

- During the September 2016 inspection we found clients used staff toilets, which were in the staff only area accessed through a door locked with a keypad. Staff did not know if clients were monitored leaving this area and there was no risk assessment or protocol in place for managing this. Staff we spoke with told us this practice had not changed. The inspection found the reception area was not manned, which increased the risk of clients having access to areas of the service unsupervised.
- During the September 2016 inspection, we found not all rooms were soundproofed and conversations were heard through some walls, especially in the smaller rooms. Staff could not guarantee that a client's appointment was confidential. This inspection found this had not been addressed and conversations could still be heard through some walls.

Are substance misuse services well-led?

Good governance

- We found several areas where governance of the service was poor as previous issues highlighted after the last inspection had not been met and we found other areas for improvement.
- During the inspection, we found the records reviewed showed a lack of improvement since the previous inspection. The provider could not demonstrate the current systems they used were effective in monitoring the quality of records.
- During the September 2016 inspection, we found completion of mandatory training was low. During this inspection, staff told us they had protected time to complete training and figures provided showed a completion rate of 83% for all mandatory e-learning training. However, role specific mandatory training especial motivational interviewing and solution focused therapy, remained low at 41% and 8% respectively.
- During the previous inspection, we found the adrenaline stock was out of date and on this inspection, we found other medical supplies were out of date including vitamin c sachets and wound care packs. The service did not have a system in place to remove and destroy out of date medical supplies.
- The medical equipment including blood pressure monitors and weighing scales were not calibrated as recommended by the manufacturer. The provider did not have a system in place for recording when the calibration of equipment was required.
- The safety of clients and staff was comprised as systems for monitoring clients whilst on the premise were not in place.
- Staff were not receiving supervision in line with Swanswell's policy and there was not a system to enable team leaders or managers to monitor compliance with the policy.
- The team spoke highly of the local and senior managers in Worcestershire and they said they recognised the morale was low due to high caseloads and not through the lack of support from managers. The staff said they felt listened to, there was a culture of openness, and the team worked well together.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure a system is in place to monitor clients at all times when they are on the premise, including when using the toilets in the staff area.
- The provider must ensure they have systems in place for checking medical supplies such as vitamin c sachets are in date. The provider did not have systems in place to remove out of date supplies.
- The provider must ensure systems are in place for calibrating equipment such as blood pressure monitors, in adherence with manufacturer's recommendations.
- The provider must ensure risk assessments and recovery plans contain detail from the contact notes to ensure the safety of clients and they have plans in place in case of unplanned exits by clients from the service.

- The provider must ensure clients recovery plans are holistic, person-centred, recovery orientated and the plans are reviewed regularly.
- The provider must ensure rooms used for clients receiving support are soundproofed to maintain confidentiality.
- The provider must ensure staff receive regular supervision, as stated in the supervision policy.
- The provider must ensure staff complete role specific mandatory training.

Action the provider **SHOULD** take to improve

- The provider should ensure that room temperatures are regularly checked and the temperature recorded to ensure Naloxone has been stored at temperatures below 25 degrees.
- The provider should ensure staffing levels are adequate to deliver assessments within national targets.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Supplies such as vitamin c sachets were out of date and systems were not in place for checking supplies were in date.</p> <p>Medical equipment such as blood pressure monitors were not calibrated in adherence with manufacture's recommendations.</p> <p>Staff had not received the training to deliver psychosocial interventions.</p> <p>Risk assessments and risk management plans were not consistently completed and did not capture or address the risks identified in the contact notes.</p> <p>This was a breach of Regulation 12 (2) (a) (b) (c) (e) (g)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The recovery plans were not holistic, person-centred, recovery orientated and plans were not reviewed regularly.</p> <p>This was a breach of Regulation 9 (1) (a) (b) (c)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Interview rooms were not soundproofed and conversations could be heard in the reception area and adjoining rooms.

This was a breach of Regulation 10 (2) (a)

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider could not assure itself that processes were in place to remove and destroy out of date medical supplies.

Processes were not in place for the provider to be assured calibration of medical equipment was completed as recommended by the manufacturer.

The provider must ensure effective systems are in place to monitor clients at all times when on the premise.

Processes were not in place to assure the provider that staff received supervision in line with policy.

This was a breach of Regulation 17 (2) (a) (b) (f)