PCP (Luton) Limited

Chelmsford

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Inadequate
Are services safe?	Inadequate
Are services caring?	Inspected but not rated
Are services well-led?	Inadequate

Summary of findings

Overall summary

We undertook a focused inspection of this service following receipt of the service's response to a complaint from a client.

Due to the serious nature of the concerns we found during this inspection, we used our powers under section 31 of the Health and Social Care Act 2008 to take immediate enforcement action and imposed additional conditions on the provider's registration. This included a condition to restrict the provider from admitting any new patients for medical detoxification at PCP Chelmsford, without the prior written agreement of the Care Quality Commission.

We did not look at all key lines of enquiry during this inspection. However, the information we gathered, the significance of the concerns and clear impact on patients provided enough information to make a judgement about the quality of care and to re-rate the provider.

As this service has been rated inadequate it will be placed into special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate overall or for any key question or core service, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Our rating of this location went down. We rated it as inadequate because:

- The service did not provide safe care and treatment. Staff did not follow the government guidance Covid-19: infection prevention and control. Staff did not follow the services risk management plan for Covid-19. Staff did not clean high touch areas on an hourly basis or screen people for Covid-19 symptoms in line with this plan.
- The service did not manage medication safely. The service did not respond to deterioration in clients' physical health appropriately. The service did not follow safety guidelines as set out in the Drug Misuse and Dependence – UK Guidelines on Clinical Management (also known as the Orange book) when providing medical detoxification to clients. Staff did not always record incidents in line with the service's policy. There was not a system in place to review incidents and identify lessons learned.
- Leaders did not demonstrate that they fully understood their responsibilities. Senior leaders did not have adequate oversight of the service. The service did not have governance systems in place to monitor the effectiveness of the service. The service did not have a system in place to monitor complaints. The service did not use key performance indicators or complete audits to gauge the effectiveness of the service. The service did not have a robust process to investigate and respond appropriately to complaints or identify any lessons to be learned. Staff did not have the ability to submit items to the risk register. Senior leaders told us they could not provide us with a copy of the risk register as it was out of date. The provider had not addressed the concerns identified during the previous inspection when we told the provider it must implement systems to monitor the effectiveness of the service.

However:

Summary of findings

- Clients told us that staff treated them with compassion and kindness. Clients told us staff respected their privacy and dignity. Clients told us that they were involved in the planning of their care and could provide feedback on the quality of care provided.
- Staff felt respected, supported and valued. Staff reported that the provider promoted equality and diversity in its day-to-day work.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Inadequate 	

Summary of findings

Contents

Summary of this inspection

Background to Chelmsford

We undertook a focused inspection of this service following receipt of the service's response to a complaint from a client.

For this inspection, we reviewed the safe, caring and well led domains. We did not review the effective or responsive domains.

PCP Chelmsford is an independent substance misuse service for service users with an alcohol or substance addiction, providing treatment for up to 18 adults under the age of 65. The location was registered with the CQC in July 2011. The service has a registered manager and a nominated individual. PCP (Luton) Limited is the registered provider.

The service is registered for:

• Treatment of disease, disorder or injury and

• Accommodation for persons who require treatment for substance misuse

Treatments offered at PCP Chelmsford include medically assisted withdrawal and detoxification programmes and therpay programmes, for clients addicted to alcohol or substances.

The location offers one to one counselling and a range of therapy groups, including medication, the 12-step programme, art therapy, meditation, euphoric recall, relapse assessment and prevention, and harm minimisation. Accommodation for the detoxification programme is not provided on site, but at a nearby house. PCP Chelmsford consists of a day treatment centre, where all clients go daily to receive treatment and therapy, and four treatment houses where clients live and spend their evenings during treatment. One of these houses is used for clients requiring detoxification and is staffed 24 hours, seven days a week.

The Care Quality Commission carried out a comprehensive inspection of PCP Chelmsford in October 2018. Breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified for Regulation 17, good governance. The provider was required to take the following actions:

• The provider must ensure it has systems and processes in place to monitor the effectiveness of the service.

During this inspection we found the provider had not addressed the concerns identified in our previous inspection. The team that inspected the service comprised of two inspection managers and an inspector.

What people who use the service say

We spoke with six clients. They all told us that the staff treated them with dignity and respect and were kind and caring. Clients told us that staff are always available for one-to-one sessions should they need to speak to someone. Clients told us that the therapeutic programme was meaningful and met their needs.

Summary of this inspection

How we carried out this inspection

During this inspection the inspection team:

- Visited the service and observed how staff cared for clients
- toured the clinical environment
- spoke with the registered manager
- spoke with the services manager and managing director responsible for the oversight of the service
- spoke with the registered nurse, councillors, a volunteer, maintenance manager and service administrator
- spoke with six clients
- reviewed ten care and treatment records for clients
- reviewed the medication records and controlled drugs registers
- reviewed policies and procedures relevant to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take to improve:

We told the service that it must take action to bring services in line with their legal requirements. This action related to community substance misuse services.

- The service must ensure that it follows the government's guidelines on Covid-19: infection prevention and control. Regulation 12(1)
- The service must ensure that staff follow the services Covid-19 risk management plan to protect clients and staff.
- The service must ensure that they manage medication safely and follow national guidance. Regulation 12(1)
- The service must ensure that it follows the guidelines which are set out in the drug misuse and dependence – UK guidelines on clinical Management (also known as the Orange book) when providing medical detoxification to clients. Regulation 12(1)
- The service must ensure staff regularly check all medical equipment to ensure it is working correctly. Regulation 12(1)
- The service must ensure that it reports and investigates incidents in line with their policy. Regulation 17(1)
- The service must ensure that it implements a robust governance system to monitor the effectiveness of the service. Regulation 17(1)
- The service must ensure that it responds to and investigates complaints in line with duty of candour. Regulation 16(1)
- The service must ensure it has a system in place to record and monitor risks to the service. Regulation 17(1)

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

- The provider should ensure that the leaders have sufficient knowledge and understanding of their responsibilities (Regulation 17).
- The service should ensure it has a system to accurately record and monitor mandatory training.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Inadequate	Not inspected	Inspected but not rated	Not inspected	Inadequate	Inadequate
Overall	Inadequate	Not inspected	Inspected but not rated	Not inspected	Inadequate	Inadequate

Inadequate

Community-based substance misuse services

Safe	Inadequate
Caring	Inspected but not rated
Well-led	Inadequate

Are Community-based substance misuse services safe?

Inadequate

Our rating of safe went down. We rated it as inadequate because:

- Staff did not follow the Government guidelines on Covid-19: Infection Prevention and Control. Four staff were not wearing a mask when we arrived on site. We observed staff entering the building without disinfecting their hands with the hand sanitiser provided. The services Covid-19 risk management plan stated that all staff should be wearing a mask whilst at work and that staff follow strict personal hygiene with regards to hand washing and sanitising.
- Staff did not clean the environment in line with the services Covid-19 risk management plan. We reviewed the cleaning records which showed that staff were cleaning high touch areas every two hours instead of hourly as stated in the services Covid-19 risk management plan.
- Staff did not screen people entering the service for symptoms of Covid-19. The services Covid-19 risk management plan stated that all visitors and clients should be temperature checked before entering the building. The registered manager and operations manager confirmed this was last completed in October 2020. The service required all clients and visitors to do a Lateral Flow test prior to entering the therapy centre. The service could not provide details of how they recorded the results of these tests.
- The service could not provide information to demonstrate staff were up to date with mandatory training. We reviewed the mandatory training policy which stated that mandatory training should be reviewed every 3 years with the exception of medication management. The services mandatory training record did not show all mandatory training courses individually so we could not ascertain whether staff were up to date with all courses.
- The service could not provide evidence to demonstrate that staff were up to date with safeguarding training.
- Staff did not always record risks highlighted at initial assessments in medical assessments. We reviewed ten clients records and although initial assessments were completed and risk assessments were updated regularly, two medical assessments did not include risks related to mental health and previous self harm as identified in initial assessments.
- Staff did not respond appropriately to deterioration in client's physical health. In one record, between 6 April 2021 and 10 April 2021, staff did not respond to physical observations outside of normal range, despite an alert appearing on the client's record. Examples included low oxygen saturation levels and elevated blood pressure and pulse. Managers were unable to provide assurance that staff had the required competency to understand how or when to seek medical advice.
- The service had not taken all appropriate steps to ensure people were safe from harm when they received detoxification treatment. We reviewed the clients' records for five current clients and one client that had been discharged. We found concerns related to clients' safety across all these records. One record showed the service issued a prescription of buprenorphine without assessing the client's liver function beforehand, as recommended in the Drug Misuse and Dependence—UK Guidelines on Clinical Management, also known as the 'Orange Book' and the medicines information leaflet for Buprenorphine. In the records for one discharged client, the client was issued a detox prescription below the suggested amount included in the detoxification policy. The prescribing doctor's clinical

rational for prescribing outside of prescribing guidelines was not recorded in the client's record. We found a case of the doctor prescribing an additional dose of Chlordiazepoxide for anxiety. Staff did not complete the Clinical Institute Withdrawal Assessment for Alcohol (CIWA) as required by the provider's policy, to assess if clients required further support or intervention relating to withdrawal symptoms.

- Staff did not manage medication safely. We reviewed the controlled drugs register and found 34 recording errors such as wrong number of tablets left, incorrect recording of tablets and dose given, and tablet strength not documented at the top of the page. We found 11 times where only one staff had signed to say a controlled drug had been dispensed. The service's policy stated controlled drugs should have a witness signature. We found four occasions where there were no signatures to say controlled drugs had been dispensed. We reviewed the controlled drugs book for the clients' own prescribed controlled drugs. We found nine occasions where a clients' controlled drugs were missing and could not be accounted for. We reviewed the controlled drugs stock book. We found three occasions where Chlordiazepoxide tablets were unaccounted for, the last occasion on 09 April 2021 there were 35 tablets missing. Staff could not tell us what emergency medications they should have available.
- The provider had not ensured medication audits were completed in accordance with their policy. No medication audits had been completed.
- Staff did not record regular cleaning, maintenance or regular checks of equipment. We could not find evidence that equipment for monitoring clients' physical health was regularly cleaned or calibrated to ensure accuracy. Staff did not complete routine checks on the emergency equipment (defibrillator). Staff could not, therefore, be assured this equipment would work in the event of a medical emergency. We found a black bin liner being used in a clinical waste bin.
- The service did not manage risk incidents in a safe way. There were no systems in place to review, investigate and share lessons about incidents. Senior staff were unable to provide data relating to how many incidents took place in the last six months. Staff did not record incidents appropriately. We found two examples of events staff should have recorded. This included a medication error and an allegation of staff assaulting a client. The service did not use de-briefs following incidents.
- Interview rooms were not fitted with alarms. However, staff carried personal attack alarms and would be able to summon assistance if required.

However:

- The service had been without a registered nurse since 15 January 2021. However, the service had actively recruited a registered nurse who had started employment on the week of our inspection and was undertaking their induction. Managers had completed a risk assessment and management plan for the time they were without a nurse.
- All premises where clients received care were safe, well equipped, well furnished, well maintained and fit for purpose.
- Staff had access to a psychiatrist when required. The service had an out of hours system in place so staff could access medical support when required

Are Community-based substance misuse services caring?

Inspected but not rated

We did not rate caring at this inspection. We found:

- All clients spoke positively about the care they received and told us staff treated them with compassion and kindness. They respected clients' privacy and dignity. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.

Inadequate

Community-based substance misuse services

- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Are Community-based substance misuse services well-led?

Inadequate

Our rating of well-led went down. We rated it as inadequate because:

- The provider had failed to address concerns identified at our last inspection.
- The leadership and governance did not assure the delivery of high quality care. There were no systems in place to monitor the effectiveness of the service. There were no systems in place to identify, capture and manage issues of risk and quality. The information used to monitor performance and safety was incomplete, inaccurate or not recorded. Staff told us they completed some audits such as, medication checks. However, we requested copies of these audits but were told they had not completed them. Leaders were out of touch with issues occurring in the service. The service did not have a risk register or any other format to identify and manage risks relating to the health and safety of the service they delivered.
- Leaders did not demonstrate they had sufficient oversight of the service. Leaders did not have the knowledge and capability to lead effectively. There was a lack of clarity about authority to make decisions and issues with accountability and responsibilities.
- Significant issues which threatened the delivery of safe and effective care were not identified so leaders could not take adequate action to address them. The service did not have a system in place to review incidents and identify lessons learned. Leaders did not make improvements to the service following incidents which meant there would be an ongoing risk to clients.
- The service did not have a system in place to monitor complaints. Senior leaders could not tell us how many complaints they had received in the past six months. Senior leaders could not tell us whether complaints had been upheld or if any lessons learned identified. Leaders did not follow the duty of candour statutory responsibilities when responding to complaints to be open and honest with clients and their families. We saw evidence of responses to complaints that were dismissive and defensive. The registered manager was unaware of a complaint pertaining to the allegation of assault against a senior member of staff. We found evidence of staff investigating and responding to a complaint about themselves.
- The service did not use key performance indicators or audits to gauge the effectiveness of the service. Senior leaders could not tell us how they monitored the performance of the service.

However:

- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution. The service had not had any cases of bullying and harassment in the past six months.

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 Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The service had not ensured it was following the government's guidelines on Covid-19: infection prevention and control. Staff did not follow the services Covid-19 risk management plan to protect clients and staff.**

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	S31 Urgent variation of a condition **We have imposed the following conditions for the regulated activities stated above:** • The Registered Provider must devise, review and assess the effectiveness of the system(s), process(es) for the service in particular to but not limited to: 1. Records keeping of services users assessed and admitted to the service; 2. Investigations and review of incident reporting; 3. Investigation and review of complaints management; 4. Review of equipment; 5. Review of staff training appropriate to their role. • 2.The Registered Provider must not admit any service users who require a new course of detoxification treatment from addictive substances without the prior written agreement of the Care Quality Commission. • The Registered Provider must devise a process and undertake a review of current service users admitted for detoxification of addictive substances with accurate clinical risk assessment and care planning, in particular ensure that the level of service user' needs are individualised, recorded and acted upon. This must include but not limited to 1. prescribed medication review; 2. a clear process for documentation that inform staff of the current care planning where applicable, of all service users this includes details of any changes to service users' individualised needs are clearly recorded and are easily accessible to relevant staff and acted upon.

This section is primarily information for the provider

Enforcement actions

- The Registered Provider must provide the Care Quality Commission with a report setting out the actions taken or to be taken in relation to conditions above by 23 April 2021 and every Friday after that. The report must also include the following:

1. details of the system(s) and processes that are implemented to comply with the conditions,
2. details and confirmation of action taken to ensure the system(s) are being audited and monitored to improve the quality and safety of services,
3. Details and confirmation of action taken to ensure incidents and complaints are recorded, investigated and lessons learned shared with staff.