

# Luton

## Quality Report

17-21 Hastings Street  
Luton  
Bedfordshire  
LU1 5BE  
Tel: 01582 730 113  
Website: [www.rehabtoday.com/pcp-luton](http://www.rehabtoday.com/pcp-luton)

Date of inspection visit: 17 – 18 August 2015  
Date of publication: 04/01/2016

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

### Ratings

#### Overall rating for this location

Are services safe?

Are services caring?

Are services well-led?

### Overall summary

We do not give a rating for specialist services. We found action was required because:

- The service had no system to report incidents, harm, or risk of harm effectively. There were three incident reports available, all of which had been completed by the registered manager and lacked detail of the adverse events.
- Learning from incidents and complaints was not shared amongst the team because there was no robust system for reporting.
- Serious incident requiring investigation (SIRI) was not available during the inspection as it was locked in a drawer. The registered manager did not have access to the information.

- The service did not use robust recruitment processes. References were not appropriate and did not meet the requirements of the service policy. Two references were required and in all files, one reference had been sought prior to employment. DBS (Disclosure and Barring Service) forms had not been assessed for potential risk of employing candidates and one form was incorrect.

However:

- Recent changes to the service had been implemented with a positive effect such as the recruitment of a nurse and a compliance manager.
- People who use the service were positive about the care.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		

---

# Summary of findings

## Contents

<b>Summary of this inspection</b>	<b>Page</b>
Background to Luton	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7
<hr/>	
<b>Detailed findings from this inspection</b>	
Outstanding practice	12
Areas for improvement	12
Action we have told the provider to take	13

---

Services we looked at: Substance Misuse Service

# Summary of this inspection

## Background to Luton

PCP Luton (Limited) is a residential substance misuse service with 18 beds. Six beds are allocated to those people undergoing detoxification with 24-hour supervision. Twelve beds are available for people in the primary treatment phase of the programme.

At the time of inspection, 12 people were accessing the service for support.

This was the first inspection undertaken on PCP Luton (Limited).

## Our inspection team

Lead Inspector: Victoria Green

The team that inspected PCP Luton (Limited) consisted of two CQC inspectors and an expert by experience that had experience of using substance misuse services.

## Why we carried out this inspection

We carried out an unannounced focused inspection of this provider following concerns identified by the Care Quality Commission at other PCP locations. The inspection concentrated on the safe, caring and well-led domains as the concerns related to these domains.

The concerns included:

- management of medications

- management of peoples detoxification regimes
- a lack of internal governance structures which prevented staff learning from incidents and when things go wrong
- poor staffing arrangements
- staff employed by the service are not screened appropriately prior to starting their roles.

## How we carried out this inspection

To fully understand the experience of people who use services, we asked the following questions

- Is it safe?
- Is it caring?
- Is it well led?

During this inspection, we looked specifically at the safe, caring and well-led domains. Before the inspection visit, we reviewed the concerning information that we held about the service.

During the inspection visit, the inspection team:

- spoke with six people who were using the service
- interviewed the registered manager
- met with five other staff members, including doctors, nurses and counsellors.
- observed a morning medication round.
- inspected four treatment records of patients
- examined in detail seven staff files
- carried out a specific check of the medication management at the service and looked at the clinical room
- looked at a range of policies, procedures and other documents relating to the running of the service
- Reviewed the medication training package available to staff at the service.

# Summary of this inspection

## What people who use the service say

People told us that they felt supported by staff. They said they felt involved in their treatment and contributed to creating their care plans. People told us that they felt listened to and that staff

were responsive if they felt they were struggling.

# 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 rate specialist services but found action was required because:

- Staff did not report incidents, harm, or risk of harm in a robust way. They could use a paper-based system but there was little evidence that they did so effectively.
- Managers did not share learning from complaints and incidents with staff.
- Serious untoward incident information was not available during our inspection. The registered manager did not have access to the paper file because no one had access to the locked drawer.

However:

- Staff managed medication in a robust and effective way.
- Staff supported people well during detoxification to keep them safe and comfortable.

### Are services caring?

We do not rate specialist services but found that:

- People who use the service felt supported by staff and felt safe using the service.
- Interactions between staff and people who use the service were positive.
- Staff demonstrated an understanding of people's individual needs and treated them with respect.
- People using the service were involved in planning their care and signed their treatment plans.
- Weekly forums were available for people to give feedback on the service. This included regular community meetings and daily check-ins.

### Are services well-led?

We do not rate specialist services but found that action was required because:

- Staff did not report and manage incidents of harm or risk of harm robustly. This included the management of serious untoward incidents.
- The service's recruitment and selection processes did not follow its policies. Managers did not request the correct number of references before staff started their employment.

# Summary of this inspection

- Managers did not record interview notes. One Disclosure and Barring Service form was registered to a company that was not PCP Luton. There was no evidence that staff assessed risks individually where job candidates had previous convictions.

However:

- The service provider had improved the service based on previous action taken by the CQC in other PCP locations.
- Recent changes, including the recruitment of a nurse and compliance manager, to the service were having a positive impact on the team and people who use the service.



## Detailed findings from this inspection

# Substance misuse services

Safe

Caring

Well-led

## Are substance misuse services safe?

### Safe staffing

- There were enough staff to meet the needs of the people who use the service.
- 14 employed members of staff, including managers, counsellors, nursing staff, support workers and administrators. The PCP senior management team were based at the service and were available to support the team.
- The rate of staff sickness was low and there were always enough staff on duty to meet the needs of the people using the service. Staff at the service told us this information. Managers did not analyse or record this data.
- The service had consistent access to a prescribing doctor three times a week. Telephone support was available from the doctor when not on site.

### Assessing and managing risk to patients and staff

- Staff completed risk assessments with people when they started treatment but the records we inspected showed inconsistent assessment of risk. Staff did not always identify pre admission risk on the current risk assessment, risk management plans were not completed consistently. Service users identified as medium and high risk did not have risk management plans recorded.
- A nurse had recently joined the service and was making regular checks of the physical health of people undergoing detoxification. This met the Drug Misuse and Dependence: UK Guidelines on Clinical Management (2007). Staff used specific substance misuse rating scales, including COWS (Clinical Opiate Withdrawal Scale), to monitor people's wellbeing during detoxification.
- The nurse managed medication appropriately. We completed a random medication check and found no

issues. The compliance manager would dispense medication in the nurse's absence. A doctor was available out of hours if the service required medical support.

- All staff had had training in administering medication. The training took two to three hours and covered 13 modules. Since the recruitment of the nurse, staff had limited involvement in dispensing medication. In the absence of the nurse, the compliance manager took responsibility for administering medication.
- The doctor was writing a detoxification policy in response to other PCP inspections to ensure consistency in the approach to detoxification and medication. No date was set for completion of this policy and its implementation.

### Track record on safety

- Staff had recorded one serious incident requiring investigation (SIRI) in the last 12 months. This related to person suffering a seizure on the premises. The manager did not have access to the information relating to the incident because it was in a locked drawer. The manager did not have the keys to access the drawer. None of the staff were able to give a verbal update on the incident, as no one knew any current information.

### Reporting incidents and learning from when things go wrong

- The incident file we reviewed contained four incident records, all completed by the registered manager. No other staff had reported an incident using the paper records. The quality of the records was poor. Information was missing in relation to lessons learnt and the details of the incidents.
- Following the inspection, the service provider gave us information showing that the serious incident requiring investigation related to medication policies not being followed by staff, which might have contributed to the person's seizure. One staff member was dismissed and the medication and admissions process was updated.
- The service did not have meetings where lessons learnt could be shared.

# Substance misuse services

## Are substance misuse services caring?

### Kindness, dignity, respect and support

- Staff treated people with kindness and respect. We saw that staff understood individual needs and were aware of people's preferences.
- People who used the service told us that they felt supported by staff and would be confident raising any issues they had.
- People who use the service felt safe. They said they were given all the information they needed to understand what to expect from treatment.

### The involvement of people in the care they receive

- People told us that they were involved in their care planning and were aware of their treatment goals as they had been involved in deciding them.
- People who use the service had signed care plans. One care plan was missing from a file and was not located during the inspection.
- People told us that their families could contact the service at any point to get updates on their progress.
- Restrictions on contact with family members for the first seven days were in place to allow for stabilisation. People who use the service had agreed to this at the start of treatment. Visits then took place once a month.
- People were able to provide feedback on the service using a box in the dining room for formal complaint or suggestions. There was evidence of changes to the environment being made after service users had made suggestions.

- Daily check-ins and community meetings were available for people who use the service to provide feedback. There was no formal agenda for the meetings.

## Are substance misuse services well-led?

### Good governance

- The systems and processes for reporting incidents were not robust. Serious untoward incident information was not readily available for inspection. Staff told us that there was no forum for sharing lessons learnt.
- The managers did not follow the service recruitment policy. One staff file contained two references, as per policy. All other files contained one reference and this was not from a previous employer, as per policy.
- The service did not record interviews appropriately and it was not clear when staff had interviewed for the role. In one file, the application date was the day after interview.
- The managers did not complete risk assessments for staff with previous convictions. While convictions would not necessarily exclude someone from working in a substance misuse service, a risk assessment would identify and mitigate any risks to ensure that people using the service are safe.
- We told the registered manager that one staff member's DBS form was registered to a dissolved company and not to PCP Luton (Limited).
- The compliance manager recruited recently was going to be responsible for creating clinical governance structures for the service. The service did not have clinical governance structures prior to this.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

The provider must:

- Take action to ensure that incident reporting systems are robust. Staff must be familiar with the system and report incidents as and when they occur. Managers and staff must learn from incidents and complaints.
- Ensure that when risk assessments are completed they are completed in full and identified risks are mitigated using a risk management plan.

- Adhere to a robust recruitment policy that ensures that staff the service employs are qualified and competent to work with the service user group.

### Action the provider **SHOULD** take to improve

- Ensure that all care plans are available and stored in a place that is accessible to staff.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Incident reports did not contain all the information required. The registered manager had completed the four forms in the incident file. There was no sharing of learning among the team.</p> <p>Care and treatment must be provided in a safe way for patients. Things a provider must do to comply include assessing the risks to the health and safety of service users receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks.</p>
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>A detoxification policy was being written but there was no date for completion and dissemination to staff.</p> <p>Records were not readily available. Incident reports were stored in locked drawers and the registered manager did not have access. A care plan could not be located during the inspection.</p> <p>Systems and processes must be established and operated effectively to ensure the registered person is able to assess, monitor and mitigate the risk relating to health, safety and welfare of service users.</p> <p>Systems or processes must be established and operated effectively to ensure the registered person is able to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p>

This section is primarily information for the provider

# Requirement notices

## Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

## Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment processes were not robust. References were not appropriate and did not meet the service policy. We found an error on a DBS form and candidates with previous convictions were not robustly risk assessed.

1. Persons employed for the purposes of carrying on a regulated activity must—

a. be of good character,  
b. have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and

c. be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed.

2. Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions in—

a. paragraph (1),

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.