

Midlands and North Regional Office

Quality Report

Crime Reduction Initiative

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Crime Reduction Initiative

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Date of inspection visit: Date of inspection visit: 13
and 14 July 2015

Date of publication: 23/10/2015

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

Overall Summary The five questions we ask about our core services and what we found

Are services safe?

- Staff did not view their caseloads as manageable and this contributed to work related stress and related sickness.

Summary of findings

- Staff undertook a risk assessment for every person who used the service however; they were not always reviewed regularly.
- The service reported a high incidence of injecting drug use and drug related deaths and naloxone was not a standard method of harm reduction which would be a recommended method to reduce drug related deaths.
- There was resuscitation equipment available on each site. However, staff told us they were never calibrated. We saw no evidence of calibration of any of the equipment which could impact on accuracy readings.
- Staff told us that medical reviews were not happening as often as they should to ensure safe assessment, prescribing and treatment.
- Staff were trained in safeguarding and knew how to make a safeguarding alert when appropriate.
- Incidents were reported and staff knew what and how to report. Staff reported not being adequately de-briefed and supported after incidents. Staff told us they did not always feel lessons were learned following incidents.
- Environments were not viewed to be clean or well maintained.

Are services effective?

- Recovery champions completed comprehensive assessments.
- Prescribers followed NICE guidance when prescribing medication.
- The team had access to a range of health professionals required to care for the people who used the service.
- Staff were supervised and appraised and had access to team meetings.
- Recovery plans were out of date.
- None of the staff spoken with were trained in the Mental Health Act or Mental Health Act Code of Practice.

- The two sites inspected had no policy and staff had no training, knowledge or understanding of the Mental Capacity Act.

Are services caring?

- Service users told us that staff were compassionate and cared about them.
- People were involved in their care planning and participated in their clinical reviews.
- Staff and volunteers were involved in decision making about the service. Volunteers were involved in recruiting staff.
- People gave feedback on the care they received and in some cases were supported in doing this.

Are services responsive to people's needs?

- Not all service users knew how to complain.
- One service user told us they did complain but did not receive a timely response.
- There was disabled access.
- There was access to interpreters, however there were only leaflets available in English at both sites.
- The teams were able to see urgent referrals quickly and non-urgent referrals within an acceptable time.
- Service users had flexibility in the times of appointments.

Are services well-led?

- Not all staff felt free to raise concerns within the service.
- The teams used key performance indicators and other data to gauge their performance.
- The results were shared with the team and active plans were developed where there were issues.
- Staff knew how to use whistle blowing processes.
- There were opportunities for leadership development.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Midlands and North Regional Office	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
The five questions we ask about services and what we found	6

Detailed findings from this inspection

Mental Health Act responsibilities	8
Mental Capacity Act and Deprivation of Liberty Safeguards	8
Outstanding practice	13
Areas for improvement	13
Action we have told the provider to take	14

Location name here

Services we looked at

Substance misuse services;

Summary of this inspection

Background to Midlands and North Regional Office

This service is registered to provide care and support for people who are recovering from substance misuse dependency

Our inspection team

For each location visited, our team included two CQC inspectors, a specialist advisor and an expert by experience.

Why we carried out this inspection

This was an unannounced inspection carried out following concerns raised by a whistle blower.

How we carried out this inspection

How we carried out this inspection

- We carried out a visit over two days and across two of the providers locations in Stoke.
- We visited CRI Stoke Routes to Recovery, Hanley and CRI Tunstall on 13 and 14 July 2015. Both services offered treatment to problematic drug users.

During our visit we spoke with:

- four senior practitioners
- one prescribing GP
- one director of nursing
- one nurse prescriber
- one locum consultant psychiatrist
- one health care assistant

- one RMN
- 12 service users
- three volunteers
- two recovery champions

We also:

- looked at the treatment records of 11 people who used the service
- used intelligence and data from our records and a range of paperwork provided by the provider, for example, training and supervision records
- talked with people who used the service and talked with staff from across both sites
- took a tour of both services including clinic rooms and needle exchange services

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?

- Staff did not view their caseloads as manageable and this contributed to work related stress and related sickness.
- Staff undertook a risk assessment for every person who used the service however; they were not always reviewed regularly.
- The service reported a high incidence of injecting drug use and drug related deaths and naloxone was not a standard method of harm reduction which would be a recommended method to reduce drug related deaths.
- There was resuscitation equipment available on each site. However, staff told us they were never calibrated. We saw no evidence of calibration of any of the equipment which could impact on accuracy readings.
- Staff told us that medical reviews were not happening as often as they should to ensure safe assessment, prescribing and treatment.
- Staff were trained in safeguarding and knew how to make a safeguarding alert when appropriate.
- Incidents were reported and staff knew what and how to report. Staff reported not being adequately de-briefed and supported after incidents. Staff told us they did not always feel lessons were learned following incidents.
- Environments were not viewed to be clean or well maintained.

Are services effective?

- Recovery champions completed comprehensive assessments.
- Prescribers followed NICE guidance when prescribing medication.
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- Staff were supervised and appraised and had access to team meetings.
- Recovery plans were out of date.
- None of the staff spoken with were trained in the Mental Health Act or Mental Health Act Code of Practice.
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Are services responsive?

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Are services well-led?

- Not all staff felt free to raise concerns within the service.
- The teams used key performance indicators and other data to gauge their performance.
- The results were shared with the team and active plans were developed where there were issues.
- Staff knew how to use whistle blowing processes.
- There were opportunities for leadership development.

Detailed findings from this inspection

Mental Health Act responsibilities

- None of the staff spoken with were trained in the MHA or MHA Code of Practice. There were no service users detained under the MHA using the service at the time of our inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were not trained in nor had a good understanding of the MCA 2005.
- There was no understanding among the staff team of the Mental Capacity Act, there was no specific training for staff and there were no references in clinical notes.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Eleven of the twelve service users told us they felt safe.
- Staff told us they received basic safeguarding training. There was a safeguarding lead for both sites.
- Both sites had dedicated fire wardens, up to date evacuation maps, and fire risk assessments but monthly checks were not always completed. In the first six months of 2015 only one monthly check had been completed which could impact on overall safety.
- Both sites had cleaning services, one hour per day at Hanley and two hours at Tunstall. We observed that Hanley was dirty and dusty. Staff told us that the cleaner had one hour to clean the whole of each building and this was not sufficient to keep the service clean.
- There were no cleaning gels in the service user toilets and no appropriate hand washing signage at both sites.
- The toilets were dirty, littered with cups and tissues and smelt strongly of urine.
- The chairs at the Hanley site clinics were not wipe able, which could impact on infection control.
- There was an infection control policy but no identified infection control lead on either site to ensure that it was followed.
- Senior staff told us that staff were now required to have hand gel on their person and this was on order.
- The needle exchange room was clean and well kept on both sites.
- The fridge temperature and stock was not being checked daily at Tunstall which could impact on the efficacy of the medications stored within.
- Resuscitation equipment was available on each site but was not checked daily and there was not always a member of staff on duty who was competent to use it.

- A checking and recording system was in place but the resuscitation equipment was only checked by the hepatitis team and they were not at each site on a daily basis to check the equipment.
- We saw that one member of staff added dates to the resuscitation checking and recording book retrospectively while we were on site.
- There were blood pressure machines, however there were no recording systems for calibration and one member of staff told us they were never calibrated which might impact on the accuracy of the readings.
- Staff told us that they carried out electro cardiograms where needed to ensure that service users health needs were monitored.

Safe staffing

- Eleven of the twelve service users told us that there was visible staff presence.
- The service always had a nurse available however the nurse was not always on site.
- Staff and service users told us clinics were cancelled when prescribers were off sick. However, following our inspection the provider told us at the time of the inspection the teams were all fully staffed with no vacancies. They also said there were no waiting lists and all service users were booked in for doctor reviews every three months. If service users chose not to attend these appointments they were then booked in for the next available appointment after a discussion with the doctor regarding risk.
- Three of the recovery workers interviewed told us that they felt their caseloads were too high which impacted negatively on their ability to carry out psycho social interventions.
- We were told that medical reviews did not happen as often as they should which means you may not have the

Substance misuse services

most up to date information about the patient. For example, if a service user's illicit substance misuse has increased and they have combined it with higher levels of alcohol then their risk of overdose may be increased.

Assessing and managing risk to patients and staff

- There was a safeguarding lead at each site and there were safeguarding sessions monthly facilitated by safeguarding leads.
- All staff spoken with displayed a knowledge and understanding of safeguarding.
- The service had a safeguarding e-system that flagged up safeguarding concerns.
- The safeguarding leads oversaw any safeguarding reports and safeguarding management.
- Services reported a high incidence of injecting drug use, a high number of deaths while in service but, naloxone was not a standard method of harm reduction.
- Naloxone was not routinely offered and there was no local training to support the use of naloxone as an evidenced way to reduce drug related deaths.
- One staff told us they did not always have access to risk information which could impact on safety to service user and others.
- One of the sites had a pin point alarm system and a 'silent' reception alarm that alerted staff in other parts of the building if there was an issue in the reception area without unsettling service users. This was put in place following an incident and resulted from the learning of this.

Reporting incidents and learning from when things go wrong

- The services had incident reporting systems. However one staff member told us that there was insufficient learning from incidents and that although there was some discussion in a one to one or a 'flash meetings' there was no real learning as a team about incidents.
- One staff member told us they were not involved in learning from incidents and that learning was not always communicated to the team or impacted on improving practice.
- Another staff member told us that management did not understand the impact of incidents on recovery workers.
- Another staff member told us that staff were not supported adequately in dealing with drug related deaths.

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

Assessment of needs and planning of care

- All service users were assessed by a Recovery Champion and allocated to a Recovery Worker for care coordination.
- We reviewed eleven care records. All included a recovery plan, however, seven of these plans were out of date this means that staff and service users were not using the most effective tool to aid recovery.
- Staff considered people's physical healthcare needs and these were adequately monitored.

Best practice in treatment and care

- Two staff told us that audit information was discussed individually but that there were no systems or processes in place to learn from these audits.
- All staff told us that caseloads were too high and impacted on quality.
- We observed good and safe prescribing practices using national guidance on both sites.

Skilled staff to deliver care

- The service did not require a minimum standard or qualification to work with the client group.
- Five staff told us that they had regular supervision and we saw this evidenced in personal files.
- Four staff told us that they did not receive any formal psychosocial training or supervision. However, the provider informed us following our inspection that all CRI staff received supervision on a monthly basis, in line with the CRI policy.
- Two staff told us they did not receive any additional or specialised training. Following our inspection the provider showed us a learning needs analysis which was based on the training needs of all staff in the service from their appraisals and competency levels. They told us that this should ensure that all staff have the appropriate training for their role.
- The team included or had access to a range of health professionals required to care for the people who used the service.
- Prescribing staff told us they followed National Institute for Health and Care Excellence (NICE) guidance when prescribing medication.

Substance misuse services

Multi-disciplinary and inter-agency team work

- Two staff told us that there were no multi-disciplinary team meetings and we saw no evidence that formal multi-disciplinary meetings took place.
- Staff told us that some workers attended partnership meetings however it was unclear how the learning from these meetings were shared with the rest of the team.

Adherence to the MHA and the MHA Code of Practice

- None of the staff spoken with were trained in the MHA or MHA Code of Practice. There were no service users detained under the MHA using the service at the time of our inspection.

Good practice in applying the MCA

- There was no policy available for the implementation of the Mental Capacity Act 2005 at the service. The provider told us that the MCA was referred to in the safeguarding policy. However, this was only in relation to the MCA and safeguarding. Staff at both sites inspected did not have training, knowledge or understanding of the MCA and how this could affect the people who used the service.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Twelve service users interviewed told us that staff treated them with dignity, respect and compassion.

The involvement of people in the care they receive

- Eleven service users told us they felt involved in their care. One service user said it could be better and they could be more involved.
- One staff member told us that service users were involved in their care.
- One staff member told us that all service users had a recovery plan.
- Another staff member told us there was no service user forum, carer's forum or advocacy link. However, following our inspection the provider told us that there were weekly parent and family support meetings through Assist 2000 at the Academy. They also said that telephone support for parents and families was also available weekly provided by a volunteer.

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

The facilities promote recovery, comfort, dignity and confidentiality

- The teams saw urgent referrals quickly and non-urgent referrals within an acceptable time.
- Service users had flexibility in the times of appointments.
- There was disabled access.
- There was access to interpreters.

Meeting the needs of all people who use the service

- Four of the service users interviewed made reference to the service being short staffed and this impacted on their treatment.
- One staff member told us there was no out of hour's service which might make access difficult for people who worked full time.
- Another staff member told us that there was insufficient aftercare and the provider supported this and informed us that the commissioners were addressing this matter.
- We saw no evidence of mutual aid or Narcotics Anonymous (NA) involvement in the service.
- Leaflets about the service were available in English only at both sites inspected.
- Translation services were available and used.

Listening to and learning from concerns and complaints

- One staff member told us that they did not think complaints were investigated or that learning was disseminated.
- Five staff members told us they knew how to complain.
- Four service users told us they did not know how to complain.
- One service user made a complaint but they had not received a response. Following our inspection, the provider informed us that their process ensured that all complaints should be responded to and they requested the details of this.
- The provider told us that their complaints process was that when a complaint was received the customer was contacted and informed the complaint would be investigated within five working days. The investigator

Substance misuse services

would complete the investigation within 20 working days. The customer would be informed in writing the outcome of the investigation within 28 days of receiving the complaint.

- Another service user told us they had not received information from the service about how to complain but had found out for themselves how to do this.

Are substance misuse services well-led?

Good governance

- We looked at seven care records. Five of these included risk assessments however, these were out of date.
- All seven records had not been risk reviewed within a six month period which could increase risks to others.
- Four of the files had not had a risk review for over 12 months.
- Four of the recovery plans had not been reviewed for over six months.
- Following our inspection the provider sent us more information about their quality assurance processes. These stated that file audits were completed on a monthly basis by either the Quality Lead or Senior Practitioner. These audits were then fed back to staff on an individual basis through supervision.
- The provider sent us evidence of an action plan following a quarterly quality assurance audit and workshops which took place as an action in response to the audit.

Leadership, morale and staff engagement

- Three members of staff told us that they had suffered personally from work related stress.
- Four staff members told us there were significant periods of sickness in the service as a result of work related stress.
- We saw that work related stress was referenced in staff supervision notes.
- One staff member told us there was a culture of fear and that they would not feel able to raise concerns without fear of victimisation.
- Another staff member told us that they felt if they said that they were not coping at work they would be 'managed out'. Following our inspection the provider gave us evidence of support plans completed with staff where it has been recognised through supervision and file audits that additional support was required. They also told us that if staff were not deemed to be competent in their role and were not meeting the required standard then the disciplinary policy would be followed.
- Three staff members told us they knew the whistleblowing policy.
- Two staff members said they felt good about their job.
- Another staff member at Tunstall told us they felt supported by management.

Commitment to quality improvement and innovation

- The senior practitioners used key performance indicators and other data to gauge their performance.
- There were opportunities for leadership development.
- Staff were offered the opportunity to give feedback on services and input into the service development.

Outstanding practice and areas for improvement

Outstanding practice

Start here...

Areas for improvement

Action the provider **MUST** take to improve

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- The provider must ensure that equipment used at the service is regularly checked and maintained to ensure the safety of people who use the service.
- The provider must ensure that assessments of service users are carried out in accordance with the Mental Capacity Act 2005 where applicable.
- The provider must ensure that service users risk assessments are regularly reviewed.
- The provider must ensure that infection control policies are followed to reduce the risk of cross infection.
- The provider must ensure that staff are competent to use all equipment provided at the service.
- The provider must ensure that all incidents are learned from to ensure improvements are made as a result and all staff involved receive information about them.

- The provider must ensure that premises and equipment used are clean and the level of cleanliness is monitored.

Action the provider **SHOULD** take to improve

Action the provider **SHOULD** take to improve

- The provider should ensure that all service users are provided with information about how to make a complaint.
- The provider should ensure that information provided to service users about the service and their care and treatment is in a format that they can understand.
- The provider should ensure caseloads are at a manageable level to support staff in providing effective treatment to service users.
- The provider should ensure that all staff are assured that they have the training and support they need.
- The provider should provide timely reviews with clinical staff to aid recovery and ensure safety.

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 2008 (Regulated Activities) Regulations 2014</p> <p>Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users. Equipment was not checked regularly and maintained safely. Hand gels and hand washing signage were not available. There was not an identified infection control lead in each service. There was not learning from incidents to impact on practice improvement. Assessments of service users were not carried out in accordance with the Mental Capacity Act 2005. Service users risk assessments were not regularly reviewed.</p> <p>This was a breach of Regulation 12 (2) (a, b, d, e, h)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014</p> <p>Premises and equipment</p>

This section is primarily information for the provider

Requirement notices

Premises and equipment must be kept clean and free from odours that are offensive or unpleasant. Toilets smelled of urine and were dirty. The premises at Hanley were dirty and dusty.

This was a breach of Regulation 15 (1) (a)

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.