

PCP Clapham

Quality Report

Unit 2, 376-378 Clapham Road
London SW9 9AR
Tel: 020 7498 7659
Website: www.rehabtoday.com

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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

Overall summary

This was a focused inspection to follow up enforcement action. The rating for the service has not been updated as we only looked at very specific issues. The purpose of the inspection was to see if the provider had made significant improvements to the service following the issue of a section 29 warning notice in June 2019. We also followed up on whistle-blowing information we received about the service.

- The provider had improved the process for obtaining clients' mental and physical health history prior to accepting clients for treatment.
- The provider had improved processes to ensure, where there were concerns about a client's cognition, that an assessment was carried out prior to alcohol detoxification treatment commencing.
- The provider had improved their assessment and management of patient risk. At our previous inspection we found that clients' risk assessments did not clearly describe how staff were to manage clients' withdrawal symptoms safely during detoxification. At this inspection we found risk assessments now detailed how staff were to manage clients' withdrawal symptoms.

- The provider had made improvements to medical and nursing assessments. At our previous inspection we found that nursing and medical assessments for clients receiving detoxification contained only limited information and the rationale for the chosen treatment/s was missing. This was no longer the case.
- The provider had made improvements to the use of monitoring tools to assess clients' withdrawal symptoms during alcohol detoxification treatment. Staff now used the appropriate tool every four to six hours to better monitor withdrawal symptoms.

However:

- At our previous inspection we found that there was no clear system to ensure that blood tests and electrocardiograms (ECG) were undertaken promptly. At this inspection we found that there were still some shortfalls in this area. The manager reported they were working on arrangements with a local private clinic so that any investigatory procedures were carried out quickly. The shortfalls meant there was an on-going breach of Regulation 12.

Summary of findings

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Summary of this inspection

Background to PCP Clapham

PCP (Clapham) is a service provided by PCP (Clapham) Limited. The service provides a substance misuse day service, following the 12 step model of abstinence, for clients with substance misuse problems. The majority of clients require alcohol/opiate detoxification treatment when they start in the service. Clients sleep at the provider's facility in Medwin Road whilst receiving their detoxification treatment and therapy at PCP Clapham. Medwin Road is a separately registered location provided by PCP (Clapham) Limited.

Following detoxification treatment, clients continue their day programme at the service and transfer to step down accommodation provided by PCP (Clapham) Limited.

The treatment lasts between two and 12 weeks. During our inspection, five clients were using the service and paid for this themselves. The service could provide treatment for up to nine clients. Occasionally clients' treatment was funded by statutory agencies.

PCP Clapham is registered to provide: Treatment of disease, disorder or injury. Since our last inspection the manager of the service had become the registered manager at the service.

We have inspected PCP (Clapham) eight times since 2013. At the last inspection in June 2019, we found that the provider was breaching the following regulations:

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 12 – safe care and treatment

Regulation 11 - need for consent

Regulation 17 – good governance

We issued the provider with a warning notice in respect of Regulation 12 and requirement notices in respect of Regulation 11 and Regulation 17.

During the September 2019 inspection we found that, although the provider had made many improvements to the service, they had not met all the requirements of the warning notice. However, progress had been sufficient to downgrade this to a requirement notice.

Our inspection team

The team that inspected the service comprised two CQC inspectors and a CQC specialist advisor, who was a consultant psychiatrist in addictions.

Why we carried out this inspection

We undertook an unannounced, focussed inspection of this service. The purpose of the inspection was to see if

the provider had made improvements to the service following the issue of a section 29 warning notice in June 2019. We also followed up on whistle-blowing information we received about the service.

Summary of this inspection

How we carried out this inspection

As this was a focussed inspection looking at improvement from a warning notice we did not inspect all key lines of enquiry. Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- spoke with one person using the service
- spoke with the registered manager
- spoke with one other staff member employed by the service provider
- spoke with the visiting doctor to the service by telephone
- looked at five care and treatment records for people who used the service
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with one client using the service. They spoke positively about the therapy team and the programme offered. The commented that they were often left unoccupied in between activity groups which could be difficult for them.

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 did not re-rate this service.

We found:

- The provider had improved the process for obtaining clients' physical and mental health history prior to accepting them for treatment.
- The provider had improved processes to ensure that, where there were concerns about a clients' cognition, further assessments were completed and vitamin B was prescribed for clients if Wernicke's Encephalopathy, a serious condition related to misuse of alcohol, could not be ruled out.
- The provider had improved their assessment and management of client risk. At our previous inspection we found that clients' risk assessments did not clearly describe how staff were to manage clients' withdrawal symptoms safely during detoxification. At this inspection risk assessments now detailed how staff were to manage clients' withdrawal symptoms.

However:

- At our previous inspection we found that that there was no clear system to ensure that blood tests and ECGs were undertaken promptly. At this inspection the provider had not made sufficient improvement in this area. This was an on-going breach of Regulation 12.

Are services effective?

We did not re-rate this service.

We found:

- The provider had made improvements to medical and nursing assessments. At our previous inspection we found that nursing and medical assessments of clients undertaking detoxification contained only limited information. At this inspection full medical histories had been completed and treatment plans were more detailed.
- The provider had made improvements to the use of monitoring tools to assess clients' withdrawal symptoms during alcohol detoxification treatment. For clients having alcohol detoxification, staff used a recognised tool more frequently to better monitor alcohol withdrawal symptoms.

Substance misuse services

Safe

Effective

Are substance misuse services safe?

Assessing and managing risk to people who use the service and staff

- The provider had improved the process for obtaining clients' physical and mental history prior to accepting clients for treatment. The previous inspection found that clients' health history, or blood test results, were not always obtained from the GP or other healthcare professionals prior to detoxification treatment. At this inspection we found the provider had made improvements. We reviewed five care and treatment records for two current and three former clients of the service who had undertaken alcohol detoxification treatment. Four of these clients had undertaken alcohol detoxification at this service. One client had undertaken alcohol detoxification at another one of the provider's services. Information was now more robust. For example, for one client staff had recorded relevant risks including seizure history, cardiac history and hallucinations the client had experienced during previous detoxification treatments. This meant that staff had all the information required to undertake a comprehensive assessment of the client, including risks to their physical or mental health.
- The provider had improved processes to ensure that, where there were concerns about a clients' cognition, an assessment was carried out prior to alcohol detoxification treatment commencing. At our previous inspection we found that clients for whom there might be concerns did not have a cognitive assessment before starting alcohol detoxification treatment. This meant staff did not assess clients for Wernicke's Encephalopathy (WE). WE can lead to irreversible brain damage and is treatable if identified. The service did not prescribe pabrinex (an injectable form of vitamin B) for clients when WE could not be excluded. At this inspection we found that where the doctor had concerns about a person's cognition a Mini-Mental State Examination (MMSE) had been carried out. We discussed the administration of pabrinex with the

doctor for the service. They reported the provider was in the process of looking into the feasibility of the service using pabrinex as a medical intervention. Whilst this was taking place, where appropriate, the doctor prescribed oral Vitamin B and monitored individual clients.

- The provider had improved their assessment and management of client risk. At our previous inspection we found that clients' risk assessments did not clearly describe how staff were to manage clients' withdrawal symptoms safely during detoxification. At this inspection we found the provider had made improvements. Risk assessments now detailed how staff were to manage clients' withdrawal symptoms. For example, for a diabetic client, staff closely monitored blood glucose level readings during detoxification treatment.
- At our previous inspection we found that that there was no clear system to ensure that blood tests and electrocardiograms (ECG) were undertaken promptly. At this inspection the provider had not made sufficient improvement in this area. For example, we looked at one record for a previous client. The doctor had requested follow up bloods and an ECG, this had not been arranged by staff nor followed up by the doctor. For another client, the ECG requested by the doctor had not been carried out. We raised this with the manager during the inspection. They informed us that they were working with a local private clinic so that any investigatory procedures were carried out quickly. The provider had also recruited a clinical lead nurse to provide oversight of all medical processes since the last inspection. However, this was an on-going breach of Regulation 12.

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

Assessment of needs and planning of care

- The provider had made improvements to medical and nursing assessments. At our previous inspection we found that nursing and medical assessments of clients undertaking detoxification contained only limited

Substance misuse services

information. We also found that clients' detoxification treatment plans did not always include clear reasons for the plan, including the choice of medicines and dose. At this inspection we found the provider had made improvements. Each record viewed detailed a full history of the client's substance misuse, physical and mental health problems and social circumstances. Detoxification treatment plans described clearly the reasons for the plan and medicine choice and dose.

- The provider had made improvements to the use of monitoring tools to assess clients' withdrawal

symptoms during alcohol detoxification treatment. For clients having alcohol detoxification, staff used the Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar), as recommended in best practice guidance (National Institute for Health and Care Excellence, 2011). At our previous inspection, we found that staff only used the CIWA-Ar once per day. This meant that clients' withdrawal symptoms may not always have been identified in a timely way. At this inspection staff now used the CIWA-r tool every four to six hours to better monitor withdrawal symptoms.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that the arrangements for carrying out ECGs, bloods and other investigatory procedures are robust and completed promptly to ensure safe care and treatment. Regulation 12 (1) (a) (b)

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment