

Compass - Enfield

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- The provider had two separate care record systems in place, which included an electronic and paper system. The system did not operate smoothly as staff did not have access to a working scanner to ensure information was saved in local authority held records.
- Overall, communication with local GPs had improved and communication was documented within some of the care records. Staff supported patients to engage with GPs, although documentation was not recorded in 19% of 122 care records listed.
- A new system had been introduced into the service, which indicated when clients should receive a medical review. The system included a number of indicators but did not include indicators for a person who was symptomatic (HIV positive or hepatitis positive) and required reviews more frequently.

- The clinical room door was found open on one occasion. This was raised to the service manager in order to address as this presented a potential risk to patients.
- The service had a contingency plan in place, which described how clients could receive help if the service was closed. This advised people to access the local accident & emergency department. However, the plan needed to be reviewed to ensure they met clients' needs.

However, we also found the following areas of good practice:

- The provider had made improvements and these new systems needed time to embed. However, the improvements ensured safe care and treatment was being provided. Positive improvements were made in order to meet the requirements of the warning notice and the separate requirement notice that was served after our last inspection in November 2015.
- The service had carried out a full care record audit since our last inspection in November 2015 and had

Summary of findings

made improvements on completing risk assessments and care plans. Most people who used the service now had up-to-date risk assessments and care plans.

- The provider had reviewed the prescribing policy and added in the requirements of an initial prescribing appointment, which included a doctor taking a full history and carrying out a physical examination. The provider had introduced a new medical assessment template.
- The provider ensured that people who used the service were being medically reviewed on a regular basis. Out of 14 care records reviewed, only one care record did not demonstrate that the medical assessment had been completed. People who used the service were being offered blood borne virus (BBV) testing.
- The provider implemented a new medical review template form, which included the withdrawal side effect rating scales called severity of alcohol dependence questionnaire
- Staff had received training in record keeping in March 2016 in order to ensure that staff were aware of the importance of recording information.
- The service was monitoring client outcomes using the care planning outcome tool.
- Discussions had taken place around childcare responsibilities and safeguarding of vulnerable children.
- Overall, the supervision records had improved significantly since our last inspection in November 2015 and records demonstrated that staff performance was a priority.

Summary of findings

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Compass- Enfield

Services we looked at

Substance misuse

Summary of this inspection

Background to Compass - Enfield

Compass-Enfield is provided by Compass - Services to Tackle Problem Drug Use and is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

The service has a registered manager in place.

Compass-Enfield provides a drug and alcohol treatment service for adults in the London Borough of Enfield. The service provides advice and information, detoxification, substitute prescribing and psychosocial groups.

Compass - Services To Tackle Problem Drug Use has two services within the London Borough of Enfield, which work together. Compass-Enfield provides a fully integrated drug and alcohol treatment service for adults, including maintenance care and treatment for people

that were nearing the end of treatment. People that attended a similar Compass service called the Claverings transferred to Compass-Enfield when they were near to the end of treatment.

The service had 130 people on their caseload. People were seen on a weekly and monthly basis depending on the stage of their recovery or treatment.

Staff managed a needle-exchange service from the site, which operated throughout the week.

We inspected Compass-Enfield twice in 2013 and reports were published in 2013 and 2014. The service had a comprehensive inspection in November 2015. This inspection found the provider was not delivering safe care and treatment to people who used the service. Due to the safety concerns identified, we issued the provider with a warning notice under Section 29 of the Health and Social Care Act 2008. A separate requirement notice was issued to the provider requiring them to improve their governance systems.

Our inspection team

The team that inspected the service consisted of three CQC inspectors, one CQC pharmacy specialist and one specialist advisor who had a working background in substance misuse services.

Why we carried out this inspection

We carried out an unannounced focussed inspection to Compass-Enfield. Our inspection was to assess and ensure that the provider had met the warning notice and the requirement notice from the previous inspection.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

Summary of this inspection

- Is it well led?

Before the inspection visit, we reviewed information that we held about the location and reviewed the action plans that the provider had sent to us in relation to how they were meeting the warning notice.

During the inspection visit, the inspection team:

- spoke with four people who were using the service
- spoke with the registered manager and the lead nurse
- spoke with other staff members employed by the service provider, including support workers
- looked at 14 care and treatment records, for people who used the service
- reviewed how medicines were being managed
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Overall, the feedback we received from people who used the service was positive. People told us that they were

happy with the service, staff were approachable and they felt listened to. People who used the service told us that the service supported their needs and they had received a copy of their care plan.

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.

We found the following issues that the service provider needs to improve:

- The provider had improved their systems to ensure that people who used the service were being risk assessed appropriately. We found that 179 people all had a risk assessment but for 12 people these had not been reviewed or updated in the last three months.
- The service had a contingency plan in place, which described how clients could receive help if the service was closed. This advised people to access the local accident & emergency department. However, the plan needed to be reviewed to ensure they met clients' needs.

However, we also found the following areas of good practice:

- The service had recently employed a nurse prescriber who worked between Compass-Enfield and another site
- Discussions had taken place around childcare responsibilities and safeguarding of vulnerable children.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas where the service provider needs to improve:

- We reviewed the provider's systems in place to capture the frequency of care plan reviews. The spreadsheet showed that out of 179 people 12 did not have up to date care plans. The care plans reviewed were not clearly written, up dated within a three-month period and care plans had not been created for specific risks that had been identified.
- A new system had been introduced into the service, which indicated when clients should receive a medical review. The system included a number of indicators but had not highlighted the people who use the service and were symptomatic (HIV positive or hepatitis positive) should have more frequent reviews.
- Staff supported people to access and engage with a GP. However, correspondence with GPs had not been documented

Summary of this inspection

in 19% of 122 people who were listed on the providers monitoring system. People who were receiving psychosocial interventions only, the care records did not always demonstrate if the GP had been contacted.

- The provider had two separate care record management systems in place, which included an electronic and paper system. The systems in place did not operate smoothly as staff were unable to access a working scanner to ensure information was saved in local authority held records.

However, we also found the following areas of good practice:

- The quality of care plans had overall improved. The provider had completed a full care record audit and created a comprehensive assurance system.
- The service was monitoring client outcomes using a care planning outcome tool.
- The provider had reviewed the prescribing policy and ensured all clients had an initial prescribing appointment with a doctor, which included a full history and physical examination. The timeframe in which medical reviews should take place was added in to the policy
- The provider ensured that people who used the service were medically reviewed on a regular basis.
- The service had created a new medical review template form, which included the withdrawal side effect rating scales called severity of alcohol dependence questionnaire (SADQ)
- People who used the service were encouraged to access a GP and were supported with the process. The service was located within a primary care centre, which included a GP service. The manager told us that people who used the service were encouraged to access the GP within the building.
- For clients who used the service and had a decline in their mental health, staff had made referrals to community mental health teams.
- People who used the service were offered routine blood borne virus (BBV) testing.
- Overall, the supervision records had improved significantly since our last inspection in November 2015 and records demonstrated that staff performance was a priority.

Summary of this inspection

- All staff had received record keeping training in March 2016 in order to ensure that staff was aware of the importance of documentation.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had introduced systems and processes to assure themselves that risk assessments, medical reviews, care plans and communication with GPs had been completed.
- The manager felt that the teams' professional standards had improved since our last inspection. Team morale had improved over the past six months.

However, we also found the following issues that the service provider needs to improve:

- The provider needed to continue to embed and monitor the current systems that were in place in order to ensure that people who use the service were being reviewed on a regular basis. This included an up-to-date risk assessment and a recovery focused care plan.

Detailed findings from this inspection

Mental Health Act responsibilities

Patients using this service were not detained under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

This area was not inspected. We did not undertake a comprehensive review of this service.

Substance misuse services

Safe

Effective

Well-led

Are substance misuse services safe?

This inspection was a focused inspection to follow up identified concerns. We did not undertake a comprehensive review of the service.

Safe and clean environment

- During the inspection, the clinic room door was open on one occasion. This was raised to the registered manager to ensure that the door was locked at all times. The same issue had been raised with the provider during our last inspection of the service.

Safe staffing

- The service had three full time keyworkers and had recently employed an agency key worker in order to fill a vacant post.
- The service had employed one nurse prescriber who worked between Compass-Enfield and another site. However, during the inspection the nurse was not yet prescribing as the provider was still assessing their competencies.
- The provider had one doctor who was a locum GP and worked at the service 1.5 days per week.

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

- During our last inspection in November 2015, people who used the service did not have adequate risk assessments and risk management plans. Two different risk assessment tools had been used and the approach to assessing risk was inconsistent. Staff had identified potential risks, but there was no further information of how the risk was being managed. At the recent inspection, we found that everyone had a risk assessment in place. However, 12 out of 179 risk assessments had not been reviewed or updated within

the last three months. The manager was made aware of the gaps in the records. The staff were actively auditing risk assessments every two weeks to ensure they were up to date and were of good quality.

- We reviewed 14 care records and found that the quality and level of detail in the records varied. One record demonstrated that the risk assessment was poorly completed and lacked relevant details about a client who could potentially self-harm. One record did not demonstrate the person who used the service had completed an alcohol dependency rating scales. Another care record included two separate risk assessment forms, which made it difficult to assess which form was the most recent. The manager told us that a new form was introduced and in some care records, there were two separate forms available. The service was phasing out the older forms.
- Staff were not allowed to change a prescription except to minimise harm. For example, a change from a fortnightly to a weekly visit to collect medication. The service benchmarked alcohol levels on the national drink driving limit.
- The service had a contingency plan in place, which described how people who used the service would receive help if the service was closed. The service advised people to access the local accident & emergency department. However, the plan required a review to ensure it met clients' needs.

Track record on safety

- There had been no serious incidents since our previous inspection.

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

This inspection was a focused inspection to follow up identified concerns. We did not undertake a comprehensive review of the service.

Substance misuse services

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- At the last inspection in November 2015, we found that staff used a specific tool for care planning which supported and addressed their needs. We found that people who used the service were not signing their care plans and it was unclear whether a copy was given to the individual, whether they had been involved in the planning process and whether they agreed with the goals that had been set.
- At this inspection, we found that the provider had completed a full care record audit and created a comprehensive spreadsheet system. The team leaders and the team administrator were responsible for inputting dates of when care plans and risk assessments needed updating.
- Over the past six months, the provider had monitored the care record spreadsheet closely and used it as an audit tool. The manager told us that when standards were maintained consistently the frequency of the audit would change to a monthly basis. We reviewed 14 care records and found that there was an overall improvement in the quality of the care records since our previous inspection. However, some care plans were not always clearly written or created for risks that had been identified. Staff had not updated 12 out of 179 care plans within a three-month period. Three care records did not show a relapse prevention plan was in place for a person who was at risk of relapsing. One care record did not demonstrate that the person who had used the service had a re-engagement plan. The re-engagement plan provided the service with contact details if the person who used the service was unavailable and was not attending appointments.
- The manager reminded staff to ensure that if a person who used the service did not arrive for a medical review appointment or declined to have a copy of a care plan that the reason was documented in the care record. Record keeping had improved since our last inspection; however, we found that this still required further improvement.
- People who used the service were offered blood borne virus testing, which had been clearly documented.
- During the previous inspection in 2015, medical reviews were not being completed in accordance with the provider's prescribing policy and people who used the service were not receiving physical health examinations when prescribed specific medications.
- At the last inspection, most people who used the service were receiving regular medical assessments and the reviews were documented within the care records. Three people who used the service needed a medical review and two people were overdue by four weeks. Out of 14 care records reviewed, one care record did not demonstrate the medical assessment had been completed. The manager told us that more resources were made available so that the doctors were able to medically review all of the people that used the service.
- A new form had been devised for medical reviews, which included the withdrawal side effect rating scales called severity of alcohol dependence questionnaire
- Staff supported people to access and engage with a local GP, although documentation was not recorded in 19% of 122 care records listed on the provider's monitoring spreadsheet. For people receiving psychosocial interventions only, the care records did not always demonstrate if the GP had been contacted.
- For people who used the service and had symptoms showing a decline in their mental health, staff had made referrals to community mental health teams.
- For people who used the service and were alcohol dependent, staff breathalysed them in order to ensure the correct treatment could be provided. Staff were encouraged to gain advice from senior staff if they were concerned about a person who used the service and was alcohol dependent.
- The provider had created a 'rag' rating guide, which indicated the level of monitoring a person who used the service would require. For example, a person who was red rated would require a review every 12 weeks, amber indicated a review every 12 weeks and at least every 24 weeks and green indicated a review would be required every 24 weeks. The outcomes were based on the level of consumption and the risk of the person who used the service. The guide had a good number of indicators; however, there were items missing. For example, the red

Substance misuse services

rating did not include people who use the service and are symptomatic (HIV positive or hepatitis positive). The policy was awaiting approval by the provider's governance team.

- The provider had implemented a new paper file system with a clear index in order to help staff locate records more easily. The service had two separate care records systems in place, which included paper notes and an electronic case management system. The systems did not operate smoothly as staff did not have access to a working scanner to ensure information was saved in local authority held records.

Best practice in treatment and care

- At the last inspection in November 2015, the provider's prescribing policy did not specify that physical health monitoring should take place at the initiation of a medicine regime and reviewed thereafter. The provider was not prescribing in accordance with the drug misuse and dependence: UK guidelines on clinical management (orange book), 2007. At this inspection, we found that the provider had reviewed the prescribing policy and added in the requirements of an initial prescribing appointment, which included a full history and physical examination.
- The nurse or doctor carried out physical health examinations including a heart monitoring check (ECG) for people who use the service and were using opiates. This was in accordance with national guidance, which states that people who require 100mg of methadone must have an ECG.
- At the last inspection in November 2015, the provider did not use the appropriate scales in order to assess a person's withdrawal side effects. At this inspection, we found that the provider had implemented alcohol withdrawal side effect rating scales, which was called alcohol use disorders identification test. The results of the rating scales would be discussed with the person who used the service and would help to plan treatment. Options included an inpatient admission or a home detox.
- The provider had created a new policy for people who used the service that consumed excessive amounts of alcohol. The policy had not been implemented during

the inspection and was awaiting sign off by the provider's governance team. The policy was aimed at nursing staff and provided guidance on how to care for and treat people who were alcohol dependent.

Skilled staff to deliver care

- Three supervision records were reviewed which demonstrated that supervision took place every four weeks. Record keeping, risk management plans and care planning was discussed at length with each member of staff. Overall, the supervision records had improved significantly since our last inspection in November 2015.
- The provider told us that during weekly team meetings, the team had discussed the quality of risk assessment and management plans. Team meeting minutes were reviewed from the past three months. The minutes varied in quality and detail.
- All staff had received record keeping training in March 2016 in order to ensure that staff were aware of the importance of accurate documentation.

Multidisciplinary and inter-agency team work

- The provider recognised that some people who used the service did not have a GP. People who use the service were always encouraged to access a GP and were supported with the process. The service was located within a primary care centre, which included a GP service, and staff encouraged people to access the GP within the building.
- The provider engaged in local meetings, which included a multi-agency risk assessment conference and multi-agency public protection arrangements. The meetings provided an opportunity for local services to share and manage people who require safeguarding protection plans or who have offended and are a risk to themselves or others in the community.

Are substance misuse services well-led?

This inspection was a focused inspection to follow up identified concerns. We did not undertake a comprehensive review of the service.

Good governance

Substance misuse services

- At the last inspection in November 2015, the provider had not ensured that there were systems and processes in place to assess, monitor and mitigate risks for the people that used the service.
- During the recent inspection, the provider demonstrated a clear improvement in how staff were risk assessing and planning care for people that used the service. Medical reviews were routinely taking place and people who used the service were accessing appropriate physical health examinations. The manager acknowledged that the quality of record keeping had decreased in March 2016 and staff needed encouragement to maintain standards. Overall, the systems and processes needed time to bed into the day-to-day work of the service and for managers to continue to monitor consistency.

Leadership, morale and staff engagement

- The provider had revised the recruitment process and had implemented an assessment for candidates, which included completing a risk management plan. The manager told us this was to ensure that they were recruiting staff that were skilled and competent for the role.
- Team morale had positively changed over the past six months. The manager felt that professional standards had overall improved and staff had improved their record keeping skills. The provider told us that there had been individual conduct issues raised with some staff, which was in relation to poor record keeping of risk assessments and care planning.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that the clinic room is locked at all times.
- The provider should ensure comprehensive risk assessments are completed for all people that use the service. This includes updating risk assessments every three months and documented accordingly.
- The provider should ensure care plans are completed for all people that use the service. This includes updating care plans every three months and ensuring they are clearly documented.
- The provider should ensure that the IT and scanning issues are resolved in order to ensure that the care record system is improved.
- The provider should ensure that communication with GPs is clearly documented within the care records.
- The provider should ensure that there are systems and processes in place in order to ensure that risk assessments, care plans and communication with GPs are monitored and updated in accordance with the provider's policy.
- The provider should ensure that the overall service contingency plan is robust and comprehensive.