

# Plymouth Community Healthcare CIC

# Substance misuse services

## Quality Report

Local Care Centre  
Mount Gould Hospital  
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Date of inspection visit: 21 - 24 June 2016  
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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-297622270	Mount Gould Hospital	Community Substance Misuse Services	PL4 6LF

This report describes our judgement of the quality of care provided within this core service by Plymouth Community Healthcare CIC, also known as Livewell Southwest. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Plymouth Community Healthcare and these are brought together to inform our overall judgement of Plymouth Community Healthcare.

### **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

# Summary of findings

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# Summary of findings

## Overall summary

We found the following areas of good practice:

- The clinic room used by the staff but was managed by the co-located organisation, was kept locked and was very clean and tidy.
- No agency or bank staff were used at this service.
- Risk assessments were completed on referral and reviewed regularly.
- All staff worked to the National Institute for Health and Care Excellence guidance in regards to their detoxification practices.
- Mandatory training rate for staff was 100%.
- All staff used Skyguard lone worker protection devices.
- All care records reviewed had a comprehensive assessment. Care plans were reviewed and updated every three months.
- All staff had line management supervision every six weeks with group supervision quarterly this was led by the clinical lead. All staff had staff development plans.
- The interactions between staff and people using the service were friendly, respectful and kind.
- From accepting a referral, a client was seen within one week by a care manager. At the time of inspection, there was no waiting list for services.
- The building had electronic door access for people with restricted mobility. The service had a lift for people with mobility issues that allowed them to access the waiting room and interview rooms. There was an adapted toilet that people were easily able to access.
- Staff informed us that they thought the team worked well together and everyone was willing to help and support each other. Staff thought morale was very high within their team and they were all very happy to work there.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

#### We found the following areas of good practice:

- All staff areas were locked and only accessible with a key fob.
- The clinic room used by the staff although managed by the co-located organisation, was kept locked, was very clean and tidy and had lockable storage cupboards.
- No agency or bank staff were used at this service.
- At the time of inspection, there was no waiting list.
- All staff had completed their mandatory training.
- All staff used Skyguard lone worker protection devices which had Global Positioning System technology to allow managers to always know staff members exact locations. The staff we spoke to felt safer carrying these devices when out of the office.
- There were no medicines kept on site, all prescriptions were electronically generated and collections were from the local pharmacy.
- All the staff we spoke to understood the process of incident reporting.

### Are services effective?

#### We found the following areas of good practice:

- All care records we reviewed had a comprehensive assessment.
- Care plans were reviewed and updated every three months.
- There was a mix of doctors and non-medical prescribers to meet the prescribing needs of the client group.
- All staff had line management supervision every 6 weeks with group supervision quarterly led by the clinical lead, in line with the organisational policy.
- All staff had completed staff development plans.
- All staff worked to the National Institute for Health and Care Excellence guidance in regards to their detoxification practices.
- The team were co-located with the other services providing substance misuse treatment, probation and police. This allowed for easy communication and information sharing regarding the client group.
- The service led on and facilitated the forum for non medical prescribers and substance misuse, working with all agencies within complex needs.
- The staff delivered training courses on substance misuse and illegal highs to the inpatient mental health teams within the organisation and on mental health to other substance misuse agencies.

# Summary of findings

## Are services caring?

### We found the following areas of good practice:

- All the staff we spoke to were very passionate about the people who used the service and felt committed to deliver the best care and support.
- The interactions between staff and people using the service were friendly, respectful and kind.
- The staff we spoke to had an excellent understanding and knowledge of their client group and their individual needs and behaviours.
- The people who used the service told us that they were involved in the decisions around their treatment and were given care plans to sign to say they agreed with the care plan goals.

## Are services responsive to people's needs?

### We found the following areas of good practice:

- The case managers held a pre-referral surgery weekly that enabled them to assess all referrals, this enabled clients to be seen within one week of a referral.
- At the time of inspection, there was no waiting list for services.
- The waiting room had leaflets and posters for clients relating to outside agencies, how to complain and support groups they could go to
- There was a clinic room and private sound proofed interview rooms where clients were seen.
- The building had electronic door access for people with restricted mobility.
- The service had a lift for people with mobility issues that allowed them to access the waiting room and interview rooms.
- There was an adapted toilet that people were easily able to access.

## Are services well-led?

### We found the following areas of good practice:

- The staff felt that the organisation had ethics, purpose and a positive vision towards their client group.
- All staff had completed mandatory training.
- All staff had been supervised and appraised in the time scales within the organisational policy.
- All staff we spoke to thought very highly of their manager and felt very supported.

# Summary of findings

- Staff informed us that they thought the team worked well together and everyone was willing to help and support each other.
- Staff thought morale was very high within their team and they were all very happy to work there.
- Staff told us that the senior managers were very supportive of new ideas and innovation.
- Managers felt able to approach the senior team with ideas and initiatives.

# Summary of findings

## Information about the service

The substance misuse service is hosted by the Harbour Centre in Mutley, Plymouth and shares its offices with other substance misuse agencies, the police and probation. The service uses the data management systems provided by the host agency.

It is split into three specialist teams:

- Plymouth Specialist Addiction Service (PSAS) which evolved from the integration of the primary and secondary care addiction services in 2010. PSAS is a small team of medical and non-medical prescribers offering specialist prescribing to cover complex clients and patients whose GP is outside the GP scheme for drug misuse. Governance and training is available and PSAS has close links with the Complex Needs Team and all Harbour teams.
- The Complex Needs Team is a small multidisciplinary team of Community Psychiatric Nurses, substance misuse workers and support workers, supported by Plymouth Specialist Addiction Service, and with one day a week of consultant general psychiatrist input. The focus of the work is dual diagnosis - the co-existence of substance misuse and mental health disorders, when the presentation is complex and unstable.
- The provider's detoxification team work in partnership with the drug and alcohol Service, Harbour
- The service is available between 9am to 5pm Monday to Friday with an appointment only service on a Wednesday until 8pm for those service users who cannot get to the service during core office hours.
- The client group are referred from the Plymouth area.

## Our inspection team

Our inspection team was led by:

**Chair:** Andy Brogan, executive director of nursing, South Essex Partnership Trust

**Head of Hospital Inspections:** Pauline Carpenter, Care Quality Commission

**Inspection manager:** Nigel Timmins, Care Quality Commission

The team that inspected the substance misuse service comprised one CQC Inspector and one specialist advisor in substance misuse.

## Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Before the inspection visit, we reviewed information that we held about this service.

During the inspection visit, the inspection team:

# Summary of findings

- visited all areas of the site and looked at the quality of the environment
- spoke with two people who were using the service and collected feedback from one patient using a comment cards
- looked at the clinic room
- spoke with 12 staff members
- interviewed the clinical manager with responsibility for this service
- attended and observed one staff meeting with the care managers.
- looked at 12 treatment records.

## What people who use the provider's services say

All the people we spoke with who used the service were very positive about the service and their experiences.

People felt that the service was flexible and staff treated everyone as an individual.

We were told that the environment at the service was good.



# Plymouth Community Healthcare CIC

# Substance misuse services

## Detailed findings

### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Community Substance Misuse Services	Mount Gould Hospital

### Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

All staff received mandatory training in the Mental Health Act

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

- The waiting area was clean, well presented and accessible to all service users including those with a physical disability.
- All interview rooms were clean, light and private.
- All staff areas were locked and only accessible with a key fob.
- The clinic room used by the staff but managed by the co-located organisation, was kept locked, was very clean and tidy and had lockable storage cupboards.
- All equipment was well maintained and clean.
- Were alarms fitted and staff can summon support if needed

### Safe staffing

- At the time of inspection, there were seven qualified prescribers consisting of doctors and non medical prescribers who carried a total caseload of 443 service users.
- In the team there were eight medical staff covering complex needs and community alcohol detox, each with an average caseload of 15, this allowed staff to offer a higher level of support to clients.
- There was one vacancy for a community practice nurse and an interview had recently taken place.
- There were four social workers, who covered 2.5 whole time equivalent posts and held a total caseload of 41.
- No agency or bank staff were used at this service.
- At the time of inspection, there was no waiting list to receive services.
- Completion of mandatory training was 100%.

### Assessing and managing risk to patients and staff

- All 12 care records that we reviewed contained a full, updated risk assessment.

- Staff were knowledgeable of safeguarding procedures, with 100% completing the safeguarding training and all the staff we spoke to were aware of how and when to make a safeguarding alert.
- There was a lone worker policy in place and all staff we spoke to followed the policy. All staff used Skyguard lone worker protection devices which had Global Positioning System Technology to allow managers to always know staff members exact locations. The staff we spoke to felt safer carrying these devices when out of the office.
- Every month the manager completed a quest form (Quality Effectiveness and Safety Trigger Tool), this form had 20 questions. Sixteen were mandatory risk questions generic to the organisation and four were set locally for the service. The results were fed into the organisations quality and safety monthly meeting and if the score determined a high risk needing immediate action then this would go onto the organisational risk register.
- For May 2016, the service had a quest score of 13 out of 46 resulting in low risks that did not need to be escalated.

### Track record on safety

- There were no reported serious untoward incidents in the twelve months prior to our inspection.

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

- All the staff we spoke to understood the process of incident reporting and felt confident using the electronic form.
- Risk management meetings were held to discuss concerns and incidents, we saw minutes of these meetings which discussed the purpose of the meetings, gave actions to individuals and what lessons were learnt.
- Staff informed us that they received excellent feedback from managers regarding incidents.

# Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

- Of the 12 care records we reviewed, all had a comprehensive detailed assessment at time of referral.
- Care plans were reviewed and updated every three months and were agreed and signed by clients. All clients were given a copy, which was documented on their care records.
- The staff used an electronic system called HALO for all care records. The system was a web based tool that all substance misuse services in Plymouth are required to use. However the system was managed by another substance misuse team outside of the organisation so staff were unable to change the system. Staff felt the system was very slow and ineffective and was not easy to navigate. The manager was aware of this issue but the service commissioners are reluctant to change the system.

### Best practice in treatment and care

- The team provided detoxification within the community from referrals from substance misuse professionals, family members or the clients self referral.
- The detoxification nurses provided assessments, phlebotomy and medically assisted detoxification for both alcohol and drug use.
- Staff told us that they offered advice to all clients on alternative coping mechanisms, relapse prevention and healthy eating.
- The complex needs team used recovery and harm reduction models to support recovery and help work towards abstinence.
- Figures were supplied from the national Diagnostic and Outcomes Monitoring Executive Summary (DOMES) report showing the successful treatment outcomes for the service:
- Successful numbers completing treatment between 1st April 2015 to 31st March 2016 were:
  - Alcohol 33% (114 out of 344)
  - Opiate 6.4% (81 out of 1281)
  - Non opiate 35% (40 out of 115)
  - Alcohol and non opiates 33% (47 out of 144)
- Re-presentations (proportion of clients who successfully completed treatment and re-presented within 6 months) from 31st March 2016 to 22nd June 2016 were:
  - Alcohol 11% (7 representations out of 63 completions)

- Opiate 22% (11 representations out of 51 completions)
- Non opiate 4% (1 representation out of 26 completions)
- Alcohol and non opiate 23% (8 representations out of 35)
- Complex needs referrals from January 2016 to time of inspection were 49, these referrals were made by the Harbour Substance misuse team who had assessed the client and felt that they had complex needs.
- Number of allocations made was 10
- Number of assessments completed was 31
- Number of case closures were 11.
- The average number of years in treatment were five years for opiate users and two years for non opiate users.
- There were no medications kept on site, all prescriptions were electronically generated and audited in adherence with The National Institute for Health and Care Excellence guidelines.

### Skilled staff to deliver care

- The team consisted of medically trained professionals and social workers.
- The service had a clinical lead Doctor and a clinical nurse manager who worked on site and led and supervised the team.
- All staff worked to the National Institute for Health and Care Excellence guidance in regards to their detoxification practices.
- 100% of staff had line management supervision every six weeks with group supervision quarterly led by the clinical lead.
- All staff had completed staff development plans.
- Staff told us that the induction covered the requirements to do the job like safeguarding, lone working and use of the computer system, they all said that they felt very supported when they joined the team.

### Multi-disciplinary and inter-agency team work

- The team form part of a multi agency approach to treatment of substance misuse in Plymouth. The team were co-located with the other services providing substance misuse treatment, probation and police. This allowed for easy communication and information sharing regarding the client group.
- The complex needs team worked alongside the community mental health teams and assertive outreach to provide support to clients with dual diagnosis.

# Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- A creative solutions meeting had been recently developed with other agencies. The aim of the meeting was look at treatment for clients whose needs were complex.
- The service led on and facilitated the forum for non medical prescribers and substance misuse, working with all agencies within complex needs.
- The staff delivered training courses on substance misuse and illegal highs to the inpatient mental health teams within the organisation and on mental health to other substance misuse agencies.

## **Adherence to the Mental Health Act and the Mental Health Act Code of Practice**

- All staff were trained and understood the Mental Health Act Code of Practice.

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### Kindness, dignity, respect and support

- All the staff we spoke to were very passionate about the people who used the service and felt committed to deliver the best care and support.
- The interactions between staff and people using the service were friendly, respectful and kind.
- The staff we spoke to had an excellent understanding and knowledge of their client group and their individual needs and behaviours.
- People who used the service told us staff were very helpful.
- The people we spoke to were very positive about the staff and said they were very flexible and engaging.

- All interview rooms were private and soundproofed.

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

- The people who used the service told us that they were involved in the decisions around their treatment and were given care plans to sign to say they agreed with the goals identified for them during their treatment.
- Of the 12 care records seen, all copies of care plans given to clients were noted and attached to the treatment records.
- We were informed by the people using the service that there was lots of information available regarding support groups and they could access SURF, the service user forum for Plymouth.

# Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### Access and discharge

- Referrals were taken from other professional, family members and clients self referrals.
- The case managers held a pre-referral surgery weekly that enabled them to assess all referrals.
- From accepting a referral, a client was seen within one week by a care manager.
- At the time of inspection, there was no waiting list for services.
- A creative solutions meeting had been developed with other agencies in order to look at treatment for clients whose treatment was complex and who may be difficult to engage with treatment services.
- The people who used the service told us that staff were very flexible with appointment times.
- The service ran a late night, appointment only, service on Wednesdays until 8pm.

### The facilities promote recovery, comfort, dignity and confidentiality

- The service had a comfortable and light waiting room for all clients that had a television and was staffed by two receptionists.
- The waiting room had leaflets and posters for clients relating to outside agencies, information about how to complain and information about support groups.

- There was a clinic room and private sound proofed interview rooms where clients were seen.

### Meeting the needs of all people who use the service

- The building had electronic door access for people with restricted mobility.
- The service had a lift for people with mobility issues that allowed them to access the waiting room and interview rooms.
- There was an adapted toilet that people were easily able to access.
- The service had good transport links and a car park next door .
- Staff offered home visits to all people who were unable to attend the service.

### Listening to and learning from concerns and complaints

- All people who used the service were aware of how to make a complaint and said they had felt listened to when they had raised concerns.
- Staff were able to talk through the complaints pathway and who they should to contact within the organisation depending on the nature of the complaint.
- Staff informed us that they would be confident in following the whistleblowing policy and would gain feedback from the organisation if requested.

# Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Vision and values

- The staff knew and understood the organisational vision and values and they felt that they reflected the needs of their clients.
- Staff informed us that senior managers had visited the service and felt that they were approachable and that the chief executive had written personal letters to them in the past acknowledging the work that they do.
- Staff felt that they had professional leads who were knowledgeable about their specialist roles.

### Good governance

- All staff had completed mandatory training.
- All staff had been supervised and appraised in the time scales relating to the organisational policy.
- Managers got a monthly update from the training department with reports on staff training and refresher dates, which were then updated to a spreadsheet and staff were contacted and encouraged to book onto the next course available.
- All staff were encouraged by the organisation to further their professional development and felt able to discuss external training courses with managers at supervision.
- The clinical manager had advised on the policies and strategies relating to their service including dual diagnosis, substance misuse and workforce, prescribing, controlled drugs, detox and operational policy.

- All policies were reviewed every one to three years and were up to date.
- The QUEST system enable managers to see at a glance any heightened risks and take action accordingly.

### Leadership, morale and staff engagement

- All staff we spoke to thought very highly of their manager and felt very supported.
- Staff informed us that they thought the team worked well together and everyone was willing to help and support each other.
- Staff thought morale was very high within their team and they were all very happy to work there.
- We were informed that the organisation was very staff focused.
- Staff felt that the senior management team were very approachable and visible in the services.

### Commitment to quality improvement and innovation

- Managers felt able to approach the senior team with ideas and initiatives, for example a request for funding for a 10 week mindfulness course for staff was successful. This course has been considered to be very successful. It gave staff time to reflect on their professional work and what they needed to do to reduce stress and gain a better work life balance.
- The team have also been supported to lead and facilitate the non medical prescriber and substance misuse forum to support all people working with clients with complex needs.