

SMART Bracknell

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

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

We do not currently rate independent standalone substance misuse services.

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

- There had been two unexpected deaths of clients in 2016 that had not been reported to the Care Quality Commission, although this took place after the inspection.
- Risk management plans were not always in place for clients including those identified as medium and high risk.

- Not all staff had received specialist training in substance misuse as recommended by National Institute for Health and Care Excellence (NICE) although plans for this were in place.
- There was not adequate accessibility for people with a physical disability.
- It was initially difficult for staff to locate a complaints leaflet and these were not widely distributed or easily available for clients to access.

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

- The service followed guidelines on treatment and therapies from NICE and the Royal College of General Practitioners.

Summary of findings

- The service responded to changing client needs and risks and took the individual into account when considering a change to medicine dosage.
- Client consent to treatment was sought regularly.
- There was a low level (1.13%) of permanent staff sickness reported.
- Uptake of mandatory training was 70% and plans were in place for all staff to complete this.
- Staff were aware of the safeguarding policy and procedures.
- Staff knew the procedure for reporting incidents.
- 1:1 sessions demonstrated that the staff members had a good level of knowledge around their client's needs and had developed good therapeutic relationships.
- Clients were very positive in their feedback of the service and the care and respect they received from staff members.
- The service ran a weekly family support group for carers of clients using the service.
- Staff told us they felt good about their job and that there was a strong culture in the team of wanting to help clients. Staff felt able to raise concerns without the fear of victimisation.
- Staff felt that senior management listened to them and were visible.
- Following feedback from clients the service had begun to implement a 'skills level one' employability course'.

Summary of findings

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SMART Bracknell

Services we looked at

Substance misuse services

Summary of this inspection

Background to SMART Bracknell

SMART Bracknell is registered with the Care Quality Commission to provide the following service:

- Treatment of disease, disorder or injury

SMART Bracknell is a community based drug and alcohol service which provides support for people at any stage in their treatment journey. SMART Bracknell offers a range of interventions which include medical assessment, one to one support, group work and needle exchange.

The Bracknell Forest Council Drug and Alcohol Action Team (DAAT) commission the service. Clients could refer themselves for treatment. Professionals including GPs, the probation service, social services and the community

mental health team could refer people into the service. All referrals were made to the single point of contact for the DAAT who arranged for a local area screening and referral services (LASAR) assessment. The LASAR completed an assessment and referred clients to SMART Bracknell to allocate a recovery facilitator to work with the client.

SMART Bracknell was previously inspected by the Care Quality Commission in March 2014 and the service was found to be meeting all of the listed standards.

There is a registered manager at the service.

Our inspection team

The team that inspected the service comprised of two Care Quality Commission inspectors and a nurse with knowledge and experience in substance misuse as a specialist advisor.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

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?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information, and gathered feedback from staff members in response to an email we asked the provider to send to them.

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with one doctor
- spoke with one nurse

Summary of this inspection

- spoke with four clients
- observed a group that was attended by three clients
- observed two 1:1 sessions between recovery facilitator and clients
- observed a doctors clinic in which we observed one client's appointment
- looked at six client care and treatment records
- spoke with the director of corporate services and the service manager
- spoke with five other staff members employed by the service provider, including recovery facilitators
- spoke with the team leader for the local authority assessment 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 four clients.

Clients commented that the building was small but that there was a good level of cleanliness in the bathroom and toilets. They were very positive in their feedback of the service. They told us that treatment started quickly after assessment, that the care planning was good and they received copies of care plans. Those that liked group work found the groups helpful and told us that there was confidentiality and a mutual respect fostered within the group. Some said they would have liked to have been given summaries of the sessions.

Clients told us they felt supported to undertake stepped return to work and that their family and carers spoke

highly of the service and also felt supported. Clients felt that staff respected them, that they genuinely cared but there had been a lot of staff changes over the previous year. They would feel confident to complain if necessary and would go to a staff member. If they had any physical health needs they told us they would be required to go to their GP. Clients told us there was a good drop in service available if someone was in a crisis.

Clients also told us that they felt there were communication difficulties and problems between the service and the community mental health teams.

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:

- There had been two unexpected deaths of clients in 2016 that had not been reported to the Care Quality Commission, which was a breach of regulation.
- Only a third of staff had been trained in the Mental Capacity Act 2005.
- Less than half the members of staff had received training in level one safeguarding adults.
- Risk assessments we saw did not include any supporting information despite the clients being medium or high risk.
- Risk management plans were not always in place for clients including those identified as medium and high risk.

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

- Changes to client need and risk were regularly assessed. Efforts were made by staff to accommodate client's individual requests and circumstances.
- All prescription records, including voided ones were monitored and recovery facilitators checked the prescriptions with the prescriber and discussed these at monthly meetings.
- All prescriptions were issued weekly and clients were required to attend the service to collect their prescription which allowed staff to check how the client was doing.
- The nurse provided testing for Blood Borne Viruses (BBV) and administered vaccinations.
- Uptake of mandatory training was 70% and plans were in place for all staff to complete this.
- Staff were aware of the safeguarding policy and procedures.
- Staff knew the procedure for reporting incidents.
- The service prescribed medicines approved by the National Institute for Health and Care Excellence (NICE) and within the range set by the British National Formulary.

Are services effective?

We do not currently rate standalone substance misuse services.

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

Summary of this inspection

- Staff had not received specialist training in substance misuse as recommended by National Institute for Health and Care Excellence (NICE) although there were plans for this to take place.
- Recovery plans were written from a service perspective with little evidence of client goals or client involvement. This did not reflect the person centred practice we observed.
- There was no evidence of a regular forum for the sharing of information and risks between the service and the Community Mental Health Team for dual diagnosis clients.

However, we also found areas of good practice:

- The service followed guidelines on treatment and therapies from NICE and the Royal College of General Practitioners.
- The service responded to changing client need and took the individual into account when considering a change to medicine dosage.
- The service had piloted a 'SMART chat' out of hour's online service for clients.
- Client consent to treatment was sought regularly.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed a 'managing emotions' group that demonstrated skilled facilitation and a good level of engagement.
- We observed two 1:1 sessions between client's and their recovery facilitators which demonstrated that the staff members had a good level of knowledge around their client's needs and had developed good therapeutic relationships.
- Clients were very positive in their feedback of the service and the care and respect they received from staff members.
- Clients were given feedback forms monthly and could attend a monthly client forum which offered people the opportunity to feedback on the service.
- The service ran a weekly family support group for carers of clients using the service.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had open access and people could drop in for informal support. This included people who had not been referred to the service.

Summary of this inspection

- There was flexibility around appointment times which were based on the individual client's needs.
- The service offered access to alternative prescribing and could refer clients to residential treatment if needed.
- There was a range of groups on offer for clients. This included SMART growers with access to an allotment on site. Clients could also access acupuncture.
- The service had a good display of informative leaflets and posters as part of the signposting towards recovery.
- The service had an effective complaints procedure and had learnt lessons from the four complaints in the previous year which had been upheld.

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

- There was not adequate accessibility for people with a physical disability.
- It was initially difficult for staff to locate a complaints leaflet and these were not widely distributed or easily accessible for clients to access.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff told us they felt good about their job and that there was a strong culture in the team of wanting to help clients. They felt the team was dynamic with a good mixture of staff in terms of age, experience and culture.
- Staff felt able to raise concerns without the fear of victimisation.
- Staff felt that senior management listened to them and were visible.
- Staff were aware of the whistleblowing procedures and of the employee assistance line.
- Senior managers had identified many of the training shortfalls prior to the inspection and were able to provide a comprehensive plan to address this over the following three years
- Following feedback from clients the service had begun to implement a 'skills level one 'employability course'.

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

Summary of this inspection

- The provider did not notify CQC of serious incidents as required by the regulations. This demonstrated that governance processes were not in place or followed by managers to address serious and untoward incidents. This was addressed immediately after the inspection.
- Staff told us that they would have liked more feedback from senior management about how the service was performing.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Client's mental capacity was assumed and consent to treatment was sought regularly. The service reported that all staff had received training in the Mental Capacity Act 2005.
- The prescribing doctor demonstrated a good knowledge of the Mental Capacity Act 2005 and followed the service policy by considering a client's capacity and consent at each appointment. Before the doctor started a client on the substitute prescribing process he obtained consent to treatment.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

Action the provider **MUST** take to meet the regulations:

The provider must ensure staff compliance with mandatory and statutory training so that staff are competent to carry out their role

The provider must ensure that their governance processes are effective and highlight risks around reporting of incidents

The provider must ensure that comprehensive risk assessments and risk management plans are completed for all clients

Action the provider **SHOULD** take to improve

Action the provider **SHOULD** take to improve

The provider should continue to ensure that they notify CQC of any serious incidents in the service as required by the regulations.

The provider should use recognised tools to assess and monitor level of dependence and withdrawal

The provider should ensure care plans reflect the client's views on support and treatment .

The provider should ensure effective multidisciplinary working to manage risk and ensure that all client needs are met

The provider should make further improvements to ensure that they can meet the needs of clients with impaired mobility

The provider should ensure that the complaints procedure is clearly visible in the service

The provider should ensure that staff are aware of how the service is performing

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p>The provider did not adequately assess and manage the risks to the health and safety of service users of receiving care and treatment.</p> <p>This was a breach of HSCA 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 12(1)(2)(a)(b)</p>

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014: Good governance</p> <p>The provider did not have adequate systems in place to assess, monitor and improve the quality and safety, specifically in relation to notifications of serious and untoward incidents.</p> <p>This was a breach of HSCA 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 (1)(2)(a)</p>