

PCP Leicester

Quality Report

158 Upper New Walk,
Leicester,
Leicestershire
LE1 7QA

Tel: 0116 2580690

Website: www.rehabtoday.com/leicester

Date of inspection visit: 17/11/2015

Date of publication: 09/05/2016

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

We do not give a rating for specialist services. We found action was required because:

- The service would have benefitted from having some additional medical equipment. There was no emergency or medical equipment on site and the medication fridge did not have a lock or temperature gauge. However, the environment was clean, and regular environmental risk assessments took place.
- Not all staff had completed their mandatory training or engaged in the additional training on offer. Personnel files did not contain evidence of regular supervision or appraisal meetings to monitor staff performance and

we saw evidence that people not yet employed by the service, and so were working as volunteers without appropriate checks in place, had dispensed medication to clients. However, staffing levels were adequate, and provided a mix of counsellors, one nurse and two doctors.

- The service had only just opened a general incident log at the time of our inspection. Prior to this, they had only been recording serious incidents. There had been no serious incidents in the last 12 months at this location, but there was no forum to discuss learning from incidents at other locations.

Summary of findings

- The building was not accessible by wheelchairs; the provider had another disabled user friendly.
 - The service did not use robust recruitment processes. References were not always appropriate and did not meet the requirements of the service policy. The provider did not follow policy around recruitment and did not assess Disclosure and Barring Service (DBS) forms for the potential risks of employing candidates.
 - Staff did not always feel informed of incidents occurring in other locations, and lessons learnt from this. They felt this compromised their opportunity to improve this service as a result.
- However:
- We observed robust risk assessments, which were detailed and holistic. There was a robust policy in place around children visiting clients in treatment.
 - Clients received holistic assessments, and had a medical assessment within 24 hours of being admitted to the clinic.
 - The service uses national outcome measures to monitor client progress through treatment, which was based on the 12 step methodology.
 - Staff were trained in and confident in their approach to the Mental Capacity Act.
 - Staff treated clients with kindness and respect. We saw that staff understood individual needs and were aware of client's preferences. Clients said they felt safe when using the services.
 - The service had a clear policy around access and discharge, and what to do in case of an unplanned exit from treatment. Clients said they felt able to complain if they felt the need to, although the clients we spoke to said they were very happy with the care they were receiving.
 - Recent changes to the service had a positive effect, such as the recruitment of a nurse and a compliance manager.

Summary of findings

Contents

Summary of this inspection

	Page
Background to PCP Leicester	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Overview of ratings	10
Outstanding practice	16
Areas for improvement	16
Action we have told the provider to take	17

PCP Leicester

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to PCP Leicester

PCP Leicester is an independent residential substance misuse service for clients with an alcohol and substance addiction, providing treatment for up to 18 adults under the age of 65. The location registered with the CQC in October 2014 and was not inspected before. The service has a registered manager, and a nominated individual.

Treatments offered at PCP Leicester include assisted withdrawal and detoxification programmes for clients addicted to alcohol or substances. The location offers one to one counselling, group therapy, 12 step groups, art

therapy, medication and anger management courses. In addition to this, a recovery nurse is available to support clients and plan care. The staff are able to contact a specialised doctor as and when clients require their care.

At the time of our inspection, three people were accessing the service for treatment, although there are 11 beds available.

The service provided care and treatment for male and female clients, most of whom are self-funded.

Start here...

Our inspection team

The team that inspected the hospital consisted of:

- one Care Quality Commission (CQC) inspection manager,
- one CQC inspector,
- one specialist advisor with substance misuse service experience,

- and one expert by experience (an expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them for example, as a carer).

Why we carried out this inspection

We inspected this 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 we held about the service, and we asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the location to look at the quality of the environment and observe how staff were caring for clients
- met with three clients
- telephoned one carer of a client
- interviewed two managers
- spoke with five other staff members, including doctors, nurses and other qualified professionals
- interviewed one director with defined responsibility for human resources, nursing, education and development

Summary of this inspection

- visited the overnight accommodation where clients stay
- carried out a specific check of the medication management arrangements
- inspected three care and treatment records of clients who were receiving treatment and two records of clients discharged earlier this year
- looked at eight staff personnel files
- collected feedback from eight comment cards completed before our inspection
- reviewed a range of policies and procedures and other documents relating to the running of the service.

What people who use the service say

Clients said they felt safe whilst using the service, and were happy with the treatment environment. They felt staff treated them with respect and genuinely cared about their wellbeing. They reported they could always find a member of staff when they needed one and short staffing never led to cancelled therapy sessions.

Clients spoke about their treatment plans with confidence, and said the service considered mental and physical health as well as their social situation. Clients felt involved in the care planning process, and all had access

to advocates to support them through their treatment. Clients said they were aware of plans if they left treatment early. However, clients said they did not feel prepared for their scheduled discharge, as the service did not offer enough information about this.

Clients knew how to complain, and were provided with this information upon admission. Clients felt listened to and that staff were responsive if they felt they were struggling.

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 rate specialist services but found action was required because:

- The service did not have a lock on the clinical fridge.
- Staff did not record the temperature of the fridge to ensure medication was safe to use.
- Staff were not up to date with their safeguarding children training.
- The service had no stock of medication to access in an emergency.
- The clinic was a mixed purpose room, used as a clinic and office. Therefore, it had carpeted floor and soft furnishings, which meant they could not wipe down surfaces.
- There was a lack of clinical equipment, such as a variety of blood pressure cuffs.

However:

- Accommodation was safe and clean.
- There was a cleaning record on the notice board filled in daily upon completion of tasks.
- The service had consistent access to a qualified and specialised prescribing doctor three times a week.
- Telephone support was available from the doctor when not on site.
- The available nurse had the necessary qualifications to manage medications.

Are services effective?

We do not rate specialist services but found that:

- Comprehensive assessments took place within 24 hours of a client's admission for treatment and included a full medical assessment.
- Each client had a nominated counsellor, who acted as their key worker during their treatment.
- PCP Leicester used the "12 Step" methodology as a base for treatment and the registered manager provided literature to demonstrate how this worked.
- Staff had a positive working relationship with other teams outside of the organisation, such as crisis teams, general practitioners and social services.

However:

Summary of this inspection

- Staff did not always receive support and supervision when learning new skills because the provider had no structure to ensure this happened.
- Managers did not give all staff an induction at the start of their employment.
- The service provided opportunities for additional staff training but very few staff had

Are services caring?

We do not rate specialist services but found that:

- Clients felt safe and said they received all the information they needed to understand what to expect from treatment.
- They told us the service involved them in their care planning and knew about their treatment goals because of this.
- They could give feedback on the service using a box in the dining room for formal complaint or suggestions.
- There was evidence of changes to the environment after clients made suggestions.

Are services responsive?

We do not rate specialist services but found that:

- Clients knew how to complain and received this information on admission.
- Noticeboards displayed information on how to complain.
- Clients had access to activities throughout the week, including weekends.
- Staff supported clients to access their spiritual needs in the local community.

However:

- Managers did not provide regular feedback to staff about lessons learnt following a complaint.

Are services well-led?

We do not rate specialist services but found action was required because:

- Staff did not receive regular supervision, meaning staff did not have access to protected time to discuss their practise or personal development.
- Managers did not follow a robust recruitment process or record interview notes.
- There was no evidence that staff assessed risks individually where job candidates had previous convictions.

Summary of this inspection

- We found evidence of staff starting to work with PCP Leicester before managers received their Disclosure and Barring Service (DBS) document.
- Staff felt did not feel management fully considered their requests or suggestions for the service, especially if this incurred additional costs to the service.

However:

- Staff reported positive morale and good working relationships with each other.
- All staff spoke with passion about their jobs and shared a vision of recovery for clients.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Notes

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Accommodation was safe and clean. There was a cleaning record on the notice board filled in daily upon completion of tasks.
- Interview rooms were not fitted with alarms. Staff did not carry alarms, but said they were aware of the lone working policy and felt safe when at work.
- The furnishings in areas accessed by service users were clean and well maintained.
- The service did not have an examination couch in the clinic room; one doctor told us this meant they had to examine a service user on a sofa. Staff had asked the provider to purchase a couch so doctors are able to examine service users in a private area.
- The clinic was a mixed purpose room, used as a clinic and office. It had carpeted floor and soft furnishings, so staff could not wipe down surfaces. There was a lack of clinical equipment, such as a variety of blood pressure cuffs.
- Managers completed environmental risk assessments, and reviewed them regularly.

Safe staffing

- The service employed enough staff to meet the needs of the people who use the service. There were 14 employed members of staff, including managers, counsellors, nursing staff, support workers and administrators.
- There are no incidents of restraint, as clients are not subject to the Mental Health Act, and therefore restraint in this service would be unethical.
- There are enough staff present daily to assist clients in managing their symptoms of withdrawal from substances or alcohol, and recognising how to manage these safely.

- Clients had regular time allocated with their key worker. Staff documented interactions between themselves and clients in treatment records.
- Managers did not record or monitor staff sickness rates. Staff told us sickness was low and there were always enough staff on duty to meet the needs of the people using the service.
- The service had consistent access to a prescribing doctor three times a week. Telephone support was available from the doctor when not on site.
- The service employed one nurse who normally worked Monday – Friday from 8am – 4pm. The nurse's responsibilities included updating risk assessments and care plans. There was no cover for the nurse when they take leave or when they are absent from work.
- Staff had not fully completed all of their expected mandatory training, which included safeguarding and substance misuse specific training to assist staff to recognise symptoms of withdrawal and potential dangers of this. We inspected eight of the ten staff files and found eight staff were out of date with safeguarding children training. The provider was trying to find guidance on this matter.

Assessing and managing risk to patients and staff

- The nurse completed a risk assessment and management plan with clients on admission to the service. The nurse reviewed risk assessments routinely throughout a client's treatment. The nurse used a standardised comprehensive risk assessment tool that assessed substance misuse and other areas such as mental health and physical health.
- Staff described service procedures if a client left treatment in an unplanned way. This included contacting local services and providing harm minimisation advice where possible.

Substance misuse services

- The service had a robust policy in place around children visiting the service. Staff said they knew how to make referrals to a safeguarding body if required. Staff gave a recent example of raising a safeguarding alert, where they had reason to be concerned for a client's child.

Track record on safety

- There have been no serious incidents reported in the last 12 months.
- Managers of the service said they looked at serious incidents in other locations run by the same provider and made changes to implement change and improvement where required.

Reporting incidents and learning from when things go wrong

- The service had recently introduced a general incident log, where they recorded all incidents as opposed to just serious incidents, which they had only recorded previously. Staff recorded incidents on this and the registered manager reviewed the entries. The service acknowledged a forum for sharing lessons learnt from incidents would benefit the service.
- Staff described the type of event that would require reporting as an incident. They were aware of the new system to report incidents and said they felt confident to use it.
- Staff said they listened to feedback and act on this. An example of this was a client informing them that they did not have an emergency number to contact the team if required. Staff could not find the number on display, so now include this in admission packs.
- Staff did not always feel informed of incidents occurring in other locations, and lessons learnt from this. They felt this compromised their opportunity to improve this service as a result.

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

Assessment of needs and planning of care

- Staff reviewed an online brief assessment, which clients completed prior to admission. This allowed staff to ensure the client was appropriate for treatment, and they could meet their needs.

- Doctors completed medical assessments within 24 hours of a client's admission for treatment.
- Staff carried out holistic assessments, considering the client's addiction as well as their mental and physical health.
- Staff recorded notes about client's progress and presentation on the computer when they were in treatment. Upon discharge, the notes were printed and stored in their file.
- Each client had a nominated counsellor who acted as their key worker during their treatment.

Best practice in treatment and care

- The doctor prescribed medication as described by drug misuse and dependence: UK guidelines on clinical management (2007) for alcohol and opiate detox.
- The service used treatment outcomes profiles, opiate withdrawal scales and severity of alcohol dependence questionnaire (SADQ) to measure outcomes of treatment.
- The "12 Step" methodology was the base of treatment, and the registered manager provided literature to demonstrate how this works.
- Staff referred clients to specialist doctors where there was an identified need. For example, one client had poor physical health, so staff referred them to a specialist hospital doctor to seek treatment.
- Staff did not routinely check for blood borne viruses if a client was at risk of having one. Staff offered screening upon admission, but did not offer this again during treatment if the client declined the initial offer.
- Staff did not participate in clinical audits.

Skilled staff to deliver care

- The full range of health care professionals employed provided input to the service, including doctors, a nurse and several counsellors. There was only one nurse for the service, and when they were not present, trained support workers followed the care plans devised between the nurse and client, and administered medication where necessary.
- Managers did not supervise staff regularly and in line with the service policy. Staff spoke with managers informally if they had any problems but did not document these conversations. Staff did not always receive a structured induction when they started employment with the service.

Substance misuse services

- The service provided opportunities for additional staff training, but very few staff had completed this. However, specific substance misuse training was a part of the mandatory training all staff had to complete. Of the eight personnel files we reviewed, three of the staff had not participated in this training but had deadlines in place to complete this.

Multi-disciplinary and inter-agency team work

- Each client had a nominated counsellor who acted as their key worker during their treatment.
- Staff had a positive working relationship with other teams outside of the organisation, such as mental Health crisis teams, general practitioners (GP) and social services. Staff routinely referred clients to the local GP so they were able to access local health care.
- Staff had handovers at the start of each shift to ensure they were up to date with individual treatments.

Adherence to the MHA and the MHA Code of Practice

- Staff did not work with clients detained under the Mental Health Act and were not offered training in this.
- Staff said they would contact the consultant psychiatrist if they had concerns about a client's mental health and felt they required a mental health assessment.

Good practice in applying the MCA

- Staff told us their training in the mental capacity act helped them to be confident in assessing whether or not a client had the ability to give consent. Staff said they would not provide treatment if someone could not provide consent.
- The nurse assessed all clients to ensure that they were able to provide consent.
- Staff said they rarely worked with clients who are unable to give informed consent, other than if someone was intoxicated upon admission.
- We looked at eight staff personnel files and one staff member was out of date with their mental capacity training. The service did not provide compliance figures for training.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Staff treated clients with kindness and respect. We saw that staff understood individual needs and were aware of client's preferences.
- Clients who used the service told us that they felt supported by staff and would be confident raising any issues.
- Clients who use the service felt safe. They said they received all the information they needed to understand what to expect from treatment.

The involvement of people in the care they receive

- Clients told us that they were involved in their care planning and were aware of their treatment goals as they had been involved in deciding them.
- Clients who use the service had signed their care plans.
- Clients told us that their families could contact the service at any point to get updates on their progress.
- Restrictions on contact with family members for the first seven days were in place to allow for stabilisation. Clients had agreed to this at the start of treatment. Visits then took place once a month.
- Clients were able to provide feedback on the service using a box in the dining room for formal complaints or suggestions. There was evidence of changes to the environment taking place after suggestions were made. This included displaying a 24/7 helpline more clearly in all rooms.
- Daily check-ins and community meetings were available for clients to provide feedback. There was no formal agenda for these meetings.
- There was no evidence of clients being involved in the recruitment process.

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

Access and discharge

- The service had a clear policy in place around unplanned exit from services should a client choose to do this.
- The registered manager said people could access treatment quickly as the service rarely ran to full capacity. The service had two days for admission during the week, but revised these in emergency cases.

Substance misuse services

- The service considered referrals from clients who completed their online application form.
- Staff worked with clients to include them in their care and prevent them from disengaging in their treatment.
- Staff discussed discharge with clients from the beginning of their treatment journey and made plans towards this throughout the 12 weeks treatment programme.
- Staff discussed clients' progress daily in a morning meeting.
- The provider rarely cancelled appointments or classes because of staff shortages or sickness. When staff were not available to facilitate sessions, alternatives were provided.

The facilities promote recovery, comfort, dignity and confidentiality

- A range of rooms were available so that clients could have privacy whilst receiving treatment.
- There was a policy around mobile phones, which clients agreed to at the start of treatment. The policy limited their access to telephones for the first week, and banned telephones from being taken in to treatment, to protect privacy. There was designated area for clients to make private phone calls.
- Clients had a secure area to store their possessions.
- Facilities were available so that clients could make a drink when they wanted to. They also made their own food and so were able to choose what they wanted to eat.
- Clients had access to activities and therapy throughout the week, including weekends.

Meeting the needs of all people who use the service

- PCP Leicester was not currently wheelchair user friendly. Staff said they had had no need to convert the building so far, but if a wheelchair user was to access the service they could place them elsewhere in the country for treatment, as other locations were wheelchair accessible.
- There was a range of information on treatments available; however, staff said they would like to see more information available for clients, especially around methadone in a format, which was easily understandable.
- Staff said they supported clients to access their spiritual needs in the local community.

Listening to and learning from concerns and complaints

- Clients knew how to complain, and were given this information in their admission packs. There were noticeboards around the service, which had information on how to complain displayed.
- Staff said they knew how to handle complaints, but they rarely received any.
- There were no clear systems in place to ensure discussions took place with staff around feedback or lessons learnt following a complaint.

Are substance misuse services well-led?

Vision and values

- Staff were aware of who the most senior managers in the organisation were.
- The team appeared to work well together. They based their approach on the organisations' value to treat each individual on their individual needs, respecting cultural, social and physical health needs.

Good governance

- The systems and processes for reporting incidents were not robust. Staff told us that there was no forum for sharing lessons learnt.
- The managers did not follow the service recruitment policy. One staff file contained only one reference. Some staff files contained two references, neither of which were from a previous employer.
- The service did not record interviews appropriately and it was not clear when staff had interviewed for the role. Most staff appeared to have signed their statement of particulars, equal opportunities form and medical questionnaire on the same day they applied for the role.
- The managers did not complete risk assessments for staff with previous convictions. While convictions would not necessarily exclude someone from working in a substance misuse service, a risk assessment would identify and mitigate any risks to ensure that people using the service were kept safe.
- The compliance manager recruited recently was going to be responsible for creating clinical governance structures for the service. The service did not have clinical governance structures prior to this.

Substance misuse services

- Staff did not receive regular supervision in line with the provider's policy. Personnel files lacked evidence of staff receiving support and supervision when learning new skills.

Leadership, morale and staff engagement

- There were no cases of bullying or harassment cases.
- Staff said they had good levels of job satisfaction and they enjoyed their jobs. There was evidence of team working.
- We observed staff interacting with clients in an open and transparent manner.
- All of the staff we spoke to said they knew how to whistle blow if they had any concerns. They said they would do this by speaking to the Care Quality Commission about concerns they may have.

- Staff said they felt able to give feedback on services, but two staff we spoke to did not feel listened to by the people who lead the service, especially when their requests caused additional expense to the service.
- The people who lead the service said they visit the location regularly to ensure that staff and clients are happy with the service they are receiving, and to offer support when this is needed.

Commitment to quality improvement and innovation

- The provider did not participate in any national accreditation schemes.
- The provider had been inspected by the Care Quality Commission at other locations, and had considered the suggested changes made and tried to introduce these to all locations.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all staff receive regular supervision and appraisals to monitor performance and offer support.
- The provider must adhere to a robust recruitment policy that ensures that staff the service employs are qualified and competent to work with the clients.
- The provider must take action to ensure sufficient medication is available in case of emergencies.

Action the provider **SHOULD** take to improve

- The provider should ensure that the fridge in the clinic has a lock and temperature gauge for safekeeping of medications.
- The provider should take advice from the local authority regarding safeguarding children training, and ensure their standards are met.

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

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Persons employed by the service provider in the provision of a regulated activity must receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

There was no evidence of regular quarterly supervision, as outlined in the provider's policy, taking place to support staff and monitor their progress.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 18 2 (a).

Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment processes were not robust. References were not appropriate and did not meet the service policy. We found an error on a DBS form and candidates with previous convictions were not robustly risk assessed.

Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions above.

Persons employed for the purposes of carrying on a regulated activity must be of good character, have the qualifications, competence, skills and experience, which are necessary for the work to be performed by them.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 19 1 (a) (b) (c) 2 (a).

Requirement notices

Regulated activity

Accommodation for persons who require treatment for substance misuse

Treatment of disease, disorder or injury

Regulation

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

Care and treatment must be provided in a safe way for service users. The things which a registered person must do to comply with that include ensuring that persons providing care of treatment to service users have the qualifications, competence, skills and experience to do so safely. Where equipment or medicines are supplied by the service provider, they should ensure there are sufficient quantities of these to ensure the safety of their service users to meet their needs.

There was no resuscitation equipment on site in case of medical emergency, and there was evidence of employees administering medication prior to their start date and completion of necessary training.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 12 1 and 2 (c) (f).