

Grosvenor House

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 carried out this focused inspection of Grosvenor House to review remedial actions taken by the provider in relation to a regulatory breach. The inspection was announced two weeks before the inspection took place.

When we inspected the service in September 2016, we found the provider was in breach of Regulation 12 (Safe Care and Treatment), Health and Social Care Act (Regulated Activities) Regulations 2014. This regulation was not being met, as we found that:

- Risk was not always assessed and managed effectively, including risks to children.
- Risk assessments and risk management plans were not in all records reviewed.
- There was insufficient or incomplete information in the child safeguarding information, risk assessments and risk management plans.
- The information in the risk assessments and risk management plans did not match the notes in the contemporaneous records.

During this focused inspection, we reviewed the actions taken by the provider to address the issues raised in the previous inspection in September 2016.

At this inspection, we found that:

- Comprehensive risk assessments were in place in all records we reviewed. These included information on risks to children of service users.
- Detailed risk management plans were in place in all but one of the records we reviewed.
- Staff had completed additional training in safeguarding and risk management.
- Staff had a very good understanding of the safeguarding policies and procedures and had good links with other local professionals.
- Staff recorded information relating to risk and risk management within contemporaneous notes in service user care and treatment records. This was in line with information within risk assessment and risk management plans.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Grosvenor House	4
Our inspection team	4
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	5
The five questions we ask about services and what we found	6

Grosvenor House

Services we looked at

Substance misuse services

Summary of this inspection

Background to Grosvenor House

Grosvenor House is one of 10 locations registered by the provider Spectrum Community Health CIC. This location was registered by the provider on the 12 April 2011. The location has a registered manager and a responsible person. Spectrum Community Health CIC is registered by the CQC to provide the following regulated activities for children and adults:

- Diagnostic and screening procedures.
- Substance misuse problems.
- Treatment of disease, disorder or injury.

Spectrum Community Health CIC is sub-contracted by another service to work in partnership with them to deliver the service 'Inspiring Recovery' in the City of Wakefield's towns and boroughs. The substance misuse services are commissioned by Public Health England through the local authority.

Spectrum Community Health CIC provides both the clinical services and the shared care element of the Inspiring Recovery service. Shared care is where treatment and support are offered in the local GP practices and delivered in partnership with the GP and a recovery worker. This means that clients can attend their local GP service for their substance misuse appointments.

The Inspiring Recovery services are for adults aged 18 years and over.

They provide the clinical services for the 1680 clients who attend Inspiring Recovery. The clinical service provision includes the well-being services, blood borne virus and health screening, as well as detoxification and substitute

prescribing for drug and alcohol dependence. This clinical provision is delivered by doctors, non-medical prescribers and nurses employed by Spectrum Community Health CIC.

The clinical treatment is delivered from the main Grosvenor House site at Union Street in Wakefield and from two satellite sites: one in Castleford and one in South Kirby. These three sites are known as the 'hubs.'

The shared care provision is delivered by recovery workers employed by Spectrum Community Health CIC. There are currently 17 shared care practices that are included in the Inspiring Recovery provision. They offer treatment for opiate dependence only. However, the recovery workers in these practices will support clients with low level alcohol misuse or other substance misuse alongside their opiate dependence. The Spectrum Community Health CIC recovery workers in these shared care practices co-ordinate all the clients care and treatment.

Grosvenor House was inspected on 15 October 2012 and 10 February 2014 using the previous inspection methodology. On both of these occasions, the service was found to be meeting all the required standards inspected.

This location was also inspected on 12 September 2016 using the new Care Quality Commission inspection methodology. At this inspection, the provider was found to be in breach of Regulation 12 (Safe Care and Treatment), Health and Social Care Act (Regulated Activities) Regulations 2014.

Our inspection team

The team that inspected the service comprised of the lead CQC inspector Sharon Baines and an assistant inspector.

Summary of this inspection

Why we carried out this inspection

We inspected this service to review what action the provider had taken in relation to the breach of Regulation 12 (Safe Care and Treatment), Health and Social Care Act (Regulated Activities) Regulations 2014, identified during the previous inspection in September 2016.

How we carried out this inspection

The focus of the inspection was to establish what actions the provider had taken to address and resolve the regulatory breach from the comprehensive inspection in September 2016. The inspection was announced two weeks before the inspection took place.

During the inspection visit, the inspection team:

- Spoke to six members of staff, specifically in relation to how risks were assessed and managed within the service.

- Reviewed nine care and treatment records, specifically risk assessment and risk management plans for service users.
- Reviewed the safeguarding policies for the service.
- Reviewed training records, specifically in relation to safeguarding and risk management training.
- Reviewed minutes of meetings where risk and safeguarding issues had been discussed.

What people who use the service say

We did not speak to any service users during this inspection.

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?

The provider had addressed the issues in relation to the breach of Regulation 12 (Safe Care and Treatment), Health and Social Care Act (Regulated Activities) Regulations 2014, identified during the previous inspection in September 2016.

We found:

- Comprehensive risk assessments were in place in all records we reviewed. These included information on risks to children of service users.
- Detailed risk management plans were in place in all but one of the records we reviewed.
- Staff had completed additional training in safeguarding and risk management.
- Staff had a very good understanding of the safeguarding policies and procedures and had good links with other local professionals.
- Staff recorded information relating to risk and risk management within contemporaneous notes in service user care and treatment records. This was in line with information within risk assessment and risk management plans.

Are services effective?

Since the last comprehensive inspection in September 2016, we received no information that would cause us to re-inspect this key question.

Are services caring?

Since the last comprehensive inspection in September 2016, we received no information that would cause us to re-inspect this key question.

Are services responsive?

Since the last comprehensive inspection in September 2016, we received no information that would cause us to re-inspect this key question.

Are services well-led?

Since the last comprehensive inspection in September 2016, we received no information that would cause us to re-inspect this key question.

Substance misuse services

Summary of findings

Assessing and managing risk to clients and staff

The last comprehensive inspection of the service in September 2016 found that there was insufficient information to effectively assess and manage risks to people using the service. This included a lack of information relating to children of service users.

During this inspection, we reviewed nine care and treatment records, specifically risk assessments and risk management plans for service users. We found that in all records we reviewed, a comprehensive risk assessment had been completed. The risk assessment was holistic and included information on:

- substance use
- mental health
- forensic history
- housing status
- self-harm, suicide and neglect
- children within the family (including social services involvement)
- physical health, including sexual health

Staff carried out regular reviews of risks and these were clearly documented. The risk review included information on:

- changes within the household, including any new children coming into the household
- review of safeguarding issues
- changes in substance misuse
- emotional, mental health and well-being
- risk of violence
- physical health

- risk of harm or exploitation from other people

Staff developed risk management plans with service users using information from risk assessments. Risk management plans were present in eight of the nine records we reviewed.

Staff recorded information on risk and risk management within contemporaneous notes in the service user's care and treatment records. We found these to be in line with the information contained in risk assessment and risk management plans.

Since the last inspection in September 2016, staff had received additional training in safeguarding and risk management. We reviewed the content of this training, which included information on domestic abuse, substance misuse, parental mental ill-health and co-morbidity. The training also included information on carrying out comprehensive risk assessments and developing robust risk management plans for service users.

We spoke to six members of staff, specifically in relation to their understanding of risk assessment and risk management. Staff were very clear about the processes of assessing and managing risk with service users. Staff were very knowledgeable about the safeguarding policy and described the process they would follow if there were safeguarding concerns. Staff developed strong links with other professionals in the locality, including the local authority safeguarding team, social services, police and probation.

We reviewed minutes of team meetings and found that staff used these meetings as a forum to discuss service users in relation to risk and risk management. For service users with more complex needs, the clinical lead of the service chaired a quarterly case review meeting. We reviewed notes of these meetings and found that information was reflected in risk management plans.