

Counted 4 Community Interest Company

Quality Report

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Date of inspection visit: 27 -28 January 2016
Date of publication: 17/06/2016

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?

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.

Summary of findings

Overall summary

We do not currently rate substance misuse services

We found the following areas of good practice:

- There were enough staff to meet the needs of the clients. The service worked as part of a wider treatment system and referral pathways were in place. Premises were clean and tidy.
- Staff had the necessary skills to carry out their roles and were up to date with mandatory training. Staff were receiving good support from managers and supervision was excellent. This included 1-1, group, and external supervision for psychosocial and safeguarding.
- Staff knew how to report incidents and there was learning from these within team meetings. Procedures for safeguarding children and adults were in place, and understood by staff.
- Staff undertook clinical assessments and risk assessments. The provider had access to

comprehensive assessments completed by the provider responsible for care coordination. Care plans were up to date and covered clinical aspects of treatment.

- Staff were involved in clinical audits. Local management was good and staff had support from the medical director.

We also found area that the provider could improve:

- Risk management plans were not in place, which meant that this information was not easily accessible to staff who were unfamiliar with the client.
- There were inconsistencies in staff carrying out drug testing of clients throughout treatment.
- The structure of the board meant that membership included the chief executive and medical director with no external members. This could lead to challenge about the transparency of decisions made at this level.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Counted 4 Community Interest Company	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

Mental Capacity Act and Deprivation of Liberty Safeguards	9
Outstanding practice	16
Areas for improvement	16

Counted 4 Community Interest Company

Services we looked at

Substance misuse services

Summary of this inspection

Background to Counted 4 Community Interest Company

Counted 4 Community Interest Company is commissioned by Sunderland City Council to provide pharmacological treatment for residents of Sunderland who have substance misuse issues including alcohol. The service is part of a community based treatment system where care coordination, psychosocial interventions and harm reduction are provided by other organisations. Counted 4 deliver the clinical component of the treatment system. Treatment is delivered in a range of community settings.

The service provides pharmacological interventions in the form of clinically supported alcohol detoxifications, relapse prevention, prescribing for opiates and

assessment for inpatient treatment. Counted 4 works closely with the two other voluntary sector organisations as part of the commissioned treatment system and pathways are in place for clients.

Counted 4 are registered to provide the following regulated activities.

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

The service had a registered manager with CQC. Counted 4 was last inspected on 26 November and 9 December 2013. There were no compliance actions following this inspection.

Our inspection team

Team leader: Victoria Anderson, CQC inspector

The team that inspected the service comprised two CQC inspectors, one nurse and one expert by experience.

Why we carried out this inspection

We inspected this service as part of our on-going comprehensive programme of inspections of substance misuse services.

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 the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the main office premises and four community venues used to see clients and looked at the quality of the environment and observed how staff were caring for clients
- spoke with nine clients who were using the service
- spoke with the registered manager
- spoke with the manager for the service
- spoke with the chief executive of the company
- spoke with 11 other staff members; including doctors, substance misuse clinicians, and support workers
- received feedback about the service from commissioners
- spoke with two independent carers services
- attended and observed one multi-disciplinary meeting

Summary of this inspection

- attended and observed three one-to-one sessions between staff and clients
- looked at six care and treatment records of clients
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

We spoke with nine clients who all gave positive feedback about the service. Clients told us that they felt safe accessing the service and that they were happy with the service provided at Counted 4.

Clients said that the service was helping them with their issues and staff were caring and supportive towards

them. Clients felt involved in their treatment and said staff understood their needs. They were able to give feedback to the service and were involved in annual surveys. They felt able to complain if they needed to.

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 found the following areas of good practice:

- All premises were clean and well maintained, this included premises used in the community to see clients
- Staffing levels were adequate to meet the needs of clients and doctors were available
- Staff were up to date with mandatory training, understood safeguarding procedures, and knew how to report incidents
- Risk assessments were in place for clients and updated as necessary.

However, we also found some areas the provider could improve:

Formal risk management plans were not in place. This information was detailed in progress notes so was not easily accessible to people who were unfamiliar with the client.

Are services effective?

We found the following areas of good practice:

- Clinical assessments were completed on every client, which formed part of the overall comprehensive assessment
- Clients had care plans in place which covered their clinical treatment
- Staff were following best practice for prescribing
- Staff had the necessary skills and training to carry out their roles
- Regular supervision was taking place and staff had regular team meetings
- Clinical audits were taking place regularly.

However, we also found some areas the provider could improve:

- There were inconsistencies in the level of testing of clients throughout their treatment.

Are services caring?

We found the following areas of good practice:

- Staff were caring and supportive towards clients and understood their needs.
- Clients felt involved in their care plans and could give feedback on the service.
- Families were involved in care and treatment and offered support for their own needs.

Summary of this inspection

Are services responsive?

We found the following areas of good practice:

- There was good access to the service with no waiting times.
- The premises were accessible with a range of community locations used and/or home visits.

A complaints process was in place and clients knew how to make a complaint.

Are services well-led?

We found the following areas of good practice:

- A clear vision and values was understood and shared by staff.
- Clear governance arrangements were in place
- Staff morale was good and there was effective local management and support

However, we also found some areas the provider could improve:

- The structure of the board meant that membership included the chief executive and medical director with no external members. This could lead to challenge about the transparency of decisions made at this level.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received Mental Capacity Act (MCA) training and understood when they may have to use the act. Staff said that it was very rare that they would suspect that a person lacked capacity to make a decision. If a person attended an appointment intoxicated then the

appointment would be rescheduled and information would be passed to the care coordination team. Pharmacies would notify the service if they felt a person's health had deteriorated or if they missed appointments.

Notes

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The main staff base was at Hylton Park and was found to be clean and tidy. Clients were seen in six premises in the community which were:

- Lloyds Pharmacy Hendon
- Houghton Health Centre
- Snowdons Pharmacy
- Washington primary care centre
- Victoria Road Health centre
- Unit 9 Bridge House

We visited four of the community premises and found these to be clean, tidy, and well maintained. The premises were all shared facilities and some were pharmacies, which meant that clients could collect prescriptions while attending appointments. Staff followed infection control policies and procedures and hand washing facilities were available.

Vaccines for hepatitis A and B were provided by another agency. However, Counted 4 did provide some vaccinations and these were securely stored in a refrigerator, which was temperature checked daily.

Safe staffing

There was a clear organisational structure in place. The staff team comprised of:

- Service manager
- Nurse prescriber and dual diagnosis lead
- Clinical lead
- Safeguarding and alcohol lead
- Two operational team leaders
- Seven substance misuse clinicians
- Alternative therapist
- Two drug rehabilitation requirement substance misuse clinicians

- Executive assistant
- Data and IT officer
- Admin team leader
- Administrator
- Marketing assistant
- Two salaried GPs
- Three GPs who provided weekly clinic sessions

The substance misuse clinicians worked into two teams, which were the city team, and Washington/Houghton teams, both teams had a team leader. Two nurses were nurse prescribers, which added to the medical input of the service. The service had one member of staff on long-term sick due to physical health, which meant that their sickness rate was 3.3%. There had been two members of staff leave the service in the last 12 months.

Staff were up to date with the following mandatory training:

- Safeguarding children level 1 – 100%
- Safeguarding multi-agency level 3 – 76%
- Safeguarding adults – 87%
- Equality and diversity – 87%
- Infection control - 74%

There were three areas where staff were out of date with the training:

- Safeguarding children level 2 – staff were due to have this training in January 2016
- Information governance – 60%
- Risk management - 60%

The manager was monitoring this and plans were in place to book people onto courses.

There were 683 people registered with the service, the majority (638) were accessing for drug treatment, which involved substitute prescribing. Alcohol presentations tended to be shorter interventions and accounted for 31 people. The remaining 14 were accessing for health care

Substance misuse services

assessment. Caseloads ranged from 5 to 103, those with the lowest caseload sizes were managers who held a small caseload of complex cases. The service was monitoring caseloads and was aware of increasing caseload sizes and the impact of this on some staff. These were monitored and discussed through supervision.

Assessing and managing risk to patients and staff

The care coordination team completed comprehensive assessments including risk assessments. Service managers and administrators had access to these assessments, which would be attached to the care record if a client was referred to Counted 4 for any clinical interventions. The service would complete their own clinical assessment and risk assessment at the first appointment. The service used an electronic case management system. Risks could be flagged on the system to alert staff of any potential risks.

We reviewed six records and found these to be comprehensive and up to date. However, we found that there were no formal risk management plans in place. Information was contained in progress notes which meant that it was not easily accessible to staff. This meant it was unclear from the care records how identified risks would be appropriately managed. The provider told us that the recovery co-ordination service had responsibility for completing risk management plans for clients.

There were clear processes for reporting safeguarding concerns. Staff knew and understood how to make a safeguarding referral. The provider worked closely with the local authority and had a dedicated safeguarding lead within the team. The lead had oversight of all safeguarding cases both children and adults. There were 30 safeguarding cases open to the service at the time of the inspection and the safeguarding lead provided advice and support to staff.

All pregnant women were visited at home and there was liaison with midwifery services at Sunderland royal hospital.

Staff followed the organisations lone worker policy and notified the office when they had arrived at an appointment and again when they left.

Track record on safety

The provider reported ten serious incidents between 9 December 2014 – 13 April 2015. Nine of these related to unexpected or avoidable death or severe harm. Of these

three were suicides, one attempted suicide and two were drug overdose. These were investigated by the provider. The provider attended the local drug related death review group, facilitated by commissioners in the local authority.

Reporting incidents and learning from when things go wrong

Staff knew how to report incidents. Pharmacy errors were reported to the service and investigated by the relevant pharmacy. Incidents were investigated by the manager and included on the risk log. A significant event audit had been undertaken. Any deaths were investigated by the service with 24 hours of notification. The local authority had previously held drug related death meetings but these were not currently taking place. Incidents were discussed at team meetings.

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

Assessment of needs and planning of care

Comprehensive assessments were completed by the care coordination team and shared with Counted 4 who would complete a clinical assessment with clients at their first appointment. Care plans were completed for every client to address their clinical needs. The clinical care plan formed part of the overall recovery plan, which was monitored by the care coordination team. Health questionnaires were completed and clients had access to health care assessments, which were carried out annually.

We reviewed six clinical plans and found these to be of a good standard and covered all aspects of clinical care. The plans had limited recovery information and the provider believed that this was the responsibility of the care coordination team.

The service used an electronic case management system, which could be accessed by staff. Partner organisations used a separate system, which Counted 4 managers and administrators could access.

Best practice in treatment and care

The provider had developed clinical guidelines which were in accordance with the national institute for health and care excellence guidance and UK clinical guidelines on clinical management 2007. Community detoxifications were being carried out in line with guidance.

Substance misuse services

The provider had a policy that stated new people to treatment should be tested twice before being started on treatment. We found that the provider was not following this guidance. The provider told us that decisions on level of testing for new clients was made following risk assessment. Sometimes clients were only tested once prior to treatment commencing as this reduced delays in treatment starting. There were some inconsistencies in the levels of testing being carried out to those people already in treatment. This was raised with the provider who agreed to follow this up.

Prescriptions were generated from the central staff base from a batch prescribing system. Key workers checked that the prescriptions were correct and then doctors or nurse prescribers checked them again before signing. Administrators were responsible for sorting scripts into alphabetical order, checking each prescription off the log sheet, and putting into the pharmacy order so that they could be collected and delivered by courier.

Clinical audits were taking place. These included clinical pathway audit, caseload audit and regular case file audits. A safeguarding audit was completed annually. The provider worked closely with the local authority and a multi-agency audit was completed with health visitors. This was to look at the attendance at child protection conferences and the quality of reports.

Psychosocial interventions were provided by another organisation and support for employment, housing and benefits were the responsibility of the care coordination team. Staff would assist with low level issues during clinical appointments.

Skilled staff to deliver care

There was a multi-disciplinary team working within the service including; doctors, nurses, project workers and therapists. Staff had the skills and experience necessary to carry out their work. Training was available to staff who had a specific interest such as sexual exploitation or domestic violence. The provider had supported nurses to become nurse prescribers. There were workers with specialist skills in dual diagnosis, safeguarding, and alcohol that were available to support the rest of the team. Staff had access to regular management and clinical supervision. Safeguarding and psychological supervision was taking place through an external provider.

A supervision policy was in place and a supervision calendar was used to monitor compliance. Data provided showed that appraisals were not taking place and this was acknowledged by the provider. However, we found that the standard of supervisions was covering aspects of an appraisal.

Staff were receiving:

- 1-1 clinical supervision - delivered monthly and records showed discussions around caseloads, child protection, risk management and any operation issues such as IT or lone working.
- Non-clinical supervision – discussions included review of workload, training and development needs, annual leave, and any other relevant topics.
- Group supervision – discussed case of concern and strategies.
- Psychosocial supervision – delivered bi-monthly and staff attended a session every four-six months. An external psychologist facilitated this. Records showed that this included strategies on managing and supporting challenging clients.
- Safeguarding supervision – facilitated by an external professional. Discussed presentation of issues, practitioner analysis, and action plans.

The medical director supervised doctors and was available to offer medical advice and support if needed.

A disciplinary policy and process was in place and had been used in another area where the provider delivered services but had not been used for this service.

Multi-disciplinary and inter-agency team work

Three organisations were contracted to provide substance misuse services in Sunderland. We observed a cases of concern meeting, which was chaired by the safeguarding lead in the local authority. The meeting took place weekly and was attended by a range of agencies including probation, housing, and the substance misuse providers. Discussions took place around cases of concern and Counted 4 were involved in this process. There was evidence of working with the other substance misuse providers around missed appointments and reviews.

Multi-disciplinary meetings took place weekly. A care navigation meeting took place weekly where clients new to the service and those who were approaching discharge were discussed.

Substance misuse services

There were good relationships with the 38 pharmacies who worked in partnership with the provider. A local policy and protocol was in place to monitor the dispensing of controlled drugs. Pharmacies would notify the service if they had any concerns about clients and if someone had not collected their prescription.

Good practice in applying the MCA

MCA training was mandatory and a policy was available to staff on the intranet. It was very rare that the MCA needed to be applied to clients in the service.

Are substance misuse services caring?

Kindness, dignity, respect and support

We observed good interactions between staff and clients. Clients spoke highly of the service and said that staff were supportive. Staff understood the needs of clients and delivered clinical treatment to meet this need. We observed clients participating in reviews and being able to contribute their views.

Clients were asked to sign a primary care agreement where consent to treatment was explained and their rights to make a complaint. Confidentiality was maintained and this was discussed at initial appointments.

The involvement of people in the care they receive

Three organisations provided support to carers living in the Sunderland area. These were:

- Sunderland Area Parent Support (SAPS)
- Carers Centre
- Fushia

We spoke to carers from SAPS as part of a focus group who said the service was supportive and helpful. The group expressed some concerns with barriers to people getting back into treatment through the new commissioning arrangements, as they could not go direct to Counted 4. Clients and family members felt involved in care plans and had good access to doctors.

Clients were involved in their treatment with the provider. An annual service user questionnaire was completed and feedback came from practice, direct research, and consultation.

In the 2015, survey 97% of clients rated the service as good.

A service user group was developed in 2012 to look at policies, procedures and give feedback on the service. The group was disbanded in 2013 when new commissioning arrangements were put in place.

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

Access and discharge

Service users could not access the service directly and referrals came from the care coordination navigation team, which was provided by another provider. Referrals were picked up within days and access to treatment was good. Clinics took place daily including a Saturday morning so clients had a choice of appointments throughout the week.

There were low numbers of transitions from the young person's service and the service was monitoring this and had an awareness of any issues. Clients were supported to transfer to other services, which could include out of area, other services within the area, in-patient treatment or to secure settings.

Unexpected discharges from the service were managed through telephone calls and assertive outreach to try to re-engage the client. This work was predominately done through the care coordination team and Counted 4 worked closely with the team to make them aware of issues. There had been 2487 appointments missed in the 12 months up to 25 November 2015 with 548 clients being discharged in the same period.

The facilities promote recovery, comfort, dignity and confidentiality

Interview and clinic rooms were available but there was limited space in the community premises. This was managed by staff to ensure that clients could always be seen. Clients were not seen at the main provider location, which was a staff base only.

Clients could be tested in private. Anonymised client data was shared with the national drug treatment monitoring system with clients consent. A consent to treatment policy was in place. This included a primary care agreement, which was a contract between the provider, and client detailing what was expected of them and what they could expect of the service.

Substance misuse services

Meeting the needs of all people who use the service

Home visits were offered to those who required them. This could include those with a disability, alcohol clients, pregnant clients and those with children. Information leaflets were in English but could be made available in other languages if needed.

Listening to and learning from concerns and complaints

A formal complaints process was in place. The manager acknowledged the initial receipt of a complaint and where possible talked to the client individually. The manager would then look at all the information surrounding the complaint and provide a response. The service had low levels of formal written complaints, as these were usually resolved locally. There had been two formal complaints made in the last 12 months, neither were upheld. There had been six compliments received in the same period.

Are substance misuse services well-led?

Vision and values

The provider had a clear vision and values, which were shared and understood by staff. Their mission was to help people affected by substance misuse and mental health issues across the whole of society.

The organisation had the following set of values:

- Client focused
- Compassion
- Non-judgemental
- Believe in people
- Integrity
- Clinical excellence

There was a clear organisational structure in place. The chief executive was based in the main staff premises and was available to staff. The medical director was known to staff and was available to offer support and guidance if needed.

Good governance

There was a clear governance structure in place. Integrated governance management meetings took place monthly and we saw that various other meetings fed into this group. However, we found that none of the meetings had terms of reference to enable others to know the remit and function of the groups.

The meetings included:

- team meetings
- team leads meeting
- doctors meetings
- pharmacy meetings
- joint doctors and pharmacy meeting - annually

Staff received mandatory and specialist training. Robust supervision arrangements were in place. A range of audits took place and incidents were reported and learnt from. There were good safeguarding procedures in place and there was a dedicated safeguarding lead to provide support to the team.

The structure of the board included the chief executive and medical director with no external members. This could lead to challenge about the transparency of decisions made at this level. This was raised with the provider and discussion took place that there was no legal requirement around membership of the board. However, there was agreement that this would be looked at in order to give assurance to external agencies.

The service was monitored through the national drug treatment monitoring system and reports were generated monthly. The commissioners monitored the service as part of the overall contract. Contract meetings were not currently taking place due to re-tendering of the whole treatment system.

An organisation risk register was in place, which included service-level risks. Risks associated with the current contract arrangements were detailed on the register with details of the impact and controls.

Leadership, morale and staff engagement

There was good leadership at a local level. The service manager was responsible for the service and team leaders were in place to manage operational teams. Key roles were in place to provide leadership on key areas such as safeguarding and dual diagnosis.

Communication with staff was good and staff morale was high. Many of the staff members had been with the provider for several years. Staff said they enjoyed working for the provider and were able to make suggestions and give feedback to senior managers.

Substance misuse services

Commitment to quality improvement and innovation

The service had been commissioned by the local clinical commissioning group to look at a new project. The

addictions to medicines project was a pilot to work with people addicted to prescribed medications. A substance misuse clinician was working with the medical director to assess clients and develop treatment plans.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that all clients have a risk management plan in place.
- The provider should ensure that staff have a clear understand around the process for testing clients throughout their treatment
- The provider should ensure that the policy for testing new clients before starting treatment is followed.
- The provider should consider strengthening the membership of the board.