

Review of compliance

<p>The Stapleford Private Clinic Limited The Stapleford Centre</p>	
<p>Region:</p>	<p>London</p>
<p>Location address:</p>	<p>25a Eccleston Street Belgravia London SW1W 9NP</p>
<p>Type of service:</p>	<p>Acute services without overnight beds / listed acute services with or without overnight beds</p> <p>Doctors consultation service</p> <p>Doctors treatment service</p> <p>Community based services for people who misuse substances</p>
<p>Date of Publication:</p>	<p>April 2012</p>
<p>Overview of the service:</p>	<p>The Stapleford Centre provides treatment for drug and alcohol dependence to persons over eighteen</p>

years. This inspection visit took place over two days. The first on 9 January 2012 and the second on 5 March 2012. The purpose of the visit was to check compliance with the warning notice that was issued in October 2011 in relation to Regulation 9, Outcome 4.

Doctors at this centre prescribe medicines outside national guidelines and this matter has been referred to the General Medical Council.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Stapleford Centre was not meeting one or more essential standards. We have taken enforcement action against the provider to protect the safety and welfare of people who use services.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether The Stapleford Centre had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 2 January 2012, talked to staff and talked to people who use services.

What people told us

Patients we spoke with were aware that their prescribed medicines were outside national guidelines. They told us that they made an informed decision to be prescribed their medicines. Patients said that the prescribing practice of the centre had enabled their lives to be 'stable' and free from illicit heroin use.

The annual survey of patients for 2011, showed that the majority were satisfied with their treatment. Most were having the needs met and felt their lives had improved since being registered with the centre.

What we found about the standards we reviewed and how well The Stapleford Centre was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Patients experience effective and appropriate care and treatment that meets their needs. Overall, The Stapleford Centre was meeting this essential standard.

Other information

In a previous review, we found that improvements were needed for the following essential standards:

- Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run
- Outcome 09: People should be given the medicines they need when they need them, and in a safe way
- Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Patients told us that The Stapleford Centre was 'brilliant' and were 'life savers'. Staff at the centre were described as kind and considerate. Patients were aware that their prescribed medicine was above the recommended dose, but that the dose was 'not high for them', due to their high level of opiate dependence. Patients said that they made an informed decision to be prescribed medicines outside national guidelines. For example, the tablet form of a medicine was requested because the syrup form made them feel unwell.

Patients said that the prescribing practice of the centre had enabled their lives to be 'stable' and free from illicit heroin use. That their goal was to eventually achieve abstinence from opiates, but only when ready to do so.

The annual survey of patients for 2011, showed that the majority were satisfied with their treatment. Most were having the needs met and felt their lives had improved since being registered with the centre.

Other evidence

Visit on 9 January 2012

The centre has a prescribing policy and one of the aims is to reduce, and if possible, eradicate people's use of illicit drugs by careful prescribing to minimise the risk of people using prescribed drugs being sold illegally.

Patients dependent on opiate drugs are treated both within and outside national

guidelines. For example, evidence submitted showed that in a survey of 243 patients in January 2012 , 51% were prescribed methadone outside national guidelines for their opiate addiction.

The patient records we reviewed had completed risk assessments and care plans that were countersigned by patients. Where they were prescribed medicines outside national guidelines, they signed declaration and consent forms to accept such treatment.

Of the records we reviewed, where medicines were prescribed outside national guidelines, progress notes were documented and included the discussions with the patients. However, there was no documentation of the rationale for prescribing medicines outside national guidelines, nor why previous treatment within national guidelines had not worked.

The centre has clinical protocols which state that it is its policy to always explore the option of opiate reduction or detoxification when considered appropriate to the patient's stage of treatment. Before prescribing medicines for opiate dependency, a witnessed test dose is given to patients to determine tolerance to the medicine prescribed, and reduce risk of harm.

We saw that patients were encouraged to convert from injectables to oral medicines. Discussions with patients to reduce their medicines, were not always followed up at the next appointment. Staff explained that patients often changed their minds between appointments and this was not always documented in the records.

We did not see evidence that patients who were treated with Naltrexone, had liver function tests (LFTs), prior to its administration. Staff told us that Naltrexone was not harmful to the liver and LFTs were not necessary for patients treated with Naltrexone.

Visit on 5 March 2012

We reviewed the records of some patients who were prescribed medicines outside national guidelines, who had been reviewed by the centre since 9 January 2012. All records reviewed showed that there was a documented rationale for prescribing outside national guidelines. The centre has implemented a 'treatment rationale' template, which is filed in each patient's record. The template also includes a list of previous treatment within national guidelines, why these did not work and the reason for continuing treatment outside guidelines.

The centre continues to treat people with Naltrexone without first carrying out LFTs. The centre has provided research based evidence to support this practice.

Our judgement

Patients experience effective and appropriate care and treatment that meets their needs. Overall, The Stapleford Centre was meeting this essential standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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