

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

CRI Hertfordshire Drug and Alcohol Services (Hertford)

2A Priory Street, Hertford, SG14 1RN

Date of Inspection: 16 October 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Supporting workers	✗	Action needed
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	CRI (Crime Reduction Initiatives)
Registered Manager	Ms. Rebecca Anne Harrison Pritchard
Overview of the service	CRI(Crime Reduction Initiative) Hertfordshire Drug and Alcohol Services (Hertford) offers a drop in service and regular access to assessment and treatment for people experiencing problems with drugs and or alcohol, promoting recovery from addiction and dependence.
Type of service	Community based services for people who misuse substances
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Supporting workers	9
Assessing and monitoring the quality of service provision	10
Information primarily for the provider:	
Action we have told the provider to take	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 16 October 2012, observed how people were being cared for, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with two people who used the service and to three staff members, two of them volunteers, when we visited the service on 16 October 2012. People who used the service told us that they were happy with the service they received. Both people praised staff for their understanding, support and help. One person was completely happy and stated, "They are really helpful, I wish I had known about the service long before". This person had a designated key worker who worked with them and stated that the service was, "Excellent". Another person said that a change of key workers which they experienced caused them some problems, as they needed to: "Explain all my case over and over each time. The care plans do help, but staff cannot get to know people just from care plans."

The manager said that First Aid training was not up to date and could not produce records that would show when the training was organised. Although staff attended a lot of specialised training related to treatment, the lack of a designated first aider on shift put people at risk.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 05 December 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. Each person was fully assessed when they attended the service. Two people spoken with confirmed this, adding that they were respected and treated with dignity. Clinical tests were used in the assessment, while treatment consisted of all available community based treatment methods, including medical prescriptions and various individual and group therapies.

People expressed their views and were involved in making decisions about their care and treatment. Each person's care plan was individualised to them. People were involved and set their own individual goals in their care plans. Two people confirmed this.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People's care plans were reviewed at weekly sessions with them and updated. We saw one plan and the person confirmed that they were always consulted about their progress. Risk assessments were detailed and carefully drawn up with people's involvement.

Another person said that their care plan was good, but asked for a consistency of workers designated to work with them, saying that, "Care plans can only tell a part of the story, key workers need to get to know us as people. It is not very comfortable to repeat the story every time we come for a session."

The provider may wish to note that consistency was very important for people using this service. The manager explained that organisational changes and staff turnover affected consistency, but added that there was an arrangement in place which meant that from November 2012 consistency would be much easier to achieve.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. All staff were appropriately checked, including checks of their CRB (Criminal Record Bureau Disclosures).

CRB checks were also made on volunteers, "Peer mentors" are people engaged to work after going through treatment themselves. They were always supervised and never left to work alone with people who currently used the service. This ensured that people were safeguarded.

The manager stated that all staff were up to date with safeguarding training. Each staff member had to complete e-learning before attending a face to face safeguarding training. Three staff who we spoke with confirmed that they completed their safeguarding training before they started working with people.

People told us that they would know how to raise any safeguarding issues and added that they felt protected and safeguarded within the service. One person told us: "I feel safer here than anywhere else."

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

A lack of a First Aid trained person in the service that dealt with vulnerable people put them at risk. The lack of records of the First Aid training also did not reassure people that their treatment and diagnostic procedures could be safely delivered.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The manager and three staff members told us that they received a lot of specialised training. However, the manager said that there was no staff with current First Aid training and added that the records of training were not up to date. The manager was aware that people could be at risk when no staff with current First Aid were present at the service.

Staff supervision was properly planned and conducted. Three staff members confirmed this and added that they signed supervision notes. Personal development plan was in place for staff making them feel supported and motivated to work on self development. This ensured that people were supported by staff that were committed to their jobs and effective in helping people in dealing with their problems.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage the risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

Decisions about care and treatment were made by the appropriate staff at the appropriate level. The staffing structure included a doctor, three nurses and the nurse leader, two outreach workers and eight recovery workers, volunteers and "Peer Mentors", (previous users of the service). Each staff member was clear about their role. Only authorised staff were writing prescriptions when medication was indicated as the best course of action at the meetings attended by all staff. Peer mentors did not attend the meetings, to ensure respect for confidentiality. Minutes from the meeting were made available to staff on a computer system where confidentiality was ensured by the arrangements in place.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. All incidents were discussed at the governance level. They produced an action plan that was shared when outcomes were discussed at team meetings.

Comments from people who used the service were collected and analysed. The main concerns related to accessibility, due to lack of parking and the opening hours of the service. There was a plan to introduce an evening session to the service to improve access.

Peer audits, carried out by the managers of other branches helped the service monitor the quality and effectiveness of the service.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010
Treatment of disease, disorder or injury	Supporting workers
	How the regulation was not being met: There were not suitable arrangements in place to enable people employed to safely deliver regulated activities, as staff did not have up to date First Aid training. (Regulation 23 (1) (a))

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 05 December 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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