

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

East Lancashire Integrated Substance Misuse Service: Burnley House - T3 Prescribing

37/41 Westgate, Burnley House, Burnley, BB11 1RY

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Date of Inspection: 30 May 2013

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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
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	CRI (Crime Reduction Initiatives)
Registered Manager	Miss Nichola Joanne Armitage
Overview of the service	Crime Reduction Initiatives is registered to carry out the regulated activities at the East Lancashire Integrated Substance Misuse Service in Burnley Lancashire. The service offers rapid and open 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



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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 announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Governance information & Team specific information/orientation of services

What people told us and what we found

People spoken with told us they had agreed to the support provided. One person commented, "I accepted the treatment they offered and if I didn't agree with something they respected my wishes, they're very caring".

We looked at four support plans of people who used the service. We saw procedures in place to ensure their consent was gained in relation to the care provided. A person told us, "I'm here every day it's glorious, they ask what you want throughout your treatment".

People told us they had no concerns about the support being provided and they felt safe and protected. People said, "Coming here saved my life" and "If I didn't feel safe I wouldn't come here".

We looked at how medicines were handled at the service and looked at peoples Medication Administration Records (MARs).

We noted these records had been signed to show that medication had been administered correctly. During the inspection the manager reviewed the medicines key handling procedure to ensure medicines would be stored more securely.

We looked at staff records and saw that support workers had been appropriately recruited and provided with training relevant to their role. People spoken with said, "Staff are amazing" and "The amount of work that they do with you is amazing and I've got a routine now".



We saw records that showed there were appropriate systems for evaluating the service quality and safety of the care provided.

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

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with eighteen people who used the service. All of them told us they were involved in planning and reviewing their care. They told us they were always able to discuss the care and support they needed with their support worker. People spoken with said, "I accepted the treatment they offered and if I didn't agree with something they respected my wishes" and "They ask what you want throughout your treatment". They told us that having the opportunity to make their own decisions increased their ability to remain a part of the community and improved the way they lived their lives.

We saw consent forms had been signed and agreed by people. We saw care review records that confirmed that people and their relatives had been involved in agreeing to the plans because people told us the document had been signed by themselves.

We saw that people who used the service had been fully involved in writing and developing their care plans. Each plan was individualised and centred on their needs and wishes. The plans clearly detailed what was important to the person and detailed how their needs would be met.

We saw staff training records on valuing diversity and respecting people's right to privacy and dignity as part on their induction to the service. Staff spoken with described how individual people preferred their care and support to be delivered and the importance of treating people with respect.



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

Records of care were in good order, clearly written and well maintained. The care plans we looked at included important information about the care and support the person needed. The care plans were flexible, regularly reviewed for their effectiveness and changed if found to be ineffective. They were person centred and had been kept up to date in recognition of the person's changing needs.

We looked at records that confirmed peoples' health and well-being was monitored and appropriate advice and support had been sought in response to changes in their condition. These records encouraged the prevention and early detection of ill health, including relapse and wherever real factors presented a risk to their health and welfare.

The records of care showed the service had good links with other agencies and health care professionals to make sure people received coordinated and effective care. This meant that continuity of their care and effective communication between all of those who provide it was ensured.

All of the workers had achieved a recognised qualification in care which helped them to look after people properly. We saw staff interacting with people in a pleasant and friendly manner and being respectful of people's choices and opinions. People spoken with said, "Staff are unbelievable, I don't think anyone can say a bad word about staff" and "Everything you're offered is very good I couldn't get better unless I was doing it myself."

We spoke with four support workers who told us they were kept up to date with any changes to people's condition through communication records and through regular 'handover' meetings. People who used the service made positive comments about the care and support they received. They said, "The standard of care here is excellent; we couldn't get any better" and "I've been guided and looked after very well".

From looking at records, and from discussions with people who used the service, we found there were a wide range of suitable activities available. Staff told us activities were arranged for small groups of people or on a one to one basis. People's comments included, "I'm going camping with others that use service" and "I'm involved in the

photography group now" also "The amount of work they do with you is amazing and I've got a routine now".

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 spoken with told us that staff treated them very well. They said they felt comfortable knowing they were able to raise any concerns or complaints if they had any with the managers or support workers. They told us they knew how to raise concerns about the care delivered. They were also encouraged to discuss any concerns as part of their care review. Comments included, "Coming here saved my life" and "If I didn't feel safe I wouldn't come here".

We spoke with four support workers during our visit and found staff had access to 'safeguarding adults' and 'whistle blowing' (reporting poor practice) procedures. These procedures provided guidance for staff on how to detect and report different types of abuse. They were clear about their responsibilities if they suspected abuse and knew what action to take in line with local guidance if abuse had taken place.

We saw training records that showed us all staff had received training to help them recognise and respond to any signs of abuse including domestic violence, managing suicidal contacts, safeguarding during home visits and needle exchange. Staff spoken with told us, "We have flash meetings every morning to discuss any adult and children safeguarding issues" and "We discuss risk levels and how these will be managed during the course of the day".

We found arrangements in place to deal with foreseeable emergencies. We looked at records that showed the potential for risk or actual risk to people and how these risks were addressed. We saw that risk assessments were robust and associated to the care and support of people's person centred plan which had been reviewed at regular intervals. Any risks were recorded and discussed and preventative measures were put in place to ensure that people were safe.



People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at how medicines were handled at the service and found that medicines to support people during their recovery were prescribed by the on site Doctor. Medicines for patient's general health needs were prescribed by their own community general practitioner (GP). These medicines were not kept at the service.

We noted there was a robust protocol for the prescriber to follow which ensured the security and safety of prescriptions held at the service. The protocol also included a pharmacy agreement where chosen pharmacies played a key partner role in delivering services to people who used the service.

We saw medicines requiring refrigeration were stored appropriately and in locked cupboards. However we found the refrigerator key had been left in the refrigerator door and the key to the metal cabinet was visible. This meant the risks of unauthorised access to the medicines refrigerator and cabinet were not minimised. During the inspection the manager moved both keys to a safe area and ensured an 'access to keys' procedure was drawn up and shared with all staff employed at the service.

We saw a signed medicines receipt record that showed the quantity of vaccine's received from the supplier. We looked at records to show how Hepatitis B and C vaccine stocks were monitored at the service but found it difficult to check stock balances because they were not clearly recorded.

We also saw that some of the vaccine stock had been dispensed from the project to another Inspire service. The records we saw did not clearly evidence which service the vaccine's had been dispensed to and lacked signatures to verify the transaction.

However, we looked at four peoples Medication Administration Records (MARs) held in their care files which showed that each record had been signed by the nurse who administered the vaccine. We saw that vaccine batch numbers were recorded against each entry to show that a Hepatitis vaccine had been administered to these people.

We looked at a draft standard operating procedure on clinic room requirements and

storage of emergency drugs at the service. Whilst the procedure contained some information about medicines handling, the provider may find it useful to note that more effective procedures and practices for recording and safe keeping of medicines would help staff to manage medicines safely and minimise the risk of error.



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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People spoken with made positive comments about the support workers. They said, "Staff are amazing" and "There are a lot more people coming to the service now, but they still make sure they've got time for you if you need them". Also, "Some of the service users are now peer mentors and some now work here, when you actually see them working here its great for us and it gives us hope".

We looked at four employee files that confirmed robust pre employment checks had been done before staff began working at the service. These checks included a full and satisfactory Criminal Records Bureau (CRB) check. They were required to ensure people were safe and supported by staff who did not present a risk to people who used the service. Staff had also been provided with a staff handbook for guidance in their role.

We saw that temporary and casual employees including volunteers were also subject to the same level of checks and selection criteria. This meant the manager knew the importance to ensure that new employees were honest, reliable and trustworthy.

We saw comprehensive records that showed staff received a full employee induction and had undergone a period of supervision which included shadowing a colleague before working with people who used the service. Staff spoken with said, "Our induction is thorough to make sure we are confident in doing our job" and "We have regular supervision with our team leader, about once a month. The frequency of supervision is increased if staff need extra help with their work". This meant that staff were supported and managed at all times and there were clear lines of accountability.

We saw there was a system in place to ensure staff completed work based competency qualifications and received comprehensive training and support to ensure they were equipped with the necessary skills and knowledge for their job. Staff spoken said, "I've had loads of training" and "I worked temporary though an agency twice for Inspire and I always felt much supported." They told us that they were happy with the level and standard of training provided and felt well supported by the managers and team leaders.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Before we visited the service the provider sent us information about how they monitor the quality of services that people used. We looked at these records and found the service continually reviewed their practice and took into account adverse events so that future lapses were minimised.

We saw there was a system in place to monitor and evaluate the service which helped to identify any risks of non compliance with the regulations. A computerised system and paper records were used to record incidents, complaints, and care reviews. We have received no complaints about the service since our last visit in August 2012.

People spoken with said their views about the service were sought and their comments were taken into consideration and acted upon. They told us that the staff contacted them on a regular basis and always kept them informed of any changes that might affect the service they received. Comments included, "Inspire came to do an assessment with other services on how I was keeping my medication locked up at home" and "The staff always listen to what you have to say and take prompt action to resolve matters".

We saw records that showed people who used the service and their relatives were involved in ongoing service monitoring and had been consulted as part of the care review process. This helped to ensure they influenced the care and support they received. People shared their views and opinions about the service by taking part in a service user satisfaction survey. This enabled them to influence how the service was run. We looked at the completed surveys which indicated there was overall satisfaction with the service they received.



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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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