

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

CRI Atlantic House

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard
Records	✗	Action needed

Details about this location

Registered Provider	CRI (Crime Reduction Initiatives)
Registered Manager	Ms. Cheri Gillings
Overview of the service	The Criminal Reduction Initiative (CRI) Atlantic House provides a range of treatment services to people challenged by the use of drugs or alcohol.
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'.

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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 unannounced 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 2 January 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We carried out this inspection to check on the care and welfare of people. We spoke with three people, one relative, two members of staff, and two managers within the service.

People we spoke with told us their attendance at treatment sessions, was them giving consent. Records showed that consent was not consistently recorded. One person said, "My consent is always given".

People told us the support they got from staff was good. One person said, "My key worker is really good".

The provider had procedures in place to support staff with people who required substitute prescribing regimes to improve health and promote recovery from the effects of substance misuse.

Staff we spoke with told us they were supported with supervision and training that helped them meet people's needs.

The provider had a complaints process in place so people were able to share concerns.

We found that people's care records were not always completed consistently to identify people support needs and any potential risks.

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 February 2014, 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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We reviewed how the provider obtained people's consent for care and support.

We looked at four people's care records and found documents to show that there was a process in place to gain people's written consent as part of the initial assessment process. Records showed that people's written consent was not always recorded for care or treatment, but their consent was given for third party organisations to have access to their records. People we spoke with told us that their consent was given before any care or treatment was received. One person said, "Staff are great and my consent is given". People told us the nature of the service was such that their attendance to collect their prescription was in itself consent being given for treatment. Staff we spoke with confirmed that people's attendance at the centre for their treatment for drug or alcohol misuse was consensual. Records we looked at were not always consistently completed to show written consent. We discussed this with the manager, who confirmed this would be actioned. Records showed the follow up actions taken by staff when people were unable or did not attend their treatment or counselling sessions. This meant that people would not be given support unless their consent was given in a written or verbal form when they attended for treatment.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Staff we spoke with were able to explain what action they would take where people did not have the capacity to give consent. The resident doctor and mental health team within the centre would also provide the relevant advice or support where this was needed. Records showed that staff were currently being provided with Mental Capacity Act (MCA) training. The MCA is legislation which provides a statutory framework to empower and protect people who may lack capacity to make decisions. We found no documentation that showed people's mental capacity was assessed. We raised this with the manager who confirmed appropriate paperwork would be implemented as part of an assessment of people mental capacity. One of the aims of the service was to support people to make their own decisions. However on occasions people could present themselves to the centre under the influence of substances or alcohol and not be able to

make informed decisions. This meant that people could be confident that where they may lack capacity appropriate staff support would be given.

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

We looked at the way people's support needs were delivered and managed in line with their expectations.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We spoke with three people who told us that the support they expected and the goals they set was what they had agreed to, as part of the care planning process. We looked at four people's records and found that people's needs were assessed to identify their support needs. However two people's records did not have an appropriate care plan in place to reflect how people's support needs and goals would be met from the start of the service. One person's care plan was dated five months after the service started. We discussed our findings with the registered manager who confirmed action would be taken to rectify our findings, but was unable to explain why someone's care plan was dated five months after the service had started. People we spoke with told us they were happy with the support given by staff. One person said, "A care plan was completed with me and I signed it and got a copy of it". We found that not everyone we spoke with were given a copy of their care plan. Another person we spoke with said, "I was not given a copy of my care plan and I haven't had a review in months". Records showed that reviews were normally carried out but we found some instances where reviews were not clearly recorded or not carried out.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We looked at four people's care records and found that risk assessments were in place. Records showed that where risks were identified the appropriate action was being taken to reduce the risk. We found on one of the records we looked at that the risk assessment carried out was not completed to show how the risk would be reduced to ensure the person's safety. We discussed our findings with the manager, who told us action would be taken to ensure staff complete documentation appropriately. Records showed where people were supported to see other health care professionals or the provider's own in house resident doctor for their prescriptions as part of their treatment, this was recorded appropriately. People were also able to get health check referrals by nursing staff seconded to the service from the NHS. This meant that people could be confident that treatment and support would be recorded appropriately as part of managing any potential risks to people's safety and welfare.

We spoke with four people who all told us that staff supported them in a timely manner. One person said, "When I do not show up for important meetings related to my treatment, staff are immediately on the telephone trying to find me". This meant that the support people got from staff was as they wanted it.

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 found that the provider had a number of procedures which supported staff with the knowledge they would need when dealing with a range of situations concerning people and their medicines. The service did not currently administer any forms of medicines, but did take in medication for disposal. The resident doctor would prescribe medicines to people as part of their treatment program. Records showed there was a procedure in place to provide appropriate guidance to the doctor and staff when people were being prescribed medicines. For example, the safe management of prescription pads was an important element identified in the procedure. Staff we spoke with were clear on the current procedures and told us that staff did not administer any medicines to people. People who required vaccinations were able to have these carried out by a qualified nurse seconded from the local NHS. We found that these medicines were stored appropriately in a fridge following the manufacturer's guidelines for storage and the temperature monitored and recorded as required. This meant that appropriate systems were in place to ensure people's safety.

We found that people who were being prescribed medication were required to collect their own medicines from the pharmacy and be able to administer them. Staff were only involved in the reviewing process of people's treatment and ensuring that people were following their treatment plans.

We found that the provider had a range of other procedures in place for the safe storage and disposal of medicines, procedure for drug testing and prescribing controlled drugs. This meant that staff would have the appropriate knowledge and guidelines in order to ensure people were supported appropriately.

The provider had recently appointed a non-medical prescriber pharmacist. This person would be part of a multi-agency team approach to specialist prescribing services within the Dudley borough. The post holder would contribute to the service to ensure that substance users consistently received high quality prescription services.

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

We found that the provider had a process in place for supporting staff. Records showed that staff received regular supervisions and had the opportunity to develop their working knowledge and skills. Staff we spoke with told us they had regular supervisions and had the development opportunities through a performance development process. One member of staff we spoke with said, "Yes I do get regular supervision". This meant that staff were able to meet their manager's on a regular basis as part of identifying areas for their development.

Staff we spoke with told us they were able to access training when required. One member of staff said, "I am attending a training session on MCA in January 2014". Staff were able to access a range of other training, for example, adult safeguarding, health and safety and equal opportunities and diversity. Records we saw confirmed this. One relative we spoke with said, "The staff are good, they are always checking on X to ensure they don't relapse back into drugs". This meant that people could be assured that staff would have the knowledge and skills to support them as required.

Records showed that staff were able to attend regular staff meetings, where they were able to ask questions and check information. The minutes we saw were from weekly meetings where actions were recorded and who was responsible for following them through. This meant the provider had a process in place to support staff in meeting the needs of people.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We found that the provider had a process in place so people were able to share any concerns they had about the service they received. People we spoke with told us they had never had to complain. One person said, "Yes I know how to complain, but never had to". Another person said, "This was not a complaint, but I did ask for a female worker and this was provided". This meant people were able to share their views about the service they received and the provider would take appropriate action.

We found that the provider's complaints process was visible in the reception area, so people, visitors and other professional would know how to complain without having to ask staff. Records showed that a copy of the process was also in the service users guide given out to people as part of the initial assessment process. The provider also had a suggestion box to allow people to make suggestions about the service. This meant people had a choice as to how they raised any concerns.

The provider did not have their complaints process available in other formats. This was discussed with the manager, who confirmed this would implement where people requested this. This meant that people would be able to request the process in other formats to aid them in raising any concerns.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment.

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

We looked at four people's care records. We found some of the records did not accurately reflect people's needs and potential risks. The documentation available to staff to identify people's needs and how they would be met was fit for purpose. However staff were not consistently completing paperwork appropriately and potentially leaving people at risk as staff may not have access to appropriate information on people's support needs. We also found consent paperwork not completed or signed. This meant that people may not be protected from risks of appropriate or unsafe care, and it maybe unclear as to whether they had given their consent.

The provider had appropriate systems in place to check and monitor the premises to ensure staff and people within the building were safe. Records showed that lift maintenance checks, legionella checks and electrical and fire safety checks were being carried out and recorded appropriately. This meant people using the building could be kept safe at all times.

We found that the provider had a system in place for document retention and keeping records safely. The provider also had a data protection policy to allow records kept on a computer to be appropriately secured and managed. This meant that people could be confident that confidential information would be managed appropriately and destroyed following appropriate processes.

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 20 HSCA 2008 (Regulated Activities) Regulations 2010
Treatment of disease, disorder or injury	Records
	How the regulation was not being met: The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user.
	Reg 20 (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 February 2014.

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 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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