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

Bolton Community Drug and Alcohol Service

Samantha House, Gas Street, Bolton, BL1 4TQ
Tel: 01132444102

Date of Inspection: 21 May 2013
Date of Publication: June 2013

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

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<tr>
<td>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Cooperating with other providers</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✓</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
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## Details about this location

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<tr>
<th>Registered Provider</th>
<th>St Martins Healthcare (Services) CIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Ms. Angela Walker</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Bolton Community Drug and Alcohol Service are part of St Martins Healthcare (Services) CIC. They provide services for people who have dependency problems with drugs or alcohol. This includes a substitute prescribing service, along with a recovery focused care pathway, supported by medical interventions and health screening. They work in partnership with other social and healthcare providers. The service is based in the town centre of Bolton, close to public transport and main roads.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Community based services for people who misuse substances</td>
</tr>
<tr>
<td>Regulated activities</td>
<td>Diagnostic and screening procedures</td>
</tr>
<tr>
<td></td>
<td>Treatment of disease, disorder or injury</td>
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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 21 May 2013, 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 staff and talked with other authorities.

What people told us and what we found

Bolton Community Drug and Alcohol Service provided support for people with dependency on drugs or alcohol. The service was accessed by a single point of access, through partner agencies in the Bolton drug and alcohol dependency services.

We were informed before clients agreed to any care or treatment, they attended a consultation appointment with a single point of access team. Here options for their treatment pathway were discussed and if medical interventions were agreed, the client was then referred as part the recovery plan to the Bolton Community Drug and Alcohol Service.

Clients were given appropriate information about exactly what the service provided.

We spoke with one person who used the service and we were told: "The staff here are great, I never have a problem. They don't judge you at all".

We saw evidence that the service worked closely with their partner agencies involved with the treatment of clients. When we reviewed client records we saw referrals had been made to ensure that clients could access other treatment interventions or social support when needed.

We found the service had current policies and procedures in place to give staff guidance on how to deal with any cause of concern, either involving vulnerable adults or children.

There were systems in place to effectively monitor the quality of the service. Regular audits, quality and contract monitoring meetings were held.

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.
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 who use the service were given appropriate information and support regarding their care or treatment.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We were informed before clients agreed to any care or treatment, they attended a consultation appointment with a single point of access team. Here options for their treatment pathway were discussed and if medical interventions were agreed, the client was then referred, as part the recovery plan to the Bolton Community Drug and Alcohol Service.

We saw clients were given appropriate information about exactly what the service provided and how the service was accessed. We were told by the service manager that client satisfaction surveys were planned for the future, as the service had only recently been commissioned from the provider. Suggestion boxes were available and clients were encouraged to use these.

We found that clients were signposted to other appropriate health, social or voluntary agencies. Information and contact numbers were readily available.

We observed staff engaging with clients in a professional but friendly manner. We saw that each person was seen in a designated clinical room, which ensured privacy, dignity and confidentiality.

We noted that staff were supported by a range of policies and procedures to ensure that staff delivered care and treatment whilst respecting peoples rights, religious and cultural needs. These included equality and diversity, data protection and confidentiality.

We spoke with one person who used the service and we were told: "The staff here are great, I never have a problem. They don't judge you at all".
Care and welfare of people who use services  

Met this standard

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

Bolton Community Drug and Alcohol Service provided support for people with dependency on drugs or alcohol. The service was accessed by a single point of access, through partner agencies in the Bolton drug and alcohol dependency services.

Once medical intervention had been agreed the client was given information about the treatment planned. Consent was gained and a detailed health and social assessment was undertaken. This included the noting of any illicit drug use and urine testing. A general health profile was created and updated at each visit.

The prescribing plan formed a major part of the recovery road map, which detailed each stage of a structured programme, with the aim of achieving drug and alcohol reduction and eventual rehabilitation. Throughout the recovery plan clients were fully supported at every stage and had an individual recovery roadmap, which detailed prompts and treatment solutions.

We viewed the electronic client records of three people who used the service. We saw the records were fully updated at each visit. Records were able to be accessed by each partner agency involved in the client's treatment. This meant they had access to current client information at all times. Client's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We noted that clients had been referred for additional social support or treatments, such as psychosocial therapy interventions as required.

We saw the electronic system had alerts to any safeguarding or other information of concern about the client or dependants.

We spoke with one person who used the service and comments included: "The staff are good, I have no complaints, they make sure that I am ok, they always ask about my health and other things" and "They make sure that I am taking my prescription as I should, they do a good job".

Staff had access to emergency drugs and a defibrillator in case of any medical
emergencies. The team manager explained that staff were waiting for training in the use of the defibrillator and would summon help via 999 emergency services. The provider may wish to note that staff should be fully trained in the use of all emergency equipment on site in order to respond effectively to any medical emergency.
Cooperating with other providers  ✔ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment.

Reasons for our judgement

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others. We saw evidence that the service worked closely with their partner agencies involved with the treatment of clients.

When we reviewed client records we saw referrals had been made to ensure that clients could access other treatment interventions or social support when needed. We saw that referrals and information shared was coordinated between agencies, with key workers or contacts recorded.

We found that timely contact was made with social services and general practitioners (GP) when information needed to be gained or shared or the client had presented with concerns.

We reviewed minutes from one of the business task force meetings. This demonstrated that all partner agencies attended each month, were information about the service was appropriately shared.
Safeguarding people who use services from abuse  
Met this standard

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

We had received information that raised some concerns about how the safeguarding of clients was effectively managed.

We found the service had current policies and procedures in place to give staff guidance on how to deal with any cause of concern, either involving vulnerable adults or their dependants, namely children.

We noted safeguarding training had been undertaken for staff the previous week. This was attended by staff from the other two partner agencies and ensured that staff were following the same procedures as clients moved through the service.

We spoke with two staff members who told us: "At the beginning of the year, it felt that we didn't always know where clients were and what the latest information was, but I have to say this has improved" and "I am aware of how to raise concerns and I think that when you do, these get actioned appropriately".

Staff we spoke with were able to confidently explain what safeguarding was and were fully aware of the correct procedures to follow.

We saw that alerts were raised on electronic records to make staff aware of safeguarding issues or any other information to raise awareness of potential risks when treating clients.

Staff were familiar with whistle blowing and there was a policy in place to support staff through this process.

Staff had easy access to the contact details of the local authority safeguarding team.

We saw that staff were also protected by a lone worker policy and we noted that emergency call bells were available in all treatment rooms.
Management of medicines  
Met this standard

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 service had appropriate systems in place to effectively manage medicines. No medication was actually administered on site, with the exception of Hepatitis A and B injections.

We found the small supply of emergency drugs and Hepatitis B injections were stored as required. The drug fridge temperatures were recorded daily when the service was open, to ensure that items were stored at the correct temperatures.

Guidance was in place to ensure the correct procedure was followed if the temperature was ever out of the accepted ranges. When the service was closed an internal electronic temperature probe was used and the temperatures were down loaded to ensure no fluctuation.

Prescriptions were robustly managed. They were electronically produced, with safeguards in place to track any discrepancies. Systems were in place to document and track any voided prescriptions.

Audits were undertaken at regular intervals and there was a medicines management policy in place.
<table>
<thead>
<tr>
<th>Supporting workers</th>
<th>✓ Met this standard</th>
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<tbody>
<tr>
<td><strong>Staff should be properly trained and supervised, and have the chance to develop and improve their skills</strong></td>
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</table>

## 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 staff were supported in order to deliver appropriate care and treatment.

There was evidence of ongoing training and professional development undertaken by staff. The team manager explained that each month, a training and development morning was held; known as "TAD sessions". Mandatory training, along with any specific education topics were provided for staff. Staff on duty confirmed their attendance.

The team manager explained that appraisals were undertaken on an annual basis. Supervision sessions were held every four to six weeks, with all staff having had at least two sessions since the service opened in January. When we reviewed four samples of supervision records it was clear that staff had the opportunity to raise any personal issues or issues about the service. It was evident training and professional development was discussed, along with appropriate management of performance.

We spoke with a number of staff who explained the transition from a previous provider had presented some challenges, particularly when the service first opened at the new premises in January 2013. However staff told us: "Things have definitely improved, there were issues at the start but things have settled down and we have got more organised, it was difficult when we first came here, as we still had to provide the service for people, whilst trying to get things organised, but we did it and now things are getting better" and "It was really hard at first and we struggled but managers eventually listened and things are improving".

Staff we spoke with told us they felt supported by both their team and service managers.

Team meetings were held with the service managers, Doctors and administration staff each week. Full staff meetings were also to be introduced every Thursday. Staff did not raise any issues in respect of communication from the provider.
Assessing and monitoring the quality of service provision

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

We found Bolton Community Drug and Alcohol service had systems in place to effectively monitor the quality of the service provided.

Regular audits of the client's care pathway and prescribing was undertaken.

The service had regular quality and contract monitoring meetings with the local authority, who commissioned the service for the people of Bolton. To date there had been no concerns raised.

Weekly operational meetings were held to manage issues raised and monitor the service provided. Monthly meetings were also held with the two partner agencies and a representative from the local authority drug and alcohol team.

Environmental audits in infection control and hand hygiene had been completed.

Incidents and accidents were effectively managed, with copies of all incidents and accidents shared with the partner agencies. Learning from incidents were then disseminated to staff via meetings or individual supervision sessions.

Any complaints about the service were managed by the relevant service manager and shared with partner agencies and commissioners. The system was explained to us and this followed agreed response, investigation and resolution timeframes.

Staff we spoke with told us: "I do feel more confident in my role now, I feel we are providing a good service, which can be very difficult when dealing with some of the clients" and "I think managers do listen, they do act when you raise issues and that can only improve the service".

There was a manager registered with the Care Quality Commission as required.
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.

<table>
<thead>
<tr>
<th><strong>Met this standard</strong></th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action needed</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Enforcement action taken</strong></td>
<td>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.</td>
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</table>
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.
### Contact us

<table>
<thead>
<tr>
<th>Phone:</th>
<th>03000 616161</th>
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<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
</tr>
</tbody>
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#### Write to us at:
- Care Quality Commission  
  Citygate  
  Gallowgate  
  Newcastle upon Tyne  
  NE1 4PA

<table>
<thead>
<tr>
<th>Website:</th>
<th><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></th>
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