

Good 

PCP (Luton) Limited

# Substance misuse/ detoxification

## Quality Report

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Date of inspection visit: 07/11/2018  
Date of publication: 10/01/2019

### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-283349368	Luton	Luton	LU1 5BE

This report describes our judgement of the quality of care provided within this core service by Luton. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Luton and these are brought together to inform our overall judgement of Luton.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

### **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

# Summary of findings

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# Summary of findings

## Overall summary

### We rated Luton as good because:

- Emergency equipment at both the treatment centre and detoxification house was in date, regularly tested and ready for use.
- At the time of inspection there were no staffing vacancies. Between August 2017 and July 2018 there were no unauthorised absences or sickness days taken by staff. Overall, 100% of staff had completed an induction and mandatory training.
- All clients had an initial risk assessment, all risk assessments were up to date and included what process to follow for a client who unexpectedly exited treatment. Risk management plans were individualised. All client files contained a full assessment of the client's history and previous treatment. The doctor completed thorough medical assessments at the point of a client's admission for treatment including a physical health examination to ensure suitability for detox.
- Staff received feedback from incidents, both local to Luton and PCP nationwide during twice daily handovers and team meetings. Staff could tell us about changes and learning from incidents.
- Staff reviewed and updated individual treatment plans regularly. Treatment plans were holistic, personalised, recovery orientated and looked at a client's strength areas.
- The service offered daily activities and therapies alongside 12-step treatment. Interventions offered included training and work opportunities.
- All clients accessing treatment were temporarily registered with the local GP surgery for any healthcare needs. Clients were offered support to access the dentist, opticians, smoking cessation, sexual health and genitourinary medicine clinic. The service developed information-sharing processes and joint-working arrangements with other services including the local genitourinary medicine clinic, GPs and dentists.
- Staff had a minimum of quarterly line management supervision, counsellors also participated in monthly clinical supervision with an external supervisor. All eligible staff had a recent appraisal completed. Staff had access to bi-weekly team meetings and daily handovers.
- Clients we spoke with told us they felt empowered in their treatment. Clients said staff were caring, respectful and supportive.
- Staff encouraged family feedback. Families could be involved in treatment progress with client agreement.
- The service had a robust process in place for managing complaints. Clients knew how to make a complaint.
- Staff were passionate about reducing the stigma attached to people who use substances, supporting them to recover from their illness and realise their potential. Staff felt respected, supported and valued by their peers and by management. Staff felt positive and proud to work for PCP as an organisation and they had been able to implement new groups.

### However:

- Communal rooms, one-to-one rooms, bathrooms/toilets at both the detoxification house and the treatment centre were not fitted with alarms and staff were not using lanyard alarms.
- Some clients had not been offered a copy of their treatment plan.
- Some clients said they would benefit from more one-to-one sessions.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

#### We rated safe as requires improvement because:

- Communal rooms, one-to-one rooms, bathrooms/ toilets at both the detoxification house and the treatment centre were not fitted with alarms and staff were not using lanyard alarms.

However:

- The detoxification house and treatment centre were clean, tidy, well maintained and decorated to a high standard.
- Mixed sex accommodation was being managed effectively.
- Emergency equipment at both the treatment centre and detoxification house was in date, regularly tested and ready for use.
- Staff absences were planned for in advance and were able to be managed effectively within the staffing team. At the time of inspection there were no staffing vacancies. Between August 2017 and July 2018 there were no unauthorised absences/ or sickness days taken by staff.
- Overall, 100% of staff had completed mandatory training.
- All clients had an initial risk assessment, all risk assessments were up to date and included what process to follow for a client who unexpectedly exits treatment.
- The nurse clinical lead was in the process of completing a competency assessment for each staff member who was responsible for administering medication. The nurse carried out regular audits of medication including weekly controlled drug audits.
- Staff received feedback from incidents, both local to Luton and PCP nationwide during twice daily handovers and team meetings. Staff were able to tell us about changes and learning from incidents within the service.

Requires improvement



### Are services effective?

#### We rated effective as good because:

- All client files contained a full assessment of the client's history and previous treatment. The doctor completed thorough medical assessments at the point of a client's admission for treatment including a physical health examination to ensure suitability for detox.
- Staff reviewed and updated individual treatment plans regularly. Treatment plans were holistic, personalised, recovery orientated and looked at a client's strength areas.

Good



# Summary of findings

- An alcohol and opioid detox protocol was in place which followed national guidance.
- The service offered daily activities and therapies alongside 12-step treatment. Interventions included training and work opportunities.
- All clients accessing treatment were temporarily registered with the local GP surgery for any healthcare needs. Clients were also offered support to access the dentist, opticians, smoking cessation, sexual health and genitourinary medicine clinic.
- The provider reported that staff had a minimum of quarterly line management supervision, counsellors also participated in monthly clinical supervision with an external supervisor. All eligible staff had a recent appraisal completed. Staff had access to bi-weekly team meetings and daily handovers.
- Overall, 100% of staff had completed training in the Mental Capacity Act.

## Are services caring?

### We rated caring as good because:

- Clients we spoke with told us they felt empowered in their treatment. Clients said staff were caring, respectful and supportive.
- Client treatment plans were holistic and person centred. All clients we spoke with said they were involved in their treatment plan.
- Staff supported clients to access specialist services, such as smoking cessation and the genitourinary medicine clinic.
- All clients received a welcome pack on admission.
- Clients could feed back about the service and make requests during weekly community meetings or by using the comments box.
- All client files contained a confidentiality and information sharing agreement.
- All clients had a named key worker and clients knew who their key worker was.
- Staff enabled families and carers to give feedback on the service they received through phone calls, emails or feedback forms.
- Staff encouraged family feedback. Families could be involved in treatment with client agreement.

However:

Good



# Summary of findings

- Some clients had not been offered a copy of their treatment plan.
- Some clients said they would benefit from more one-to-one sessions.

## Are services responsive to people's needs?

### We rated responsive as good because:

- The service had clear admission and discharge criteria.
- Staff invited prospective clients to visit the service before accepting a place.
- Risk management plans were individualised and reflected the diverse and complex needs of clients.
- The service offered a full range of treatment groups and activities seven days a week.
- We saw comfortable dining areas with adequate seating at both the treatment centre and the detox house.
- All bedrooms had a locked area where client possessions could be stored securely.
- Clients who had completed treatment were offered the opportunity to live at PCP housing.
- Staff supported clients to build relationships with families and develop positive support networks.
- Staff and clients told us that they had no experience of activities or groups being cancelled due to staff shortages.
- The service had a robust process in place for managing complaints. Clients knew how to make a complaint.

Good



## Are services well-led?

### We rated well-led as good because:

- PCP's Vision 'a new beginning' was indicated on all signs across the building as part of the PCP logo.
- Staff we spoke with were passionate about reducing the stigma attached to people who use substances, supporting them to recover from their illness and realise their potential. Staff told us they felt respected, supported and valued by their peers and by management.
- Staff felt positive and proud to work for PCP as an organisation.
- Staff we spoke with told us they had been able to implement new groups and ideas.
- The provider maintained a risk register which staff were able to input into.
- Information governance systems included confidentiality of patient records. All client files contained a confidentiality and information sharing agreement.

Good



# Summary of findings

- The service developed information-sharing processes and joint-working arrangements with other services including the local genitourinary medicine clinic, GPs and dentists.



# Summary of findings

## Information about the service

Luton was registered with the Care Quality Commission in April 2015 and is a residential drug and/or alcohol medically monitored detoxification and rehabilitation facility based in Luton, Bedfordshire.

The service includes a six-bedded detoxification house which is allocated to people undergoing detoxification with 24-hour supervision. On the same site is the treatment centre where clients attend for daily therapy sessions. Twelve further beds are available for clients in the primary treatment phase of the programme off site; the 12-bedded house is not required to be registered with the Care Quality Commission. At the time of inspection there were 14 people accessing treatment, five of these were living in the detoxification house. The service provides care and treatment for male and female clients. Most clients are self-funded, but the service also takes admissions from local authority drug and alcohol teams.

Luton provides ongoing abstinence based treatment, which focuses on the 12- step programme and also integrates cognitive behavioural therapy, motivational interviewing, psycho-social education and solution focussed therapy.

Luton has a registered manager and a nominated individual. PCP (Luton) Limited is the registered provider and the service is registered for:

- treatment of disease, disorder or injury and
- accommodation for persons who require treatment for substance misuse

The Care Quality Commission carried out a comprehensive inspection of Luton in March 2017. Breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified for regulation 12: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. The provider was required to take the following actions:

- The provider must ensure that equipment is appropriately maintained and calibrated.

The provider sent their action plans to the Care Quality Commission following the last inspection to address this and during the current inspection we noted all equipment was appropriately maintained and calibrated.

## Our inspection team

The team that inspected the service included CQC inspector Hannah Lilford (inspection lead) and one other CQC inspector.

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

During the inspection visit, the inspection team:

# Summary of findings

- visited the six-bedded detoxification house and the treatment centre, looked at the quality of the physical environment and observed how staff were caring for clients
- spoke with 14 clients
- spoke with seven staff members including the registered manager, the nurse clinical lead, counsellors and administrators
- collected feedback using exit questionnaires, thank you cards and family feedback
- looked at six care and treatment records, including medicines records, for clients
- looked at five staff personnel files
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

We spoke with 14 clients, including one client who had recently completed treatment, looked at 10 client feedback forms, 10 family feedback forms and 16 compliments cards.

Clients we spoke with told us staff were always visible around the service, staff were caring, supportive and respectful, clients said that staff always knocked before entering bedrooms.

Clients said they felt safe while using the service, and were happy with the treatment they received for physical and mental health, as well as substance misuse support. Clients said they were involved in their treatment plan and their exit plans.

Clients said that the treatment centre and detox house were always clean and said the furnishings throughout were good quality. Clients told us that activities always took place and they did not know of any groups or

outings that had been cancelled. Some clients we spoke with said they did not enjoy the lunch choice but most said that lunch was good quality and there were lots of options available.

Clients told us they felt well informed about their treatment, what was expected of them, and what they could expect from staff. They felt family were involved as much as they wanted them to be and staff always sought consent before contacting family members or other healthcare professionals.

Clients told us group therapy and activities were varied and good quality. Clients particularly enjoyed getting to choose their own activities on a Friday afternoon.

Clients reported the aftercare support was beneficial as part of their ongoing support network.

All 16 compliments cards we looked at were positive and said that staff had gone above and beyond to support clients and several mentioned how valuable the family support had been.

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that staff are able to call for assistance if required.

### Action the provider **SHOULD** take to improve

- The provider should ensure all clients are offered a copy of their treatment plan.

PCP (Luton) Limited

# Substance misuse/ detoxification

## Detailed findings

### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Luton	Luton

### Mental Capacity Act and Deprivation of Liberty Safeguards

- Overall, 100% of staff had completed training in the Mental Capacity Act. Staff had knowledge of capacity and the impact it could have on clients they were working with. Staff assumed clients to have capacity and supported them to make decisions for themselves.
- The provider had a policy relating to the Mental Capacity Act which staff were aware of and had access to.
- The doctor discussed and checked capacity to consent to treatment with all clients on admission as part of the admissions assessment.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

- Bedrooms at the detoxification house had alarms fitted next to each bed so clients could call for help if needed. Alarms sounded in both the detoxification house and the treatment centre. Communal rooms, one-to-one rooms, bathrooms/ toilets at both the detoxification centre and the treatment centre were not fitted with alarms. Although staff had access to lanyard alarms no staff were seen wearing an alarm on the day of inspection. Staff were able to access alarms in a medical emergency in the detoxification house by accessing the emergency equipment. The service did not have a staff response rota but had a procedure that staff followed if an alarm was raised. CCTV was in use for the carpark and the treatment centre entrance.
- The service was clean, tidy and well maintained; client art work from art therapy was displayed around the treatment centre. The provider employed a cleaner who ensured both the treatment centre and detoxification house were cleaned regularly and to a high standard. Furnishings were of good quality. Staff followed infection control protocols including hand washing and the provider displayed information above the sinks. Staff also used hand washing gels which were available throughout the centre.
- Mixed sex accommodation was being managed effectively at the detoxification house. The house had six bedrooms over two floors, each floor was separated for males/ females. Each floor had one shared bedroom, one single bedroom and access to a bathroom. The detox house had a shared kitchen and all bedrooms had a television.
- Staff had completed environmental risk assessments, including fire risk assessments, water temperature checks and weekly health and safety checks. The provider had recently recruited a projects manager who carried out a risk assessment of the physical environment for both the treatment centre and the detoxification house, including the risks posed by ligatures. A ligature is the term used to describe a place or anchor point to which clients might tie something to harm themselves.
- The clinic room was clean and tidy. It contained medication, including a controlled drugs cabinet and a range of equipment used to carry out physical examinations with clients. The nurse recorded the clinic room temperature and the medication fridge temperature daily and was aware of what action should be taken if the temperature went out of range.
- The alcometer (used to measure level of alcohol in breath) had been calibrated. The provider purchased weighing scales and blood pressure machines annually.
- The provider had installed emergency equipment at both the treatment centre and detoxification house. This was in date, regularly tested and ready for use. This included a sound alarm to call for staff assistance in an emergency, naloxone which is used to reverse the effects of opioids, ligature cutters and a defibrillator. This equipment was kept by the entrance of both the detoxification house and the treatment centre so staff had easy access to this equipment for clients who required treatment outside the main entrance to the service.
- Urine testing was carried out in the toilet, maintaining client privacy and dignity.
- A clinical waste disposal company contract was in place to collect and dispose of clinical waste.
- There was evidence of portable appliance testing on all electronic equipment throughout the treatment centre and the detox house.

### Safe staffing

- The Luton team consisted of a team leader, three counsellors, a qualified nurse, four evening / waking night support workers who worked on a rota basis, an administrator, a registered manager and seven volunteer support workers. PCP (Luton) Ltd head office was based on the same site and could offer additional staffing support if required. Two support workers staffed the detoxification house overnight and one counsellor worked from 1pm to 9pm daily.
- The service employed a doctor who visited on a needs basis. Staff could contact the doctor for advice and to visit the service if required, seven days a week and out of hours. Arrangements were in place with other GPs to cover for annual leave and other absences.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

- Managers estimated the number of staff required based on client need and the therapy programmes in place at any given time.
- The maximum caseload was six clients per counsellor. Counsellors acted as key workers and facilitated regular one-to-one sessions with clients throughout treatment.
- Staff absences were planned for in advance and managed effectively within the staffing team. Annual leave for the qualified nurse was planned for in advance and an agency was approached to provide nursing cover.
- Between August 2017 and July 2018 three staff members had left the service. At the time of inspection there were no staffing vacancies.
- Between August 2017 and July 2018 there were no unauthorised absences / or sickness days taken by staff.
- Overall, 100% of staff had completed mandatory training, which included Mental Capacity Act training, care planning, record keeping, safeguarding of vulnerable adults and children, equality and diversity training and the Royal Pharmaceutical Society medication skills for care training.

## Assessing and managing risk to patients and staff

- We reviewed six care records during the inspection. All clients had an initial risk assessment and all risk assessments were up to date. Risk management plans were comprehensive, detailed and included what process to follow for a client who unexpectedly exited treatment.
- Staff said that if they noticed a deterioration in client's physical health they would refer them to the local GP or seek guidance from the nurse or doctor. Staff monitored early warning signs of mental or physical health deterioration during daily contact with clients and during medication administration. Staff also used client's daily diary sheets to determine client mood.
- The provider had a lone working policy to help workers to remain safe when working alone and to request assistance, staff were required to carry their mobile phones on them at all times to call for assistance if needed. However, this would take longer to call for staff support than it would using a lanyard alarm and would depend on mobile phones being charged and having signal.

## Safeguarding

- Staff completed safeguarding vulnerable adults and children training as part of their induction. Staff we spoke with knew when and how to make a safeguarding referral. The service had a child protection policy in place, which included protecting any children that visited the service.
- Staff were aware of how to identify potential abuse and worked with other agencies to address this. The service had a safeguarding lead in place.

## Staff access to essential information

- Staff used a mixture of electronic and paper records. Staff typed documents which were then printed into client paper files. Staff had access to documents and paperwork when they needed them. Staff kept client notes confidentially within the electronic system and kept paper copies in locked offices.
- All staff had access to a desk and a computer to update electronic case notes when needed.

## Medicines management

- The doctor reviewed all clients' medication on admission, introduced detoxification medication, and reviewed medication periodically during the clients stay at the service. The doctor advised nursing staff on medication administration and was available for consultation when needed. We saw comprehensive doctors' assessments. GP records were requested in advance of admission.
- The service had processes in place for medicines management and dispensing medication. The nurse clinical lead managed a controlled drugs destruction book and a returned drugs book which was used in conjunction with the local pharmacy. The service held a Home Office stock license which meant that when presented with an alcohol dependent person in severe withdrawal the nurse could administer medication from stock under the doctors' instructions to reduce risk of alcohol withdrawal related complications. The doctor completed a stock medication instruction and medication card for all clients requiring detoxification and an up to date medications administration chart was available for each client.
- Medication practices were in line with National Institute for Health and Care Excellence guidance. The nurse clinical lead had overall responsibility for the

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

administration of medication and facilitated handovers to evening staff. Administration of schedule 2 and 3 controlled drugs was witnessed by two staff, in line with national guidance. The nurse clinical lead was in the process of completing a competency assessment for each staff member who was responsible for administering medication.

- The pharmacy completed a medication audit in September 2018. We found medication which could be used for the symptomatic management of withdrawal during detoxification that had passed its use by date in October 2018. However, this was disposed of during inspection.
- The nurse clinical lead and registered manager had access to the clinic room, which remained locked when not in use. For anyone outside of the core team of senior staff the key to the medication room door was stored in a key safe and had to be signed in and out when used under the authority of the nurse.
- The service had access to a lockable bag for staff to transport controlled drugs between the pharmacy and the service.
- The nurse carried out regular audits of medication including weekly controlled drug audits.

## Track record on safety

- The service reported no serious incidents in the 12 months leading up to the inspection.

## Reporting incidents and learning from when things go wrong

- Staff we spoke with were aware of what constituted an incident and how to report an incident. Staff told us they could discuss an incident with a manager prior to submitting an incident report.
- Staff received feedback from incidents, both local to Luton and PCP nationwide during twice daily handovers and team meetings. We saw that incidents had been discussed in team meeting minutes. Handover minutes were electronically emailed to staff and located within a paper file.
- Staff were able to tell us about changes and learning from incidents within the service such as making sure the key to the locked cabinet which held client's valuables was accessible for night staff, following an incident where a client unexpectedly left treatment overnight.
- Staff we spoke with said they had no recent incidents that required a debrief. However, they felt they could discuss any concerns or issues with management, during a handover, supervision or team meetings.

## Duty of Candour

- Managers and staff of the service were aware of the duty of candour. Duty of candour is a legal duty to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Managers and staff told us they were supported to be candid with clients. The provider had a duty of candour policy in place which staff were aware of.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

- We looked at six client care records. All contained a full assessment of the client's history and previous treatment. Care records contained pre-admission assessments and information from the GP. The doctor completed thorough medical assessments at the point of a client's admission for treatment; this included a physical health examination to ensure suitability for detox.
- The nurse carried out a further assessment on admission, which included a physical assessment of client's blood pressure, breathalysing, urine testing and checking any injecting sites.
- Staff reviewed and updated individual treatment plans regularly. All six treatment plans viewed were holistic, personalised, recovery orientated and looked at a client's strength areas. Client's goals throughout treatment and upon discharge were discussed and clearly recorded. The service held a weekly goals group to assist clients in developing their own treatment goals.
- Staff kept client files in locked cabinets within their offices which were only accessible to staff. The service used paper and electronic recording systems.

### Best practice in treatment and care

- The service followed good practice in managing and reviewing medicines including following British National Formulary (BNF) recommendations. The service told us that the doctor prescribed medication as described by Department of Health guidance, drug misuse and dependence: UK guidelines on clinical management (2007) for alcohol and opiate detox. An alcohol and opioid detox protocol was in place which followed national guidance.
- Interventions offered by Luton were holistic and included activities, training and work opportunities intended to help clients acquire living skills.
- The service offered daily activities and therapies alongside 12-step treatment such as art therapy, goals workshops, one-to-one key working and access to mutual aid groups. Staff had freedom to develop and deliver groups and one-to-one sessions in line with client need.
- Staff used the Treatment Outcomes Profile to measure change and progress in key areas of the lives of people

treated within the service, the Clinical Opiate Withdrawal Scale (COWS) which rates common signs and symptoms of opiate withdrawal and is used to monitor symptoms and The Clinical Institute Withdrawal Assessment for Alcohol, (CIWA-Ar), a ten item scale used in the assessment and management of alcohol withdrawal.

- All clients accessing treatment were temporarily registered with the local GP surgery for any healthcare needs.
- Staff supported clients to attend a sexual health or genitourinary medicine clinic for blood borne virus testing and vaccination and advice or treatment for sexual health if required. Clients were also offered support to access the dentist and opticians.
- Staff supported patients to live healthier lives and referred clients to smoking cessation services.

### Skilled staff to deliver care

- The multi-disciplinary team consisted of three counsellors, three volunteer counsellors, a qualified nurse clinical lead, four evening / waking night support workers, an administrator, a registered manager a team leader and volunteer support workers. A compliance manager and projects manager who worked across all PCP (Luton) Limited sites were also based at Luton.
- Staff were always available at the service when required for support. Two evening / waking night support workers staffed the detoxification house overnight. The doctor attended the service dependent on need and was available for phone call support. There was a management on call rota to support night staff.
- Staff were inducted to the service appropriately. Induction records were completed and located within staff files.
- The provider reported all staff had a minimum of quarterly line management supervision, counsellors also participated in monthly clinical supervision with an external supervisor. The provider told us that all eligible staff had a recent appraisal completed. Staff had access to bi-weekly team meetings.
- Staff had access to specialist training for their role. Staff could access additional E-learning on topics such as eating disorders, suicide prevention, epilepsy training and blood borne viruses.
- We saw evidence of identified learning areas being managed effectively within staff supervision files.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Multi-disciplinary and inter-agency team work

- Staff had access to regular team meetings; minutes were stored electronically and in a paper file located within the staff office. The nurse clinical lead attended a quarterly nurses meeting with all other PCP nursing staff nationally.
- Staff attended handovers twice daily. Handovers included discussion around client issues or risks, the timetable for the day and a discussion around client medication.
- Staff told us they had good links with the dispensing pharmacy, community mental health teams, local mutual aid groups, the local dentist, the genitourinary medicine clinic and the local GP practice.

## Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- The Mental Health Act was not applicable at this service; clients using the service were not detained.

## Good practice in applying the Mental Capacity Act

- Overall, 100% of staff had completed training in the Mental Capacity Act. Staff had knowledge of capacity and the impact it could have on clients they were working with. Staff assumed clients to have capacity and supported them to make decisions for themselves.
- The provider had a policy relating to the Mental Capacity Act which staff were aware of and had access to.
- The doctor discussed and checked capacity to consent to treatment with all clients on admission as part of the admissions assessment.



# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### Kindness, dignity, respect and support

- Clients we spoke with told us they felt empowered in their treatment. Clients said staff were caring, respectful and supportive.
- We looked at five care records, all care records contained a treatment plan which offered interventions aimed at maintaining and improving the clients' social networks and provided support to attend community resources.
- Staff worked closely with clients, including facilitating regular one-to-one sessions to support them to engage fully in treatment. Staff showed an understanding of clients' needs.
- Staff supported clients to access specialist services, such as smoking cessation and the genitourinary medicine clinic. Trained counsellors or the nurse clinical lead supported clients when attending the genitourinary medicine clinic to maintain client privacy and dignity.
- Staff felt confident with challenging client attitudes and behaviours in line with the 12-step philosophy to empower clients in their recovery.

### The involvement of people in the care that they receive

- All clients received a welcome pack on admission. The welcome pack included a treatment contract, compliments, complaints and suggestions form, advocacy information, common questions and answers and advice around local services.

- All clients we spoke with said they were involved in their treatment plan. Some clients said they had not received a copy of their treatment plan but they were aware of what they were. Treatment plans included client goals throughout treatment. Clients attended a weekly goals group to identify their own specific treatment goals.
- Clients could feed back about the service and make requests during weekly community meetings or by using the comments box.
- All client files contained a confidentiality and information sharing agreement and a detox agreement if needed. Clients were expected to follow the rules and protocols. Signed agreement forms indicating client's willingness to comply with the rules and protocols were present in all client files.
- All clients had a named key worker and clients knew who their key worker was. All clients in treatment received regular one-to-one sessions with their named keyworker. Some clients we spoke with felt they would benefit from more one-to-one sessions. Staff enabled families and carers to give feedback on the service they received through phone calls, emails or feedback forms.
- Families could be involved in treatment with client agreement. Clients told us the service facilitated monthly family meetings. Family members were welcome to attend client graduations.

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### Access and discharge

- The service had clear admission and discharge criteria. Prospective clients were assessed pre-admission to assess suitability, all clients were then assessed upon admission by the doctor and the nurse clinical lead. The doctor had flexibility and could see urgent referrals as needed. The service had no waiting list at the time of inspection.
- Referrals were accepted from community drug and alcohol teams and on a private basis for clients.
- Staff invited prospective clients to visit the service before accepting a place.
- Staff supported clients to formulate their own leaving plans, including unexpected exit from treatment. Discharge plans included liaison with care managers and care co-ordinators.
- Risk management plans reflected the diverse and complex needs of clients including clear care pathways to other supporting services such as dentists and genitourinary medicine services.
- The service discharged 100 clients from treatment between August 2017 and July 2018. All clients completed a feedback form upon exit to the service.
- Staff followed up clients who discharged early from the service to monitor their progress and liaised with GPs when clients discharged themselves early.

### The facilities promote recovery, comfort, dignity and confidentiality

- Luton treatment centre had a range of rooms available, including group rooms, one-to-one rooms a clinic room, seating areas for lunch and a relaxation lounge. Clients who were detoxing had the opportunity to use a quiet room with access to a day bed if they felt unwell and could not engage in treatment.
- The service offered a full range of treatment groups and activities during the day Mondays to Fridays. At weekends, staff provided morning sessions and clients could have visits or enjoy free time in the afternoon.
- Facilities were available at the treatment centre so that clients could make hot or cold drinks when they wanted to. A local café delivered lunches daily which was paid for by the provider. Clients could choose from a range of

- hot and cold lunches. Dietary requirements could be catered for. Some clients we spoke with said they did not enjoy the lunch choice but most said that lunch was good quality and there were lots of options available.
- Clients had access to outdoor space and a smoking area at the treatment centre and the detox house.
- We saw comfortable dining areas with adequate seating at both the treatment centre and the detox house.
- All bedrooms had a locked area where client possessions could be stored securely.
- Clients were encouraged to take responsibility for therapeutic duties such as cleaning, cooking, menu planning and shopping with support from staff. The detox house had a cleaner that attended twice a week. Clients were also expected to keep the house clean.
- Clients living at the detox house prepared their own breakfast and evening meals, special dietary requirements were catered for. There were weekly community meetings where clients were encouraged to contribute to the daily running of the service.
- There were restrictions on phone calls for the first week upon entering treatment and clients could not have visitors for the first four weeks of treatment. This was discussed and agreed with clients prior to admission.

### Patients' engagement with the wider community

- Luton provided follow on support for clients who had completed their treatment programme, including access education and work opportunities where appropriate. Clients who had completed treatment were offered the opportunity to live at PCP housing.
- Staff supported clients to build relationships with families and develop positive support networks. Staff assisted clients in breaking negative connections to old associates.
- Participation in external fellowship meetings, such as Alcoholics Anonymous and Narcotics Anonymous, was a compulsory part of the treatment contract. Staff encouraged and supported clients to engage fully with this.

### Meeting the needs of all people who use the service

- Staff and clients told us that they had no experience of activities or groups being cancelled due to staff shortages.

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

- Staff said they supported clients to access their spiritual needs in the local community. Clients confirmed they felt their spiritual needs were being met.
- Managers advised they would be able to accommodate clients who had communication difficulties with prior arrangement and planning.
- Information in different languages was available upon request. Staff could access interpreters. Staff worked with clients to help them access the support they needed outside the centre.
- The service was able to admit clients with a physical disability. The centre had disabled access and could accommodate people with mobility difficulties. The treatment centre had group rooms and one-to-one rooms located on the ground floor. The detoxification house could locate clients on the ground floor.
- The service received 58 compliments in the 12 months prior to inspection. We saw numerous thank you cards and letters from clients who had successfully completed treatment and their family members, thanking staff for the support they had received during treatment.
- Clients knew how to complain; in addition, information about making a complaint was displayed in the seating area of the treatment centre, along with a comments box. One client we spoke with had made a complaint. Their complaint was dealt with on the same day and they felt satisfied with the response. Clients were encouraged to feedback at weekly community meetings.
- The service had a clear complaints system and was able to show how complaints are managed and lessons are learnt and acted upon to improve the quality of the service.

## Listening to and learning from concerns and complaints

- The service received 10 complaints in the 12 months prior to inspection. The service had a robust process in place for managing complaints.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Leadership

- The provider had recently appointed a new team leader who had the management skills and experience to fulfil their role. They were being supported by the senior management team.
- PCP head office base was located within the Luton treatment centre and PCP management were on site daily. Staff were aware who senior managers were.

### Vision and strategy

- PCP's Vision 'a new beginning' was indicated on all signs across the building as part of the PCP logo. PCP Mission statement was to provide life-saving alcohol and drug detox and rehab treatment of exceptional quality.
- Staff we spoke with were passionate about reducing the stigma attached to people who use substances, supporting them to recover from their illness and realise their potential.

### Culture

- Staff told us they felt respected, supported and valued by their peers and by management.
- Staff told us they had a good work-life balance and that they had a good level of stress which supported them in staying motivated and passionate within their roles.
- Staff felt positive and proud to work for PCP as an organisation, one staff member we spoke with had recently returned to work for PCP.
- Staff had been appraised in line with the providers appraisal policy. Staff we spoke with told us they had been able to implement new groups and ideas.

### Governance

- The service had a robust recruitment process; we looked at five staff personnel files. Overall, 100% of active volunteers and of substance misuse staff had a disclosure and barring service check, all staff had two references located within their personnel files and all had employment contracts. Risk assessments were in place when staff had criminal records.
- Team meetings had a set agenda, learning from incidents and complaints was shared and discussed at each team meeting.
- The provider did not have compliance targets. However, the provider had recently appointed a new compliance

manager, who had introduced a spreadsheet to give basic information about compliance information for managers to fill in monthly. Managers had not started to operate this system for this service at the time of the inspection.

- The provider told us staff received three-monthly management supervision in line with policy. Counsellors also received monthly clinical supervision. The registered nurse received clinical supervision three-monthly as part of management supervision. Some supervision notes were located in staff personnel files. We looked at five staff personnel files, only three files contained supervision records.
- The provider had a whistle-blowing policy in place. Staff told us they knew the whistle-blowing process and said they felt able to raise concerns without fear of victimisation. None of the staff or managers we spoke with raised any concerns regarding bullying or harassment.

### Management of risk, issues and performance

- The provider maintained a risk register. Staff had the opportunity to raise issues with the manager. Staff discussed risk issues at clinical governance meetings.
- The service had plans in place for emergencies, including staff sickness and annual leave.
- Between August 2017 and July 2018 three staff members left the service. At the time of inspection there were no vacancies.
- Between August 2017 and July 2018 there were no unauthorised absences/ or sickness days taken by staff.

### Information management

- Staff had access to the equipment and information technology needed to do their work. The service used both electronic and paper recording systems.
- Information governance systems included confidentiality of patient records. All client files contained a confidentiality and information sharing agreement.
- All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it.
- The service developed information-sharing processes and joint-working arrangements with other services including the local genitourinary medicine clinic, GPs and dentists.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Engagement

- Staff maintained up to date information about the service through monthly meetings, clinical governance meetings and daily handover meetings. The nurse clinical lead attended a quarterly nurses meeting with all other PCP nursing staff.
- Clients could feed back about the service and make requests during weekly community meetings or by using the comments box.
- Family member feedback was welcomed through phone calls, emails or feedback forms.

## Learning, continuous improvement and innovation

- Luton encouraged staff creativity and innovation. Staff we spoke with told us they had been involved in implementing new groups.
- The provider had recently started to introduce performance indicators but this was not operational at the time of the inspection. Senior managers stated they were currently investigating a new IT system to assist managers to monitor the quality of the service.
- The provider did not participate in any national accreditation schemes.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none"><li>• Staff were not using personal alarms to ensure staff and client safety.</li></ul>