

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	10 July 2017
Officer	Helen Coombes, Transformation Programme Lead for the Adult and Community Services Forward Together Programme
Subject of Report	Dorset HealthCare University NHS Foundation Trust Care Quality Commission (CQC) Substance Misuse Service Inspection Outcome Report
Executive Summary	<p>The CQC undertook a comprehensive announced inspection of the Substance Misuse Service provided by Dorset HealthCare University NHS Foundation Trust (the Trust) on 13, 14 and 15 December 2016. This inspection was part of their ongoing comprehensive mental health inspection programme.</p> <p>The final report was published on the CQC website on 24 February 2017 and the service received an overall rating of 'good'.</p> <p>CQC identified four actions we should take to improve the service. 'Should do' actions are not regulatory breaches and do not result in requirement notices. However, if at a subsequent inspection the same issues are found then this would result in requirement notices being issued or enforcement action being taken against the Trust.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p>
	<p>Use of Evidence:</p> <p>Report provided by Dorset HealthCare University NHS Foundation Trust.</p>

DHC CQC Substance Misuse Service Inspection Outcome

	<p>Budget:</p> <p>Not applicable.</p>
	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:</p> <p>Current Risk: LOW Residual Risk: LOW</p>
	<p>Other Implications:</p> <p>None.</p>
<p>Recommendation</p>	<p>The Dorset Health Scrutiny Committee is asked to note and comment on the report.</p>
<p>Reason for Recommendation</p>	<p>The work of the Health Scrutiny Committee contributes to the County Council's aim to protect and improve the health, wellbeing and safeguarding of all Dorset's citizens.</p>
<p>Appendices</p>	<ol style="list-style-type: none"> 1. Action plan to address the 'should do' actions 2. Report published by the CQC 24/02/17 – Dorset HealthCare University NHS Foundation Trust Substance Misuse Services, Quality Report
<p>Background Papers</p>	<p>None.</p>
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CQC INSPECTION OUTCOME REPORT

1. BACKGROUND

1.1 The CQC undertook a comprehensive announced inspection of the Substance Misuse Service provided by Dorset HealthCare University NHS Foundation Trust (the Trust) on 13, 14 and 15 December 2016. This inspection was part of their ongoing comprehensive mental health inspection programme. They inspected the service against the five domains of quality:

- Were services safe?
- Were services effective?
- Were services caring?
- Were services responsive to people's needs?
- Were services well-led?

1.2 The inspection team comprise a Lead CQC Inspector, another CQC Inspector and a pharmacist. During the inspection they held a focus group for service users and another for staff.

1.3 They also:

- Spoke with eight service users by telephone
- Spoke with the managers for each of the two services
- Spoke with 12 members of staff including doctors, nurses and administrators
- Reviewed 10 care records
- Carried out a specific check on the medication management in the service
- Reviewed a range of policies, procedures and other operation documents.
- Attended two MDT meetings
- Observed two clinics
- Visited four community pharmacies






1.4 The draft report was shared with the Trust, on 16 February 2017. We then had 10 working days to check the reports for factual accuracy and feedback to CQC. This was our opportunity to challenge any rating decisions.

1.5 The final report was published on the CQC website on 24 February 2017 and the service received an overall rating of 'good'.

2. CQC FINDINGS

2.1 Ratings are awarded against each of the 5 domains.

2.2 The service's overarching rating is 'good' and this is made up by:

Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive	Good	
Are services well-led?	Good	

Findings by Domain of Quality

Are services safe?

2.3 In relation to how the service protects people from abuse and avoidable harm the CQC reported;

- Staffing levels were good with few vacancies and managers had oversight of staff members' caseloads.
- Staff in the prescribing teams reviewed prescriptions regularly.
- Staff had visited the homes of all clients with children living at or visiting their home to ensure that the client had safe storage facilities for their medication. This was a lockable container to stop client's children or others taking the medication.
- Staff completed thorough risk assessments in both services.
- Managers monitored safeguarding alerts made within the team. Safeguarding information was documented well and shared within the team effectively.

Are services effective?

2.4 In relation to how the service ensures people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence, CQC found;

- Staff members ensured that assessments, reviews and interventions were well documented in all care records,
- Staff followed the 'drug misuse and dependence: UK guidelines and clinical management (2007) consistently. Prescribers had a clear prescribing plan with actions and intended outcomes.
- Both locations offered good physical healthcare interventions including blood-borne virus testing and vaccination.
- Multi-disciplinary meetings were central to the running of the teams. They ensured referrals, discharge, safeguarding and complaints were agenda items.

2.5 However CQC did note that the service did not ensure staff received managerial supervision. This was also reflected in the well-led domain.

Are services caring?

2.6 In relation to how staff involve and treat people with compassion, kindness, dignity and respect CQC found;

- Staff attitudes were positive towards clients in both locations. We saw kind and respectful interactions between staff and clients.
- Clients told us they understood their rights regarding confidentiality and sharing of information.
- Clients were involved in their care plans in both locations.

2.7 However there was no evidence to show that service users were involved in decisions about the service.

Are services responsive to people's needs?

2.8 With regard to how the service is organised to meet people's needs CQC reported;

- The teams responded quickly if patients phoned into the service
- Staff members were proactive in contacting clients who did not attend their appointments.

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- Staff were able to call on interpreters if required and leaflets were available in different languages. There was good disabled access.
- 2.9 Areas for improvement include developing a central hub for the service in the east of the county to mirror the service provided in the west of the county. Ensuring that service users receive a letter after making a complaint detailing how their complaint has been investigated and resolved. It was acknowledged that the service could demonstrate that they were acting upon complaints.

Are Services well-led?

- 2.10 Looking at how 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.
- The services met all their targets for assessment or treatment in all areas. Caseload management was well managed by both the managers and the teams.
 - Staff were confident about their roles and morale was high.
 - Systems were in place to ensure staff received training and yearly appraisals.
 - There were managerial systems in place to audit clinical notes to ensure risk assessments and care plans were updated and completed correctly.
 - Staff members ensured that incidents were investigated effectively and changes were made as a result.
- 2.11 The full report can be found at Appendix 2 and via the website link under 'Service Reports published 24 February 2017': <http://www.cqc.org.uk/provider/RDY/reports>

3. AREAS FOR IMPROVEMENT

- 3.1 CQC identified four actions we should take to improve the service. 'Should do' actions are not regulatory breaches and do not result in requirement notices. However, if at a subsequent inspection the same issues are found then this would result in requirement notices being issued or enforcement action being taken against the Trust.
- 3.2 The four actions and our action plan to address them can be found at Appendix 1.

4. RECOMMENDATIONS

- 4.1 The Dorset Health Scrutiny Committee is asked to note and comment on the report.

Eugine Yafele
Chief Operating Officer
Dorset HealthCare University NHS Foundation Trust
April 2017

Action plan to address the 'should do' actions

APPENDIX 1

COMPLIANCE ACTION	IMPROVEMENT ACTION	LEAD	DEADLINE
The trust should ensure staff record managerial supervision sessions	All staff have been advised to record management supervision on the Ulysses system under the 1 to 1 /catch up category.	Team Leads	Apr-17
The trust should ensure clients have the opportunity to provide feedback about the services they receive	Letter sent to all CADAS East clients asking them to contact the team leader with a view to forming local service user groups who will provide feedback about current service and future service development. This will be replicated in the CADAS West	Team Leads	May-17
The trust should ensure clients receive written feedback about the outcome of their complaint	All complaints will be managed in accordance with the Trust central process. Written complaints received will be acknowledged by the team and forwarded to the Complaints Team at Sentinel House. Teams will meet with complainants to try and reach a resolution and the outcome of these meetings will inform the formal response sent by the Trust.	Team Leads	May-17
The trust should consider the introduction of a hub office in CADAS east where the staff team could give clients treatment.	The team are planning to move into a new office space at the beginning of April in St Leonards, However due to the geographical distribution of the population of CADAS East service users it is not practical for a single Hub to be used as it is in Weymouth and this does not fit in with our new treatment model.	Service Lead	May-17