

Change, Grow, Live

Reset Recovery Support Service - Tower Hamlets

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

The service provides specialist community treatment and support for adults affected by substance misuse who live in Tower Hamlets. This was our first comprehensive inspection of this service.

We rated it as good because:

- The premises where clients were seen were clean and well equipped. Staff responded promptly to sudden deterioration in service users' physical and mental health. Staff made service users aware of harm minimisation and the risks of continued substance misuse. Staff followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the service users.
- The teams included or had access to the full range of specialists required to meet the needs of service users under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated service users with compassion and kindness and understood the individual needs of service users. They actively involved service users in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- Improvements were needed to the environment. At Whitechapel Road there were not enough rooms to meet with clients and those that were available were not appropriately sound proofed. Whilst additional cleaning procedures were in place to protect people from COVID-19, poor record keeping meant that it was not clear that these always took place.
- Staff did not consistently wear their personal alarms. In one room at the Whitechapel Road site a wall alarm was blocked by furniture. The service user toilet at the Whitechapel Road site did not have a call alarm. There were no records kept on site demonstrating regular and consistent alarm testing.
- Not all staff had completed basic life support training.
- The number of service users on the caseload of some recovery coordinators was too high, preventing staff from maintaining regular contact for 506 (28%) service users.
- The service had 203 (29%) clients receiving medication assisted treatment with medical reviews that were overdue.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

Summary of findings

Contents

Summary of this inspection

Background to Reset Recovery Support Service - Tower Hamlets	5
Information about Reset Recovery Support Service - Tower Hamlets	5

Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

Summary of this inspection

Background to Reset Recovery Support Service - Tower Hamlets

Reset Recovery Support Service – Tower Hamlets is part of the larger Change Grow Live provider who deliver a not-for-profit drug and alcohol treatment service nationally. The service provides specialist community treatment and recovery support for adults affected by substance misuse who live in Tower Hamlets. The service provides treatment support service from a main site on Whitechapel Road and a satellite site on Johnson Street. The service also provides a recovery support service from another satellite site within the borough on Spelman Street. However, this service is contracted separately and does not provide any regulated activities.

Reset Recovery Support Service – Tower Hamlets offer a range of services including initial advice; assessment and harm reduction services including needle exchange; prescribed medicines for alcohol and opiate detoxification and stabilisation; naloxone dispensing; one-to-one key working sessions and doctor and nurse clinics which include health checks, blood borne virus and hepatitis C testing.

The service works in partnership across Tower Hamlets with other agencies, including NHS services, social services, probation services, GPs and pharmacies.

The service is registered for the following regulated activity: Treatment of disease, disorder or injury. The service was registered on 13 July 2020. There was a registered manager at the service.

This was the first time we have comprehensively inspected Reset Recovery Support Service – Tower Hamlets.

What people who use the service say

People said staff were polite, respectful, non-judgemental and caring, and provided care that met their individual needs. They said staff provided help, emotional support and advice when they needed it and staff were responsive to their needs. People described sensitive and flexible support from staff at the service. They said staff went the ‘extra mile’.

How we carried out this inspection

This inspection was carried out by three inspectors, one of which specialised in the management of medicines. Two specialist professional advisors and an expert by experience with expertise in substance misuse also attended. This inspection involved a two-day site visit.

During this inspection, the inspection team:

- visited the service and observed the environment and how staff were caring for people that used the service
- spoke with the registered manager
- spoke with 11 staff including the deputy service managers, consultant, specialist doctor, a team leader, recovery coordinators, registered nurses, a non-medical prescriber, the designated safeguarding lead, a harm reduction worker and a dual diagnosis nurse
- spoke with 13 people who used the service
- reviewed 10 service users’ care and treatment records
- observed a service leadership meeting, an alcohol pathway multidisciplinary meeting, an opiate pathway multidisciplinary meeting and a service daily ‘flash’ meeting

Summary of this inspection

- reviewed prescribing and the medicines processes
- reviewed other documents concerning the operation of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **MUST** take to improve:

- The service must ensure that the site at Whitechapel road has sufficient rooms to see service users in private and adequate soundproofing to protect service users' confidentiality. **Regulation 15(1)(c).**
- The service must ensure that recovery coordinators maintain regular service user contact and regularly review all service users on their caseloads **Regulation 12(2)(b).**
- The service must ensure that staff complete mandatory training in basic life support. **Regulation 12(2)(c).**
- The service must ensure that all service users receive a medical review or a non-medical prescriber review annually, in line with their policy and procedure. **Regulation 12(2)(a).**

Action the service **SHOULD** take to improve:

- The service should ensure that work continues to address the high caseload numbers allocated to individual recovery coordinators to ensure that all clients are appropriately supported.
- The service should ensure staff keep infection prevention and control cleaning records in line with the provider's guidance and policies.
- The service should ensure all push button wall alarms at the Whitechapel Road site are accessible.
- The service should ensure the service user toilet at the Whitechapel Road site has an emergency cord to call for assistance.
- The service should ensure all service user facing staff wear their personal alarms.
- The service should ensure staff keep records on site demonstrating regular and consistent alarm testing.
- The service should ensure staff monitor the fridges within the service user kitchen areas to ensure food is fit to be consumed.
- The service should ensure sharps bins are collected in line with the provider's own policies.
- The service should ensure all electrocardiograms requested from the service's consultant are follow up in a timely manner.
- The service should consider arrangements to develop a more integrated model of care offering both treatment support and recovery support without separate referrals.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Substance misuse services

Safe	Requires Improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Substance misuse services safe?

Requires Improvement 

We rated it as requires improvement.

Safe and clean environment

The environment at Whitechapel Road was not fit for purpose with insufficient rooms available and inadequate soundproofing to see service users in privacy. There was insufficient recording of COVID-19 cleaning procedures within the service to fully ensure the safety of service users and staff. Staff did not consistently wear their personal alarms and in one room the wall alarm was blocked by furniture. The service user toilet did not have a call alarm, and there were no records kept on site demonstrating regular and consistent alarm testing. At both locations temperatures of these fridges that stored milk for service users' use were not being monitored. However, all premises where service users received care were clean and well equipped.

Staff completed and regularly updated risk assessments of all areas and removed or reduced any risks they identified. There was a clear fire safety risk assessment and emergency plan for each service location, with fire equipment serviced regularly. Fire alarms were tested weekly, and there were named fire wardens for each site.

Staff made sure all areas were clean, and each site had a COVID-19 risk assessment. An external contractor cleaned each service location every evening, and staff said they cleaned 'high frequency touch point' areas regularly in line with the provider's COVID-19 guidance. However, there were no records demonstrating staff had cleaned high frequency touch point areas at least twice daily as specified in the provider's COVID-19 guidance. Sanitiser was available throughout the service.

The site at Whitechapel Road was not fit for purpose as there was not enough interview rooms to easily manage the amount of people accessing the service. This meant that staff often had to negotiate with each other and manage service user appointments for use of the rooms. There were two small booths in reception, and the needle exchange room was also being used to see service users when needed. Staff said they often struggled to find enough rooms available to see service users in private at the Whitechapel Road site. Service users said they had fed back to staff that

Substance misuse services

more space was needed. Not all rooms had adequate soundproofing to protect service users' confidentiality. For example, from the service user toilet any conversations in the adjacent clinical room could be clearly heard. Staff confirmed they made service users aware of these issues when using the available rooms. There were plans in place for the provider to refurbish and improve the site to create more appropriate rooms for service users to be seen.

At the location of the Whitechapel Road site one of the fire exits led through the adjacent nursery. This meant staff had to take additional steps members of the local community by escorting service users to and from all appointments. CCTV was available within communal areas, with signs informing service users of its use.

Most rooms where staff saw service users had a push button wall alarm fitted which was connected to the reception desk. However, in one room this was blocked by furniture. Most service user toilets have an emergency cord to call for assistance, however this was not in place in the toilet used for drug screening at Whitechapel Road site. Personal alarms were available to staff, however, these were not consistently worn during face to face work with service users. Although staff said alarms were tested regularly, there were no records kept on site demonstrating this.

All clinic rooms had the necessary equipment for service users to have thorough physical examinations. Staff made sure equipment was well maintained, clean and in working order. Staff completed monthly medicines and medical equipment audits that reviewed cleanliness.

Staff followed infection control guidelines, including handwashing. The service had appropriate COVID-19 measures in place.

Staff made sure equipment was in working order and acted when maintenance was required. There was a cracked pane of glass on the window of the main stairway at the Whitechapel Road site. Staff had reported this to the landlord to be addressed. The lift at Whitechapel Road was out of order on the day of the inspection, but it was reported without delay and repaired by the end of the day. Each location had fridges containing milk available for service users to use to make hot beverages. However, the temperatures of these fridges were not being monitored to ensure that it remained at a safe temperature for food storage.

Safe staffing

Not all staff had completed basic life support training. The number of service users on the caseload of some recovery coordinators was too high, preventing staff from maintaining regular contact for 506 (28%) service users. However, the service had enough staff, who knew the service users and received basic training to keep them safe from avoidable harm.

The service had enough staff to keep service users safe. They knew the service users and received basic training to keep them safe from avoidable harm. The service had a vacancy rate of 20%. This totalled 12 vacancies across the service which was made up of two alcohol recovery coordinators, a opiate recovery coordinator, a homelessness recovery coordinator, an in-reach worker, a dual diagnosis worker, homelessness dual diagnosis worker, an apprentice receptionist, a data administrator and a quality lead. All these roles were either out to recruitment or job adverts were being finalised. These vacancies were covered by agency workers. There was also a family worker vacancy and a recovery champion vacancy which had been recruited to with candidates due to confirm start dates. The service also had a consultant psychiatrist vacancy. The service was interviewing candidates for this role at the time of the inspection. This role was being covered within the service by the provider's regional lead consultant psychiatrist.

Caseload sizes had increased across the service during the pandemic. Staff reported high caseloads. Eight recovery coordinators and one team leader were holding caseloads of between 80 to 90 people. Staff said this was high, and at

Substance misuse services

times they were struggling to manage their workload. Staff had to prioritise cases and were limiting engagement with service users to ensure they could meet all their appointments. This impacted the length and frequency of treatment support sessions. Staff also had less time available for discharge planning and keeping service user care and treatment records up to date. The service managers were aware of the issue of high caseloads and had included it on the services risk register. Managers and team leaders were working with staff to review caseloads specifically looking at discharge planning to ensure only service users that required support remained on caseloads and discharge processes started for people that were ready. The senior leadership team (SLT) regularly reviewed caseloads in the SLT meetings. The service was also recruiting to vacant posts to increase the workforce that could hold caseloads. The service managers had reviewed the staffing complement at the start of 2022 and as a result were able to add an additional one and a half full time equivalent alcohol recovery coordinators. The managers were also putting a business case together for an additional two criminal justice workers.

High caseload numbers for staff also meant that staff had difficulty maintaining service user contact. At the time of the inspection the service had 506 (28%) service users who did not have any recorded contact within the last 28 days, and 70 of these service users' last recorded contact was over six months ago. This meant that recovery coordinators were not regularly reviewing all service users and were not able to stay informed and updated on service users' wellbeing and progress, and engagement with treatment and support. Recovery coordinators said with their current caseloads they were not able to see service users regularly to effectively support them fully towards recovery. The service managers were aware of the issue and reviewed contact data in SLT meetings. Managers said that service users that had no recorded contact within 28 days had relatively low levels of risk associated with their treatment and support at last contact. Team leaders reviewed last contact data every two weeks and followed up with staff individually. Follow up actions were recorded in supervision records, team meeting minutes and emails directly to staff. Team leaders were ring fencing protected time for recovery coordinators to work on follow up contact. Where non-contact was related to staff not updating service user records team leaders were supporting staff to improve data recording.

Managers made arrangements to cover staff sickness and absence through the use of agency staff. The service used very little agency staff and managers requested staff familiar with the service. Staff new to the service received an induction before starting work.

The service had enough medical staff. There was always a doctor on-site during opening times. The service could get support from a psychiatrist quickly when they needed to. Service users said they were able to see the doctor and consultant when needed.

Mandatory training

Staff had completed and kept up to date with most of their mandatory training. All staff mandatory training completions rates were in line with the provider targets with a compliance rate of between 83% and 94%, except for basic life support (BLS) training. At the time of the inspection 66% of staff had completed this. Service managers were aware of this and there was a plan in place to ensure all outstanding staff completed BLS training. Managers managed the service rota to ensure there were BLS trained staff on each shift. Out of those staff that had not completed their BLS training four (10%) of those were either psychologists or assistant psychologists. The providers learning development team was unsure whether their psychology staff should have this included as mandatory training although they made up part of the service user facing clinical team. They were liaising with their national psychology lead to clarify this.

The mandatory training programme was comprehensive and met the needs of service users and staff. The training included children and adult safeguarding, health and safety, equality and diversity, data protection, and the Mental Capacity Act. Managers monitored mandatory training and alerted staff when they needed to update their training.

Substance misuse services

Assessing and managing risk to service users and staff

Staff did not always assess and manage risks to service users well. The service had 203 (29%) service users on medication assisted treatment with medical reviews that were overdue. Staff managed other risks to service users well. They responded promptly to sudden deterioration in service users' physical and mental health. Staff made service users aware of harm minimisation and the risks of continued substance misuse.

Assessment of service user risk

We reviewed 10 service user care and treatment records. Staff completed initial risk assessments for each service user as they were allocated onto their caseload and updated these. Risks concerning physical and mental health were assessed, in addition to specific risks regarding substance misuse. Contextual risk factors were also considered such as housing, finances, and social networks and relationships, unsafe sex and bereavements. Safeguarding information and concerns were also comprehensively risk assessed. Additional information from other stakeholders, for example GPs was requested and considered as part of the risk assessment.

The risk assessment of service users misusing alcohol included assessing the risks of alcohol withdrawal seizures and delirium tremens. With service users using opiates, the risk assessment included the risk of overdose. All service users had a COVID-19 risk assessment included in their care and treatment records. Staff reviewed and updated risk assessments regularly, including after any incident or significant changes.

Staff worked with service users to develop and use crisis plans. All records showed plans for unexpected treatment exit and all records showed involvement with other agencies where needed. Unexpected treatment exit plans included information to assist staff to support service users to re-engage with the service. If service users did not attend an appointment, staff contacted the service user to help them re-engage with the service. Care and treatment records showed when service users missed appointments, they received several calls and messages from staff within a few days.

Management of service user risk

Staff were aware of the risks and safeguarding concerns for their service users and this informed their support. Staff responded promptly to any sudden deterioration in a service user's health. Risk information was shared and discussed as part of the morning 'flash' meetings and discussed at wider multidisciplinary team (MDT) meetings. At MDT meetings staff discussed pending detoxes, high risk cases and cases where a medical review was needed. Staff also discussed cases where service users experienced seizures, had a history of trauma, physical and mental health issues and learning disabilities. In addition to this, they spoke of the need for support for individual recovery coordinators working with complex service users. Flash meetings were a daily morning meeting where staff discussed the service users and all the activities of the day. This included significant updates and changes in risk and safety for service users, appointments, referrals, discharges, incidents, and actions and tasks for the day such as assessment.

Records showed good documentation regarding discussion of risk and decision making with service users and other stakeholders. Staff took appropriate action as a result of risk, such as following up with service users more frequently, and discussing risk issues. For example, service users continually missing appointments prompted the team to visit the service users at their homes or in some case hold prescriptions at the service for them to attend in person.

Safety measures were also discussed such as the use of safe storage boxes for medicines. When service users stored medicines such as methadone, an opiate substitute, at home they were provided with safe storage boxes to ensure children or others could not access it. Service users receiving opiate substitute treatment, had varying levels of medicines supervision, based on assessed risks. Some service users attended a community pharmacy daily for a pharmacist to supervise them taking their medicine. Other service users, with lower assessed risks, collected their medicine each week or fortnight from the pharmacy.

Substance misuse services

Service users receiving over 100mg of methadone per day received an annual electrocardiogram. This was to monitor service users for abnormal heart rhythms which are associated with high doses of methadone. Such abnormal rhythms can be fatal, and this monitoring followed national guidance. Electrocardiograms were conducted onsite at the service.

All service user records included harm minimisation advice. Service user records showed staff regularly discussed and offered service users who used opiates, naloxone, a medicine which reverses the effects of an overdose. Staff made service users aware of harm minimisation and the risks of continued substance misuse. This included information to prevent service users becoming infected with blood borne viruses and about the risks to service users of drinking alcohol or taking drugs with their prescribed medicines.

At the time of the inspection the service had 685 service users in medication assisted treatment. Medication assisted treatment involves the use of medicines, in combination with other treatments such as counselling and group therapy. Out of the 685 service users in medication assisted treatment 203 (29%) had not had a medical review or a non-medical prescriber review within the last 12 months. This deviated from the provider's own policy and from national guidance which states that for stable service users, reviews should occur at least annually, and for other less stable service users reviews should be conducted every six months - although this frequency may be increased or reduced based on individual need. The service managers were aware of these overdue medical reviews and had an action plan in place. The team met on a weekly basis to review the progress made with the overdue list and discussed barriers and ideas to improve engagement for attendance at medical reviews. The provider's regional data lead provided a fortnightly report to the service management team on overdue medical reviews. This report was shared with team leaders who shared it with their direct reports.

Staff had risk reviewed all service users who were overdue a medical review and the service had ring-fenced appointment slots each week to conduct reviews with those at high risk being seen first. Medical reviews were discussed and planned for each morning in the flash meeting identifying the recovery coordinator and prescriber to attend the appointments. Service users that did not attend were presented at the flash meeting the following day with any actions. The review would be rebooked, and the recovery coordinator would contact the service user to conduct a risk review in the meantime. If the service user did not attend two review appointments in a row they would be discussed by the multidisciplinary team and follow up action agreed such as conducting the review with the service user virtually, visiting the service user at their home to conduct the review or holding the service users' prescription at the service or stopping their prescription until contact could be made.

Staff monitored service users who were waiting for their initial assessment for any changes in their level of risk and responded when risk increased. For example, service users with high risk concerns had their referrals fast tracked. They were assessed and reviewed by the service's multidisciplinary team and then contacted by their allocated recovery coordinator within 48 hours. Service users said they were provided with contact details, so they knew who to contact if their health or circumstances changed.

Staff followed clear personal safety protocols, including for lone working. Staff made sure their diaries were up to date and would contact the team regarding their movements. Staff said they always carried out home visits accompanied by another staff.

Safeguarding

Staff understood how to protect service users from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Substance misuse services

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training. At the time of the inspection, 83% of staff had completed adults at risk safeguarding and children and young people safeguarding training. Staff also received additional training in areas such as trauma informed care, working with sex workers, chemsex and gambling and related harm.

Staff were able to identify risks to and from service users and knew how to make a safeguarding referral and who to inform if they had concerns. Staff were aware of how to get further advice from the designated safeguarding lead. Staff discussed safeguarding concerns in meetings such as the daily flash meeting and the weekly leadership meetings. Service users said staff discussed any safeguarding matters with them in their sessions.

Safeguarding logs for the service showed multi-agency discussions and actions being taken to address safeguarding concerns. Information concerning service users, their families and safeguarding risks were recorded on service users' electronic records. Safeguarding concerns were reviewed by the multidisciplinary team and safeguarding lead and only closed following a full risk review and involvement from other professionals such as the local authority safeguarding team. The safeguarding lead for the service, who reported directly to the service manager, had three days a week dedicated time for safeguarding work. They coordinated the service's tier four pathway (for intensive residential rehabilitation) over the other two days of the week. The safeguarding lead had undertaken level 3 training in safeguarding children and was due to undertake level 4 training in safeguarding adults in March 2022. All staff attended a compulsory monthly safeguarding meeting.

Most service users' records showed comprehensive recording around safeguarding issues. From the randomised monthly safeguarding audits, the safeguarding lead had identified some issues around staff recording safeguarding information in service user records which they addressed in team and individual staff meetings. The safeguarding lead worked with staff particularly focussing on gaps in safeguarding process for service users who were dependent on alcohol, and what support could be offered to them, including adult social care support where necessary.

Safeguarding support was available from weekly safeguarding surgeries with the national safeguarding leads, and the principle social worker for the provider organisation. There were also regional designated safeguarding lead meetings every six weeks, and where necessary extraordinary multi-disciplinary meetings were held to discuss complex cases.

Staff could give examples of how to protect service users from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff access to essential information

Staff kept detailed records of service users' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Staff used electronic service users records to record and access information concerning service users. Staff kept comprehensive and detailed records of service users' care and treatment. Records were clear, up-to-date and all staff could access them easily.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each service user's mental and physical health. However, at both sites sharps bins had not been collected in accordance with the provider's own policies. For one service user Electrocardiogram reading had not been followed up.

Substance misuse services

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Medicines and controlled stationary were stored securely. Records were kept of their use. Clinical administrators were responsible for producing printed prescriptions. The prescriber (either a doctor or a non-medical prescriber) would sign the prescription before it was given to the service user or posted to the pharmacy. Any prescription changes required a completed 'change form' signed by the prescriber. Logs were kept recording which prescriptions were allocated to which service user. Prescriptions sent to community pharmacies were posted via a tracked delivery system. Staff were able to resolve most missing prescription queries as they kept records of the prescriptions that were posted. Access to medicines storage areas was appropriately restricted. Staff completed monthly medicines and medical equipment audits that reviewed storage and cleanliness. The service had a contract with a waste management company who disposed of all their used sharps bins and clinical waste. However, we found on two sites that sharps bins had not been collected on a monthly basis in accordance with the provider's own policies. A clinical room in Whitechapel had four sharps bins waiting to be collected.

Staff had access to emergency medicines, equipment, and medicines disposal facilities. Controlled drugs (CD) were not stored at the service. If a service user brought in an unknown substance, staff would encourage them to take it to a local community pharmacy for disposal. However, staff said that this would be dependent on risk. Staff were able to provide medicines safes to service users to facilitate the secure storage of medicines at home. Temperatures of medicines storage areas were monitored by staff. Where these temperatures fell outside the recommended range, staff acted to safeguard the medicines. This included liaising with the chief pharmacist of the service. Staff were provided with relevant medicines training. For example, the 'Best practice in Optimising Opioid Substitution Treatment' e-learning programme was part of the training schedule.

Staff reviewed patient's medicines regularly and provided specific advice to patients and carers about their medicines. Staff encouraged service users to have access to naloxone and provided them with information on how to use it. If a service user no longer had a naloxone supply on a subsequent visit, they were provided with a further supply. Staff discussed the progress of each service user in multidisciplinary meetings. Staff could access an interpreter for service users unable to communicate effectively in English. They could specify the gender of the interpreter to meet service users' preferences.

Staff stored and managed all medicines and prescribing documents in line with the provider's policy. Staff used an electronic system to document medicines prescribed. Staff could access all policy documents via the intranet. Staff made records when they discarded expired medicines.

Staff followed current national practice to check patients had the correct medicines. Staff obtained service user's consent to information sharing with their own GPs. This enabled staff to access medical and drug histories prior to the prescribing of medicines. If a service user did not have a GP, they were supported to access one. Staff wrote to GPs to ask them not to prescribe certain medicines whilst service users were receiving treatment from the service.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Medicines incidents were reported on an electronic system which enabled staff to analyse them and share learning via the monthly Information Governance Team meetings. The clinical governance team at the head office for the provider were responsible for cascading medicines related alerts.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance. Service users were offered a urine drug screen initially and during their time with the service. Service users were offered blood borne virus tests prior to treatment (hepatitis B, hepatitis C, and HIV). If a service user met the eligibility criteria for the hepatitis B vaccine, nurses were able to administer the hepatitis B vaccine on site via a Patient Group Direction (PGD). A

Substance misuse services

PGD allows specified health professionals to supply and/or administer medicine without a prescription or an instruction from a prescriber. Electrocardiograms (ECGs) were conducted by staff in the service where appropriate, for example, service users who were taking high doses of methadone. However, we saw one example where the consultant had requested an ECG reading be conducted for a service user, but this had not been conducted or followed up. This was raised with the service at the time of the inspection and staff contacted the service user and booked them in for an ECG.

Track record on safety

There were 23 unexpected service user deaths over the previous year. None of these deaths were related to the treatment being provided by the service. The service managers attended regular panels with external partners where all deaths were reviewed. Learning from these panels was brought back to the service and shared with staff through meetings such as the flash meetings, leadership meetings and multidisciplinary meetings.

Reporting incidents and learning from when things go wrong

The service managed service user safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team.

Staff knew what incidents to report and how to report them. Staff understood their responsibilities to raised concerns and reported incidents and raise concerns in line with the service's policy. Staff felt confident and supported when reporting and discussion incidents. Managers investigated incidents and shared lessons learned with the team. Staff gave examples of learning from incidents within the service. They noted that after any adverse event in service users' experience, they considered what more they could have done as well as what support they could provide. Following a pharmacy error during which a pharmacy dispensed a prescription that had been cancelled despite being notified by the service, staff said that part of the learning was to record the name of any pharmacist spoken with in future cases.

Managers debriefed and supported staff after any serious incident. Staff ensured service users, and where appropriate family members and other professionals were updated. Staff also ensured care records were updated. Incidents were reported on their electronic records system.

Staff understood the duty of candour. They were open and transparent and gave service users and families a full explanation if and when things went wrong.

Are Substance misuse services effective?

Good 

We rated it as good.

Assessment of needs and planning of care

Staff completed comprehensive assessments with service users when they accessed the service. They worked with service users to develop individual care plans and updated them as needed. Recovery plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

Staff completed a comprehensive assessment of each service user. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented. Service users said they were involved in developing their care plans.

Substance misuse services

Staff made sure that service users had a full physical health assessment and knew about any physical health problems. All 10 service user records we reviewed had a physical health assessment on admission and there was evidence of ongoing physical health care for these service users. Care records and meeting minutes demonstrated a strong focus on physical health monitoring. For example, we observed an in-depth meeting where the multidisciplinary team discussed pain management for an individual with a chronic long-term illness. This included a review of up to date evidence and best practice regarding pain management and substance misuse.

Staff developed a comprehensive care plan for each service user that met their mental and physical health needs and considered their social circumstances. Staff regularly reviewed and updated recovery plans with service users when service users' needs changed.

In line with national guidance, service users seeking treatment for alcohol misuse were assessed using the alcohol use disorder identification test and the severity of alcohol dependence questionnaire. Nurses assessed service users for community alcohol detoxification with a focus on risk factors associated with community alcohol detoxification. When service users needed a prescription for opiate substitution treatment they were assessed in person by a doctor. Correspondence from service users' GPs, blood test results and urine drug screen tests were part of their initial assessment and were obtained prior to treatment commencing where available.

Best practice in treatment and care

Staff ensured that service users had good access to physical healthcare and supported service users to live healthier lives. Staff provided a range of clinical care and treatment suitable for the service users in the service.

Local commissioning arrangements had led to the separate commission of psycho social support and medical treatments. The service did recognise the need for these services to be delivered in tandem and was working to do this, in line with national best practice guidance.

Due to the contracting arrangements with the local authority, the service did not deliver care and treatment in line with best practice and national guidance from relevant bodies such as the National Institute for Health and Care Excellence (NICE). The service's contracts separated the delivery of treatment support from the delivery of recovery support. Recovery support was delivery at a separate site based at Spelman Street. This service provided a range of self-management and recovery training groups, counselling and therapy-based groups. The service had a timetable of group interventions available to service users to attend such as SMART recovery, cognitive behaviour therapy, men's group, women's group. Other interventions offered to service users support relating to housing, vocation and finance needs.

Best practice and national guidance indicate that treatment support and recovery support should be fully integrated and delivered in parallel. Despite the contracting arrangements staff at the services were working to develop a more integrated model of care between the services. As service users came into the service and started their treatment support staff based at Whitechapel road and Johnson street would signpost service users to recovery support service at Spelman Street and complete a referral. While a lot of service users did take up the opportunities at the recovery support service, staff said the separation of services created another layer of process for service users navigate. Staff expressed the view that service users should be able to access groups without requiring a separate referral. At the time of the inspection the service was restructuring the teams to ensure individual teams were made up of staff that worked in both the treatment support service and recovery support service to increase the knowledge sharing and communication between staff across the services.



Substance misuse services

Staff provided a range of clinical care and treatment suitable for the service users in the service. Staff made sure service users had support for their physical health needs. Service users with opiate dependence had a prescription for methadone or buprenorphine. Service users starting methadone had their dose gradually increased during initial titration, which followed national guidance. Service users' prescriptions were reviewed regularly, and service users had urine drug tests to monitor any use of illicit drugs. Staff provided naloxone training to service users, and their friends and relatives. Staff also provided sessions in hostels, and for pharmacy staff. A clinic for female service users was provided twice monthly, including an evening session which sex workers could easily access. Service users with alcohol dependence had treatment based on their assessment and alcohol use disorder identification test and the severity of alcohol dependence questionnaire results. Service users with less severe dependence had psychosocial treatment to support them with reducing their alcohol intake. This followed NICE guidance. All the service users receiving community alcohol detoxification treatment had been reviewed by the consultant and the risks of treatment had been carefully assessed. In line national guidance, service users were prescribed thiamine and, where indicated, pabrinex. These medicines were prescribed to minimise memory loss as a result of alcohol misuse.

Staff supported service users to live healthier lives by giving advice and supporting them to make healthy choices. Service users said staff regularly discussed ways to support their health. Staff who had previous experience of working in a sexual health service, spoke about plans to set up a sexual health clinic within the service, particularly to undertake asymptomatic screening.

Staff used recognised rating scales to assess and record severity and outcomes. Staff in the service also used the treatment outcomes profile to assess service users' progress and outcomes before, during and at the end of treatment. The service contributed to the National Drug Treatment and Monitoring System.

Staff took part in clinical audits and there was an annual service audit plan. These audits which were set by the provider looked at health and safety, safeguarding, infection, prevention and control, vaccine storage, prescriptions and COVID-19 safe environments. The service also conducted a range of local level audits. These include case management, care plans, risk reviews, prescriptions and medicines for individual with children under five years old, and medication assisted treatment reviews.

Staff used technology to support service users. Staff provided text, telephone and video call support which service users found particularly helpful. The service accessed electronic GP summaries which provided staff with quick access to information when assessing service users and making decisions regarding their treatment. For some service users, staff were able to update their GP records on the shared GP care records system.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of service users under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. An induction programme for new staff was provided.

The service had access to a full range of specialists to meet the needs of each service user. Managers made sure staff had the right skills, qualifications and experience to meet the needs of the service users in their care, including bank and agency staff.

Managers supported staff through regular supervision and annual appraisals of their work. The service also held regular group reflection sessions. New staff received an induction to the service before they started work.

Substance misuse services

Managers made sure staff attended regular team meetings, such as business meetings, multidisciplinary meetings and leadership meetings. Managers ensured meetings minutes were shared with staff that could not attend. Each morning staff met to discuss cover for staff on leave, current assessments, concerns about service users not attending, changes in COVID-19 or other provider guidance, and any issues with the working environment.

Managers identified training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role such as blood borne viruses screening and best practice in optimising opioid substitution treatment.

Multidisciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit service users. They supported each other to make sure service users had no gaps in their care. The team had effective working relationships with other relevant teams and services outside the organisation.

The multi-disciplinary team included a harm reduction worker, GP shared care workers, nurses, doctors, recovery coordinators and therapists. Staff also had access to a chemsex education specialist, and a specialist midwife from the Royal London Hospital. Staff held regular multidisciplinary meetings to discuss service users and improve their care. We observed good communication and team working across team meetings attended by a variety of clinical and non-clinical staff. Staff valued these meetings. Staff felt they supported learning across their teams and encouraged holistic care. Staff had weekly learning and development sessions, with different topics including safeguarding, individual team meetings, integrated team and safeguarding meetings (combined with the recovery service) and guest presenters. Staff spoke very positively about the training available and support provided by line management.

Staff made sure they shared clear information about service users and any changes in their care including during daily flash meetings.

Staff had effective working relationships with external teams and organisations. These included pharmacies, local authority safeguarding teams, street outreach teams, community mental health teams, and other service providers such as housing providers and probation services. Service users' records showed communications and updates on service user support and care with other teams and organisations.

Good practice in applying the Mental Capacity Act

Staff supported service users to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a service user's capacity to make decisions about their care might be impaired.

Staff received training in the Mental Capacity Act and knew to seek support from the service managers if needed. The principle social worker for the provider organisation was the lead for implementation of the MCA, and staff could consult with them when needed. The Mental Capacity Act was included in mandatory training. There was a policy on the Mental Capacity Act, which staff knew how to access.

Staff gave service users all possible support to make specific decisions for themselves. Service users records showed consideration and assessments of service user's capacity was in line with underlying principles of Mental Capacity Act.

Staff assessed and recorded capacity to consent clearly each time a service user needed to make an important decision.

Substance misuse services

When staff assessed service users as not having capacity, they made decisions in the best interest of service users and considered the service user's wishes, feelings, culture and history.

Are Substance misuse services caring?

Good 

We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated service users with compassion and kindness. They understood the individual needs of service users and supported service users to understand and manage their care and treatment.

Staff were discreet, respectful, and responsive when caring for service users. Service users said staff were polite, respectful, non-judgemental and caring, and provided care that met their individual needs. Service users also reported staff provided help, emotional support and advice when they needed it. Service users said staff were responsive to their needs. Service users described sensitive and flexible support from staff at the service and said that they felt they could be open and honest. They described how staff fitted them in for appointments when they needed support, despite the Covid-19 pandemic restrictions. Staff described a move to hybrid working during the pandemic, with some telephone and face to support provided. They noted that some service users preferred telephone support, whilst this did not work well for others. They said staff are always extremely supportive and went the 'extra mile'. We observed staff that were highly motivated and inspired to offer care that promoted people's recovery.

Staff supported service users to understand and manage their own recovery. Service users felt that staff personally knew them as individuals.

Staff signposted service users to other services and supported them to access those services if they needed help. Service users said staff made them aware of what other services were available to support their care, such as housing and physical health support.

Staff felt comfortable and supported by their colleagues to raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards service users and staff.

Staff followed policy to keep service user information confidential. Service users felt staff were suitably discrete when communicating.

Involvement in care

Staff involved service users in recovery planning and risk assessment. They ensured that service users had easy access to additional support.

Involvement of service users

Substance misuse services

Staff involved service users in assessing risk and recovery planning. Service users said they felt involved in their recovery planning and risk management. For example, one individual described person-centred support to assist them with what was important to them, including help with an exercise programme, and gym membership, and the offer of acupuncture.

Staff made sure service users understood their care and treatment. Service users reported they received clear information and explanations of their care and the treatment and interventions available. Service users said staff were informative and information staff provided was easy to understand. For example, information relating to mental health needs and housing support. Service users said they were able to discuss their recovery with their recovery coordinators and the service's psychiatrist and doctor at regular meetings. Service users told us that they received advice from the staff about medications.

Service users were aware of the complaints procedure and felt confident to give feedback on the service and their treatment. Service users said they felt comfortable in giving feedback via the service user forum if needed. The service user charter was posted prominently in the reception area, and throughout the service, including a commitment to provide, value, listen, build, recognise, empower, nurture, commit and strive. There were feedback forms, and a box to submit feedback cards about the service.

Involvement of families and carers

Staff informed and involved families and carers appropriately. Service user records showed some service users had family engagement and support plans in place. Records also documented clear involvement of families with correspondence updates.

Staff gave families and carers support information, and where appropriate information on their loved ones care and treatment. If service users consented, family members and carers could be involved in the service user's care by attending appointments and having direct communication with staff.

Are Substance misuse services responsive?

Good 

We rated it as good.

Access and waiting times

The service was easy to access. Staff planned and managed discharge well.

People could access the service in a way that suited them. Service users could self-refer to the service as well as being referred to the service by a wide range of agencies. These included GPs, community mental health teams, housing and homelessness teams, and probation services.

The service met the providers target time of seeing most service users from referral to first appointment with 30 days. Referrals were discussed daily at the service's flash meetings. As referrals came into the service the administration team forwarded them to the multidisciplinary team who triaged and assessed the referrals. They were then allocated to a keywork and contacted.

Substance misuse services

Staff saw urgent referrals quickly. Referred service users with high risk concerns were fast tracked and were triaged, assessed, contacted and allocated an appointment to be seen within 48 hours. These included individuals who were opiate users, young people, homeless people and prison leavers.

The service used systems to help them monitor waiting lists. Over the last 12 months the service had reduced the waiting time for a non-urgent assessment from three weeks to on average one week. The service processed around 220 referrals a month. Staff tried to contact people who did not attend appointments to rebook them and offer support. Service users' records showed persistent attempts to contact people that did not attend appointments. Records show staff signposting people to alternative community services where necessary and discussing safe measures.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support. The service's staff could carry out outreach work when needed and had a rough sleepers team working with homeless services. We saw evidence of staff facilitating video calls with homeless individuals to allow them to access the consultant, service doctor and GP.

People could also access treatment regardless of their housing or social circumstances, and they had some flexibility and choice in the appointment times available. Service users said they were able to arrange appointment that suited them, and appointments were rarely cancelled. If they were cancelled, service users were offered new appointments as soon as possible. The service was closed on Wednesday mornings for staff meetings. Staff noted that there was considerably less support available to service users outside of the service during the COVID-19 pandemic, such as support from their local GP or community mental health team. This made the service increasingly important to service users at this time.

When service users were ready to be discharged from the service, staff ensured that other agencies had relevant information to support service users. As a part of reviewing caseloads, the team leaders reviewed discharges and discharge planning with recovery coordinators during supervision.

The facilities promote comfort, dignity and privacy

The furnishings of treatment rooms promoted service users' comfort.

At each site, service users had access to a water cooler, and a kitchen to make hot drinks. At the Whitechapel Road there was a TV in reception whilst service users were waiting for their appointments. There was clear information posted for service users on how to use the building Wifi.

Meeting the needs of all people who use the service

The service met the needs of all service users, including those with a protected characteristic or with communication support needs.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. Staff understood and respected the individual needs of each service user. The service was accessible for service users using wheelchairs and service users with other mobility needs. The service provided information in a variety of accessible formats so the service users could understand more easily. Interpreters were available for service users who did not speak English. The service had information leaflets available in languages spoken by the service users and local community, including Polish and Bengali, and easy read versions could be downloaded by staff to provide to service users.

There were information leaflets provided in reception about COVID-19, feminism for change, drug related deaths, needle exchange, legal advice, and support with housing and debts.

Substance misuse services

There were plans to convert a storage room into a prayer room at Whitechapel Road.

Staff told us that they hoped to continue with hybrid working to meet the preferences of service users using the service, some of whom preferred telephone contact.

Staff made sure people could access information on treatment, local service, their rights and how to complain. Service users said that staff made sure the information about their treatment and other services was easy to understand. Service users had access to housing, debt and legal advice clinics. They were also signposted to local alcoholics, narcotics, cocaine, and gambling anonymous groups. The service did not provide a dedicated abstinence group for service users although this was covered as part of other recovery groups that were provided. The recovery support service also provided dedicated clinics for female service users, including evening sessions, with support from a local charity which sex workers could easily access. Staff supported service users with gym membership. Staff said that due to a request from service users there were plans to start an LGBTQ+ forum for service users. Information was also available about family support, domestic abuse, employment, feminism for change, drug related deaths, and needle exchange.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

The service had received one complaint from a service user's family member in the previous 12 months. This complaint was rescinded after discussing the situation and circumstances with one of the service's team leaders.

Service users said they knew how to complain or raise concerns. Service users were informed about how to make a complaint when they started treatment at the service. Information about how to make complaints, and complaints forms were available in the reception areas. There was also a feedback link available electronically. Complaints leaflets were available, including easy read versions and in languages other than English. Service users said they felt comfortable to raise complaints with staff or could make a complaint by email if needed.

Staff knew how to acknowledge complaints and service users received feedback from managers after the investigation into their complaint. All formal complaints were logged on the service's data system.

Managers shared feedback from complaints with staff and learning was used to improve the service. For example, learning from an informal complaint regarding communication from staff and aggressive behaviour of a service user led to a consistent approach from staff to managing aggressive behaviour and a staff workshop of tone of voice and managing aggression in a respectful manner.

Are Substance misuse services well-led?

Good 

We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for service users and staff.

Substance misuse services

Staff were complimentary about the leadership and support provided by the service manager and the deputy managers. They felt the service's managers genuinely cared about the service and the staff. Service users said they felt comfortable in approaching the managers if they needed to.

Vision and strategy

Staff knew and understood the service's vision and values and how they were applied to the work of their team.

Staff clearly shared the providers' vision and values of making a difference in people's lives and giving everyone an opportunity. Leaders and staff role modelled the values in practice.

Culture

Staff felt respected, supported and valued. They reported that the service promoted equality and diversity in its day-to-day work. They felt able to raise concerns without fear of retribution.

Staff told us that they received appropriate support from their line managers and colleagues and valued the expertise and dedication of the staff team. Staff felt supported and valued from their direct line managers. It was evident that all colleagues wanted the best outcome for service users. Some staff told us that they would like more support and acknowledgement from senior leaders within the provider organisation. They described good communication from the senior leaders but did not always feel valued or recognised.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

All areas of the service were subject to performance monitoring and audit. Managers and staff were aware of the issues and development areas within the service and had plans in place to support improvements. There was a clear structure to the governance system, learning from incidents and complaints, and robust safeguarding procedures. There was ongoing performance monitoring and auditing in a range of areas. There was an annual audit plan, a local level audit plan, a service risk register and a business continuity plan. Systems and tools, such as staffing levels and the business continuity plan, were reviewed and tested to ensure they continued to reflect the service. Staff in the service understood how to work with other organisations and leaders attended multi-agency meetings.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

The service's risk register included all current concerns about the delivery of the service. The service managers were familiar with the key risks to service delivery and their associated factors. These included overdue medical reviews, the suitability of the environment at Whitechapel road, high caseloads and service user contact. Evidence of discussions of service risks and their contributing factors were seen in the service multidisciplinary team and flash meetings and in supervision discussions. Risk, issues and performance were discussed at all levels within the service.

Information management

Staff collected analysed data about outcomes and performance.

Substance misuse services

The provider collected performance and training data. The service had systems in place that provided managers with information about the running of the service. This enabled managers to maintain oversight of the service and identify areas for improvement. All information needed to deliver care was stored securely and available to staff in an accessible format.

Engagement

Managers engaged actively other local service providers to ensure that people with substance misuse problems experienced good quality care. The service was transparent and collaborative with commissioners about performance. They were open and honest about the challenges and the needs of the population and felt comfortable in feeding back to commissioners.

Learning, continuous improvement and innovation

The service did not use any structured quality improvement model to improve and develop the service. However, managers and staff were clearly committed to improving the service and responded to feedback from service users and staff. A clear framework of meetings was in place which facilitated sharing of learning from incidents, complaints and safeguarding across the service.

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

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The service did not ensure that the site at Whitechapel road had sufficient rooms to see service users in private and adequate soundproofing to protect service users' confidentiality.

Regulation 15(1)(c).

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The service did not ensure that all service users received a medical review or a non-medical prescriber review annually, in line with their policy and procedure.

Regulation 12(2)(a).

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The service did not ensure that recovery coordinators maintained regular service user contact and regularly reviewed all service users on their caseloads.

Regulation 12(2)(b).

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The service did not ensure that staff completed mandatory training in basic life support.

Regulation 12(2)(c).