Addaction - Nuneaton

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- There were adequately skilled and trained staff, who completed detailed risk assessments and could respond urgently to client's needs.
- The service had effective systems in place to adequately deal with complaints and incidents, and learning from these was cascaded to staff throughout the organisation.
- A full range of treatments, therapies, and medicines were provided in accordance with national guidance.
- The service worked effectively and productively with a range of other organisations and agencies.
- Staff treated clients with dignity and respect, listened to them and provided information and choice about treatment options. Clients could provide feedback in a number of ways.
- Managers monitor staff and team performance, which ensured they were maintaining their performance indicators, and could identify areas that required improvements within regular supervision and team meetings.

However, we also found the following issues that the service provider needs to improve:

- The premises did not fully meet all the needs of disabled people who wanted to use the service.

Summary of findings

- The service was not notifying the Care Quality Commission of incidents that required notification under their registration.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		see overall summary

Summary of findings

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Addaction-Nuneaton

Services we looked at
Substance misuse services

Summary of this inspection

Background to Addaction - Nuneaton

Addaction's service based in Nuneaton provides a service under the name The Recovery Partnership. Commissioners requested it was called The Recovery Partnership. It works closely with the Addaction substance misuse services in Warwickshire.

Addaction Nuneaton provides a community service to people who have drug and alcohol related problems. This includes one to one and group based advice, treatment and support, needle exchange and a prescribing service.

Addaction Nuneaton offer a service 9am – 5pm Monday to Friday and 9am – 7pm on Tuesday. They also saw clients in community venues across the county. The service offered home visits based on individual need.

They are registered to provide

Diagnostic and screening procedures

Treatment of disease, disorder or injury.

There is a registered manager in place.

They provide services within the Nuneaton and Bedworth area.

They were last inspected on 15 October 2013. There were no compliance actions.

Our inspection team

The team that inspected the service comprised CQC inspector Lucy Galt (inspection lead), one other CQC inspector, a specialist nurse practitioner and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for information.

During the inspection visit, the inspection team:

- visited this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with eight clients

Summary of this inspection

- spoke with the contracts manager, registered manager, the team manager and the lead nurse
- spoke with 13 other staff members employed by the service provider, including nurses and project workers
- received feedback about the service from one commissioner
- spoke with one peer support volunteer
- attended and observed one prescribing clinic and one women's group.
- collected feedback using comment cards from six clients
- looked at 10 care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Before the inspection, a comment box was placed in the service so clients could give us feedback. We received six comment cards from clients using the service. They contained positive comments and said staff were understanding and did not judge them. The service had helped them with their addiction. One said they would like more volunteers, people who had experienced addiction themselves, working within the service.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service was clean and had appropriate facilities and equipment to safely manage client needs.
- Staff were up to date with training and the service had effective systems in place which staff adhered to, such as the lone working policy.
- Staff completed detailed risk assessments and risk management plans, and although staff dealt with safeguarding issues, these were not always detailed within them.
- The service had enough staff to care for the number of clients and their level of need. The duty worker system was well organised and could respond effectively to urgent situations.
- The service dealt with complaints effectively and actively sought feedback from clients, to help them improve the service.

However, we also found the following issues that the service provider needs to improve:

- The service did not have cleaning schedules located within the building. This means staff would not know what had been cleaned and when cleaning had taken place.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service adhered to national guidance related to substance misuse and used National Institute of Care Excellence (NICE) recommended assessment tools and treatments, ensuring clients received a quality service.
- Staff completed comprehensive assessments and recovery plans, which incorporated client's physical health and social needs.
- Staff were able to recognise when a client lacked capacity, and were aware of where to seek guidance and support regarding this.
- Managers monitored client treatment outcomes regularly.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Clients using the service were positive about the staff and the service they received. They felt supported with their needs and staff listened to them.
- Staff provided clients with choices regarding treatment options and gave information to aid decision-making.
- The service sought feedback from people who used the service in a number of ways to identify areas where they could make improvements, and acknowledge things they were doing well.

However,

- Staff did not record when clients received a copy of their recovery plan or if they had refused it.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were able to see clients quickly when they accessed the service, and they did not have to wait for an assessment or allocation of project workers.
- The service operated an effective complaints procedure. Any learning was shared nationally throughout the organisation, and was discussed within supervision and team meetings. Staff were open with clients when things had gone wrong.
- Staff told us changes to the prescription system had improved engagement with clients and staff could react quicker to their needs because of this.
- Staff provided support to clients who could not access the service by providing outreach clinics in the local area.
- The service worked effectively and productively with a range of other organisations and agencies, to ensure clients' holistic needs were being met.

However we found the following issue that the service provider needs to improve:

- Although the service was able to employ a ramp for disabled clients to access the building, there was no disabled toilet available. This meant the service did not adequately provide sufficient facilities for disabled people. This was a breach of the regulation. You can read more about it at the end of the report.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following issue that the service provider needs to improve:

Summary of this inspection

- The service had not been providing CQC with regular notifications as required as part of their registration.

However we found the following areas of good practice:

- The service used a case management tool, which ensured managers had oversight of the staff and team performance, ensuring they were maintaining their performance indicators.
- Staff told us morale had improved and they worked well together. Staff had opportunity to reflect on their practice and make improvements by regularly attending team meetings, supervision and training.
- Managers monitoring complaints and incidents through regional governance groups, which ensured shared learning took place throughout the teams.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Addaction were due to roll out an eight-module e learning training course in the Mental Capacity Act for all staff to complete.

Staff demonstrated an understanding of the act and gave examples of applying this through their daily practice. They felt this was particularly important when clients presented at the service in an intoxicated state. Discussion involved project workers, nurses, and doctors.

Staff discussed mental capacity during multidisciplinary team meetings and recorded this in the notes from the meeting.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The service saw clients in interview rooms on two floors of the building. All clients entered the reception area, and staff escorted them through a locked door into one of the available rooms. Staff did not leave clients alone in the building, apart from the waiting area within reception, which staff could easily observe through a perspex window.
- Clients were seen in one of the six rooms available. There was one group room, which was on the second floor. All interview rooms were fitted with wall alarms, which were visible. Staff would use the summon assistance if needed. Most interview rooms did not have windows, and staff and other clients could not see into them.
- There were two rooms for clients' physical health monitoring. One of these had an examination couch. Physical health equipment was available to monitor clients' blood pressure, weight and height.The service calibrated their equipment on an annual basis. We also saw safety-testing stickers on electrical equipment. Needles and urine dipsticks were all in date.
- All areas of the building were clean and generally well maintained however, the outside of the building looked shabby and weeds were growing in the flagstones. The service contracted another company to clean the premises. Cleaning schedules, which showed where cleaning had taken place, and rotas, were not available on the service premises. Managers said they could access this information if required.
- We saw staff had completed a health and safety checklist to ensure the building was complying with required standards.
- An alcohol gel dispenser was available near the door that led to the reception area and alcohol gels were available within the interview rooms. Staff used disinfectant wipes to clean equipment daily. Sharps bins were available for needles and other sharp objects. Clinical waste bags and bins were available and used appropriately. They were collected on a monthly basis to be disposed of appropriately.
- All staff had received and were up to date with infection control training.
- Staff gave clients injections and vaccinations at the service. Blood and bodily fluid spillage kits were available. When we checked, one was out of date; we informed staff about this at the time of the inspection and they took it away to be destroyed.
- The service had an up to date health and safety assessment and a fire risk assessment. We saw fire warden information displayed on the wall and fire extinguishers had been checked in April 2016.
- Staff trained as first aiders were identified and an in-date first aid box was available.

Safe staffing

- The service employed 22 staff at the Nuneaton site. This included one manager, two team leaders, one non-medical prescriber, 16 project workers and two administration staff. There were two vacancies; a team leader and a project worker, which were due to be recruited to. Three part time doctors provided medical cover over four sessions per week.
- Staff sickness was 6%. Managers were adhering to their sickness policy. Team leaders and managers would take on small caseloads due to staff vacancies and sickness if required. This meant sufficient staff were available across the team at all times to provide a service to their clients. The service did not use agency staff.

- The average caseload for project workers was 40 to 44 clients. Staff told us this was manageable. Managers would discuss and reassess caseloads during staff supervision.
- Ninety-four per cent of staff were up to date with annual mandatory training.

Assessing and managing risk to clients and staff

- We looked at ten sets of client care records. All had a detailed risk assessment, which included historical and current substance misuse, mental health, social circumstances and neglect. Generally, any identified risk had a risk management plan in place. When risks changed or new ones identified, staff would update the risk management plans. However, the service used paper notes and also an electronic patient record. The risk assessment and management plan were located within the paper notes, but staff were required to input ongoing patient notes within the electronic patient record. This could mean that staff may not review some of the clients' information.
- All new patients received a physical assessment from the nurse non-medical prescriber. Staff would also look at injection sites. Staff would liaise with the clients GP to request any current medications and treatments prescribed. We saw thorough physical assessments and monitoring reflected within the client record.
- The service was open access, which meant clients could self-refer and a duty worker would see them. The duty worker was available to speak to referrers and clients urgently, and could invite clients to come to the service to be seen that day, or whenever convenient for them.
- Staff told us they were aware of how and when to make a safeguarding referral. Staff could discuss safeguarding cases in supervision, in monthly team meetings or as needed with team leaders. They were aware of the launch of the multi-disciplinary safeguarding hub (MASH) which had been set up in April 2016, for adult safeguarding concerns. The regional service lead had attended MASH meetings and fed back information to Addaction staff.
- At the time of inspection, the service had 49 clients engaged with social services. Of these, 29 had safeguarding concerns (a mixture of adult and child safeguarding), six of which the service had made to the local authority. Warwickshire social services told us Addaction make appropriate referrals and did not have any concerns about the information they gave.
- Two sets of care records we reviewed had identified safeguarding issues. The risk management plan did not reflect these concerns, therefore the notes did not accurately state how staff would manage and reduce these risks. We asked staff about these issues. They were able to discuss these clients and assurance was given that they had adequately managed the risks, however we did not see this reflected in the risk management plan.
- All staff were required to complete annual training in safeguarding adults and children up to level two. All staff were up to date with this training.
- We did not see specific safeguarding information within the waiting area for clients to look at, although we did see posters and contact numbers about domestic abuse within the doctor's room.
- The service had effective protocols on personal safety and they followed the lone working policy. Staff would complete a risk assessment before providing a home visit and would always visit in pairs. Staff would sign themselves in and out of the building, and would take one of the services mobile phones with them. Administration staff would make contact with the staff member if they had not returned when they said they would to ensure they were safe and well.
- The service prescribed medicines to almost all clients. An effective system was in place regarding the storage and processing of prescriptions. A prescribing administrator co-ordinated all aspects of the prescribing delivered throughout the service. The service kept naloxone in stock to give out to clients, or for use within the building. Naloxone is a medication used to block the effect of opioids, especially in overdose. All the dosages we saw were within their expiry dates and appropriately stored. All staff had received training in teaching clients how to use naloxone. Staff in the service administered hepatitis vaccines. The medicine adrenaline was available for injection should clients have an extreme

reaction to the vaccine. Staff provided clients with locked boxes to store their medication in whilst at home, if this was required. This was so that children, or others, would not be able to take their medicines.

- The service did not have resuscitation equipment within the building.
- At the beginning of their treatment, and whenever else was necessary, clients who took methadone or buprenorphine would be required to pick up their medicine at their local chemist, and be observed taking it. Known as supervised consumption, this is best practice (DH, 2007). Staff would regularly check client's urine samples to ensure they remained abstinent from opioids; if they had not or risks had changed, supervised consumption could be re-activated.
- The local pharmacies made contact with the service if a client had not attended for their medicine for three days, or if they had a concern about a client's presentation. This ensured staff were up to date with information and would review client's treatment plans.

Track record on safety

- The service did not report any serious incidents in the last 12 months. The service had a policy in place and received feedback and learning from other areas in the regional meetings. All incidents and complaints were analysed and reviewed monthly in the service national critical incident review group (CIRG).

Reporting incidents and learning from when things go wrong

- Staff we spoke with told us they knew what to report, and how to report, incidents on their electronic reporting system. We reviewed some reported incidents and saw the service had dealt with them in line with their policy. They showed effective communication across the staff group, with other agencies and with the client. Staff received feedback from incidents in supervision and in regular team meetings. We saw that staff received support and offered debrief sessions following incidents. Managers told us this would be organised quickly and proactively, and staff can refer themselves to the employment assistance programme which offers counselling.
- The team manager provided us with examples of where incidents had prompted changes within practice or within the team and attended regional meetings, which included discussion about incidents across the service. This meant that managers from all the teams were able to corroboratively reflect and learn from incidents across the region and feedback to their staff.
- Addaction had introduced a clinical and social governance dashboard, which included incidents across the region and lessons learnt. All staff had access to this on the provider's intranet, a clinical and social governance newsletter, and the CIRG feedback and learning bulletin.

Duty of candour

- Staff we spoke with said they were open and honest with clients when things went wrong. They were aware of the need to keep clients and carers, when appropriate, fully informed and provided information throughout any investigations or complaints made.

Are substance misuse services effective? (for example, treatment is effective)

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- We reviewed 10 sets of care records. The service used electronic and paper notes. All contained an up to date and detailed assessment. This included information about the client's current and past substance misuse, which would prompt the staff to ask further questions, dependant on the client's previous answers.
- All notes contained a recovery plan, however three were out of date. The policy stated that staff would update recovery plans every three months. We saw some consideration of client's holistic needs and their strengths and goals although this was not consistent in all the notes. The notes did not specify if clients had received a copy of their recovery plan. We saw comprehensive care plans for clients who had undergone a community detoxification programme.
- The paper notes were stored safely and securely within the reception area of the building. The service used

another building two doors away as a staff office, so at times staff would take notes to use there. We saw that staff transported notes securely between sites, using a lockable bag.

Best practice in treatment and care

- Clients in the service were prescribed medicines recommended by national guidance (Methadone and buprenorphine for the management of opioid dependence, National Institute for Health and Care Excellence (NICE) 2007; DH, 2007; NICE, 2011). Staff told us an electrocardiogram (ECG) would be arranged for clients taking over 100ml of methadone. The ECG monitored potential heart abnormalities due to their dose of medicine. This was in accordance with national guidance (DH, 2007;Guidance for the use of substitute prescribing in the treatment of opioid dependence in primary care, Royal College of General Practitioners, 2011).
- Staff prescribed medicines to clients to assist with their abstinence from alcohol. This was in accordance with national guidance (NICE, 2011). Clients could be offered a community alcohol detoxification, if deemed safe by the staff to do so. When they did, a client's family or friend would remain with them throughout the detoxification. The client and their family or friend received important information concerning detoxification, including safety information. Staff would visit the client at least daily during the first three days of the process to administer the medicines, and check for symptoms of alcohol withdrawal. Staff could organise an admission for an in-patient detoxification if required.
- We observed clients receiving an increase in their opiate substitution medicine when they requested it. Clients would provide a urine test to validate the need for the increased medication. This meant staff were assured clients only received medicines the client needed.
- Staff were able to provide NICE recommended psychological therapies such as cognitive behavioural therapy, brief solution focused therapy and motivational interviewing. From the staff training matrix we could see staff had attended and completed at least one of these courses.
- Staff offered clients blood borne virus testing for hepatitis and HIV. This was in accordance with best practice (DH 2007). The service also offered clients hepatitis vaccinations.
- The service supported clients and made referrals to other organisations to help with housing, benefits and employment needs. The commissioners had agreed for the service to provide staff to help specifically with housing needs, which was a new post. Staff in the service addressed clients social care needs in addition to their treatment needs.
- We saw consideration of clients' physical health needs and thorough recording of test results within the patient care record. The doctors always reviewed blood test results and other physical health tests, such as ECGs. The service encouraged and supported clients to make appointments with their GPs when needed. Clients received an annual health check.
- The service recorded client outcomes using the treatment outcome profile (TOP). Staff measured outcomes when clients entered treatment and every three months. An outcome measurement was undertaken, when clients were discharged from the service. The service also provided information to the national drug and treatment monitoring service (NDTMS).
- We saw evidence of audits across the service, such as patient care notes, infection control and health and safety. Audits of the care notes should occur every three months; we saw it had last been completed in November 2015. However, the service had introduced an electronic case management tool, which monitored completion of care notes. Managers used the tool in supervision with staff. The service had completed the twice a year infection control audit. Medicines management and patient group directions (audits are completed annually. The lead nurse for the region shared the results and the action plans with us. The service had recently implemented a naloxone audit although compilation of the results were not ready by the time of inspection.
- The service had not received a peer audit at the time of inspection.

Skilled staff to deliver care

Substance misuse services

- The team consisted of: one operational manager, two team leaders, two administrators, 14.5 project workers, one hepatitis C support worker, one non-medical nurse prescriber (NMP) and three GPs who provided weekly input into the four medical clinics. Two volunteers, who had previously used the service, provided support to clients. They were waiting for the start date of a recovery worker.
- The majority of the staff had worked within substance misuse services for a number of years. All project workers had completed the national vocational qualification (NVQ) up to level three in health and social care. Addaction would support staff to compete modules in substance misuse up to level three, run by nocn (a national organisation delivering training and educational courses) when they joined the company. Managers and team leaders attended and completed the institute of leadership and management certificate up to level three. The volunteersreceived training from the community engagement officer before commencing work with clients and received supervision from the project workers.
- All staff received supervision every four to six weeks. Their policy stated frontline staff should receive supervision 10 times per year; therefore, staff adhered to their protocol. The NMP also received monthly supervision from the clinical lead due to their prescribing responsibilities, and peer supervision, led by the regional lead nurse. All staff had an up to date appraisal. Staff had access to regular team meetings.
- The staff-training matrix showed all staff had received training in either cognitive behavioural therapy, brief solution focused therapy or motivational interviewing. This meant staff were able to provide psychological therapies to clients.
- Managers were able to identify and manage training needs and poor performance promptly and efficiently, and adhered to the service policy.

Multidisciplinary and inter-agency team work

- The service held a monthly multidisciplinary team meeting, led by the regional clinical director. Staff were able to attend and discuss clients they had concerns about or who were not progressing. Staff that could not attend could review copies of the meeting minutes.
- Staff had good links with other organisations and community services. The service had set up a monthly coffee morning, which other professionals and groups could invite themselves to; this had become a network to provide education about Addaction. Managers told us this had been successful, and had helped set up links and communication with others.
- The service liaised with mental health services, GPs, voluntary services and acute hospitals. They reported that they had referral pathways in place.
- The service worked closely with another organisation that provided support groups and peer support for clients during and after recovery. They also provide mentoring and training for clients. The service had made 67 referrals to this organisation from January 2016 to July 2016. Clients are also able to refer themselves. Group work took place primarily at this location, which was in the near vicinity of Addaction.
- Three project workers worked with the criminal justice team and provided assessment and treatment for clients recently released from prison. They would work in conjunction with probation services and had regular liaison with the
- We observed the triage worker referring a client with suicidal thoughts to the mental health crisis team whilst we were on inspection. The service was able to provide joint working with mental health services when necessary.
- The service employed a regional pharmacy link worker, who had regular contact with the local pharmacies. This role had developed effective links and meant liaison between the two had reduced issues and problems with prescriptions. The service had a robust system in place when prescriptions were changed.

Good practice in applying the Mental Capacity Act if people currently using the service have capacity, do staff know what to do if the situation changes?

- Addaction were due to roll out Mental Capacity Act e-learning training. All staff were due to complete this training.
- Staff we spoke to showed awareness of when a client did not have capacity and said they would discuss this with the doctors. If the mental health team knew the client, they would liaise with them.

- On assessment, staff discussed confidentiality and consent. Recording of this was evident within the client care record and clients had signed to say they agreed.

Equality and human rights

- There were no restrictions on anyone accessing the service. All people over the age of 18 could access the service. The service had a transitions policy and joint working agreement with Coventry and Warwickshire children and young person's service, to support the transition of young people into adult services.
- The service had considered the Equality Act 2010 nine characteristics when delivering care and treatment, and developing policies and procedures.

Management of transition arrangements, referral and discharge

- Managers told us approximately 80% of their clients had self-referred to their service. Referrals from other services, including probation, mental health and GP surgeries accounted for the other 20%.
- Staff referred to partner agency routinely for clients to access support following case closure. Clients would also receive recovery work from their keyworker for as long as they needed it.
- The service used a transfer of treatment policy. This ensured Addaction remained involved with the client until the new service had completed its own assessment and engaged with the client, therefore clients would not experience a gap within their care.
- Following discharge, staff would provide information to the clients GP and other agencies involved in their care regarding progress made whilst undergoing treatment.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed staff interacting in a kind, compassionate and respectful manner. They were knowledgeable and attempted to provide practical and emotional support during their interactions. They were responsive to the needs of clients and demonstrated a positive approach.
- We spoke to eight clients and reviewed feedback from six comments cards. Clients said staff were always available and supported their needs, and treated them with dignity and respect. Staff had shown kindness and compassion, and were always helpful. Appointment times were flexible, dependant on the client's availability. Clients received information to aid their recovery.

The involvement of clients in the care they receive

- Clients told us they had been involved in their care planning and received a copy of their recovery plan. Documentation of this was not evident within the client care record. One client told us their mother had also been involved in their care. Staff refer to a support agency organisation who provide a family and carers support service.
- We saw staff discussing medication choices with clients during appointments, and providing easy to understand information to aid their decision-making.
- The service actively sought anonymous feedback from clients, and forms and a box were available in reception. This enabled clients to give constructive feedback and compliments as well as putting forward suggestions on how the service could improve. Clients completed questionnaires on completion of their treatment and were encouraged to complete evaluation forms following group work. We saw feedback information displayed within waiting areas for clients and carers to see.
- The service promoted their 'quality circles'. Managers told us clients were encouraged to attend and feedback on a topic staff wanted to improve. This meant clients were involved in making improvements to the service. We did not see any examples of this.
- Clients were supported to use an advocacy service if required, such as when wanting to make a complaint. Advocacy was promoted within the service and clients had awareness of this.
- The Nuneaton service had provided an ex- client to help recruit staff in the past.

Substance misuse services

Are substance misuse services responsive to people's needs?
(for example, to feedback?)

Access and discharge

- The service was open access, which meant clients could self-refer and a duty worker would see them. They did not have a waiting list. Clients were seen and assessed when they presented to the service, or whenever was practical for them. Following referrals received from other services, the duty worker would triage the referral and made an appointment for the client. Clients did not have to wait for allocation of a keyworker if one was required. Managers were able to allocate clients to a project worker as soon as there was an identifiable need.
- Staff and doctors were flexible and could see clients quickly when needed. A duty worker was available to see urgent referrals and we observed doctors allocating slots within their clinics, when staff reported their concerns for a client's wellbeing and health.
- At the time of inspection, the service had 460 clients on their caseload. Forty-nine clients were receiving brief interventions and were non-opiate users. The service told us non –opiate users were less likely to attend due to the nature of their substance use; therefore, their numbers were low. The remaining 411 clients were opiate and alcohol users. They attended for more structured interventions such as group work, involving psychological therapies, and were prescribed substitute medications.
- When clients telephoned the service, they received a quick response and the duty worker was always available to speak. All staff were required to work in the duty role and a rota was available.
- The service assessed all clients with a drug or alcohol problem. There were no exclusion criteria for the service, although the service did not treat people under the age of 18, who accessed another service called compass.
- The service was able to make a referral for an in-patient detoxification bed when required. The panel of professionals and commissioners met every three weeks to agree and arrange this. Clients would attend an in-patient detoxification service in Manchester. Managers said access to this service was good and they had not experienced any delays in accessing a bed.
- The service had recently changed their prescription system. This meant clients had to pick up their prescriptions from the service, instead of their chemist. Staff told us this had improved engagement with clients due to them attending the service more frequently.
- The service followed their policy on clients who did not attend, which ensured staff made efforts to re-engage the client before discharge from the service. This included visiting the client's home, talking to carers and family, and contacting the police for a safe and well check.
- The service was able to offer flexible appointment times to clients. Cancellation of appointments rarely occurred. There could be delays in appointments when clinics were full. We saw staff re arranging appointments for clients and when clients presented in a crisis, staff were able to see them within the clinic. The service operated an evening clinic for clients who could not attend during the day.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a number of individual interview rooms and a large group room. Clients could speak with staff in these rooms and would not be overheard. Staff performed all medical assessments, vaccinations and blood tests in the clinic rooms.
- A range of information was available for clients. Information leaflets were available regarding drug and alcohol use, groups available, client expectations, confidentiality and complaints. A television in the reception area displayed information about treatments available and about the service.
- Clients who had stopped using drugs and alcohol could become volunteers and recovery champions. The service had two volunteers. Volunteers helped staff with groups, and offered support to clients. ESA support agency provided mentorship and training programmes for clients who wanted to work or volunteer or a recovery champion within the service.

Meeting the needs of all clients

- The service provided a ramp so disabled people could access the service. However, there was no disabled toilet available. Access to the toilet on the ground floor would prove difficult, if not impossible for people with mobility problems or in a wheelchair, due to its position within the building. Therefore, disabled clients would not be able to use the toilet when on the premises for urine testing or to empty their bladder. However, staff told us they would use an oral mouth swab test instead of a urine test, and would produce the same results. Disabled clients could not access the second floor of the building, therefore could not attend groups within the group room. The service also provided group work at the nearby support agency building; however, their group room was also on the second floor, with no access to disabled clients. Staff gave us some examples when clients had not been able to attend groups, however managers told us a room within this building could be used in this instance.
- The service provided outreach clinics within their wider geographical area. The non-medical prescriber and the lead nurse had organised clinics, which meant that clients who were unable to travel into Nuneaton could attend a clinic nearer to their home.
- The service organised structured groups for clients including a ten-week awareness group, self-build group and a harm reduction group. We observed a women's group; the participants were very positive and we saw that it was facilitated well.
- Nuneaton has a large number of veterans. The service worked with 'Veteran Point' and attended their regular meetings to offer information and support to veterans regarding substance misuse.
- All staff could access interpreters when needed for a client whose first language was not English. Information in different languages was available when needed. Staff could provide a sign language interpreter for deaf clients.

Listening to and learning from concerns and complaints

- The service had a complaints policy and procedure, which staff followed. We saw this displayed within the waiting area of the service.
- The service had received four formal complaints in the twelve months leading up to inspection. None of which had been upheld by the service, or referred to the Parliamentary and Health Service Ombudsman.
- The service monitored complaints through the Compliance Inspection and Audit team. This ensured the service dealt appropriately with the complaint, within the required timeframe of 20 days. Addaction cascaded common themes and trends to teams across the country, to ensure awareness and learning had occurred.
- Discussion of complaints and the outcomes from investigations occurred within the twice-monthly staff meeting.
- Clients received information about the complaints process when they first entered the service and were supported to make complaints if required.

Are substance misuse services well-led?

Vision and values

- The Addaction values are: Compassionate, Determined and Professional. Managers told us staff had embedded this within the work they do, and was discussed within supervision and appraisal.
- Addaction had produced a Strategy 2016- 2021, which looked at the needs of the business over the next five years, and how they would achieve this. Managers said this was discussed within team meetings.

Good governance

- Staff and managers monitored training requirements during monthly supervision; however, most staff were not in date with their mandatory training needs.
- All incidents and complaints were analysed and reviewed monthly in their national critical incident review group. Shared learning would then be dispersed locally and nationally across the whole organisation.
- Appropriate numbers of staff were available and staff told us that direct patient care was their priority.

Substance misuse services

- Procedures relating to safeguarding were widely followed and staff knew how to raise an alert and liaised with appropriate services such as the multi-agency safeguarding hub.
- The service monitored its performance by utilizing the Treatment Outcome Profile (TOP) and the case management tool. The service was also subject to a Payment by Result (PBR) contract. Targets were set which measured the completion and effectiveness of treatment for people within three strands of the service: opiates, non- opiates, and alcohol. The service was meeting its targets, apart from non–opiates. Staff told us non-opiate users were often reluctant to receive treatment, therefore discussion of using a different approach to engaging them was in consideration.
- The service was not notifying Care Quality Commission with regular notifications as required as part of their registration.
- The team manager was able to feedback any concerns to their line manager in monthly operational meetings, and during supervision.
- Nuneaton did not have a local risk register but was able to add any concerns to Addaction's national risk register.
- The service participated in audits, which measured the quality of care provided, and identified areas for improvement, although regular completion of these had not occurred.

Leadership, morale and staff engagement

- Sickness and absence rates in the service were manageable. Sickness and absence was 6%.
- There were no bullying or harassment cases within the service.
- Staff felt able to raise concerns with management and was aware of the provider's whistleblowing procedure.
- Staff reported morale as being good. Nationally, substance misuse services undergo frequent change due to the re-tendering process, therefore, morale had been low at these times, however staff said they worked well together, and supported each other.
- The service offered staff opportunities for leadership. Managers had seconded two staff into leadership roles.
- Staff were able to provide feedback to the management team and to offer ideas for service improvement. The service manager had authority to make financial changes to the service when needed, such as buying extra computers.

Commitment to quality improvement and innovation

- Addaction participated in various research projects. Nuneaton were not involved in any research projects at the time of inspection.
- The service had introduced a range of gold standards treatment packages to support their work. This came in three levels of low, moderate, and complex cases and would ensure managers could audit the quality of the support provided. It gave a clear pathway to workers about assessment, the number of sessions and the tools to use such as motivational interviewing. The standards cover topics such as cannabis use and opiate use.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure disabled people have access to an appropriate toilet, as they are not meeting the needs of disabled people.
- The provider must send notifications to Care Quality Commission as set out in the registration of the service.

Action the provider SHOULD take to improve

- The provider should ensure cleaning of the building is monitored and records kept in relation to who, how often and what areas have been cleaned.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **The service must have due regard to the protected characteristics of the Equality Act 2010.** **The registered person must ensure that the premises used by the service provider have accessible facilities for all people to use, including disabled people.** **This is a breach of Regulation 10 (2)(C)**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The service was not notifying the Care Quality Commission of incidents that required notification.** **This is a breach of Regulation 18 (2)**