

Resilience

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Mental Health Act responsibilities and Mental Capacity Act 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.

Summary of findings

Overall summary

We rated Resilience as good because:

- The service provided safe care. The environment was safe and clean. Staff assessed and managed risk well.
- Staff carried out comprehensive assessments for all clients prior to them starting treatment. This included assessing previous medical history including mental health, carrying out physical health checks, and assessing levels of dependence. Staff also requested medical summaries from clients' GPs.
- GPs assessed all clients face to face prior to prescribing and documented their prescribing rationale on the electronic system which all staff could access. Medicines prescribed were those recommended by the National Institute of Health and Care Excellence. Details of prescribing regimes were sent to clients' GPs.
- Staff monitored clients' physical health on an ongoing basis to assess for signs of deterioration.
- Staff provided a range of treatments suitable to meet the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Staff developed holistic care plans for clients with a clear focus on recovery.
- Managers ensured that staff received training, supervision and appraisal.
- Staff treated clients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of clients. They actively involved clients in their care planning.
- Staff were responsive to the needs of clients and had set up a satellite clinic in another part of the borough to make it easier for clients to access the service.
- The service was well led and the governance processes ensured that procedures ran smoothly.
- Staff were committed to working collaboratively and found innovative ways to work with other local health professionals and local police. Staff had developed training to help educate other professionals about substance misuse. They also trained police in how to use Naloxone and provided them with kits to use.
- An outreach worker worked with the service to help engage the local homeless population in treatment. They provided satellite surgeries three days a week and supported homeless clients to apply for housing and obtain identification documents.

Summary of findings

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Good 

Resilience

Services we looked at:

Substance misuse services

Summary of this inspection

Background to Resilience

Resilience is a drug and alcohol recovery service for adults covering the Royal Borough of Windsor and Maidenhead provided by Cranstoun. It is a community-based service offering a range of interventions and provides a community alcohol detoxification programme. It also provides a needle and syringe programme, which is a place for people who are injecting drugs to obtain free sterile injecting equipment and advice.

The Royal Borough of Windsor and Maidenhead Public Health Team commissioned the service which is provided in partnership with a local GP practice. We did not inspect the GP practice as part of this inspection. The current contract started on 1 April 2017 for three years, however commissioners have extended this for an additional year until April 2021.

Resilience is registered to provide the following regulated activities:

- treatment of disease, disorder or injury
- diagnostic and screening procedures

There is a registered manager in post.

CQC previously inspected Resilience in February 2018. Following this inspection CQC issued the provider with three requirement notices due to breaches of regulation. These were in relation to safe care and treatment, good governance and receiving and acting on complaints. During this inspection in June 2019 we were satisfied that the provider had appropriately addressed the areas identified for improvement at the previous inspection.

Our inspection team

The team that inspected the service comprised two CQC inspectors and a specialist advisor who was a registered mental health nurse with experience of working in substance misuse services.

Why we carried out this inspection

We inspected this service as part of our routine programme of inspecting registered services.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients;
- spoke with five clients who were using the service;
- spoke with the registered manager;

Summary of this inspection

- spoke with four other staff members; including engagement and recovery workers, a nurse and an outreach worker;
- spoke with a volunteer;
- attended and observed a group therapy session;
- spoke with a commissioner;
- spoke with the clinical lead and a GP from the prescribing service;
- spoke with a representative from the local police;
- spoke with a staff member from a local charity;
- looked at six care and treatment records; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with five clients during our inspection. All spoke highly of the service and praised the support they received from staff. Clients felt that staff treated them with kindness, dignity and respect. They told us that staff were non-judgemental and that this encouraged them to be open and honest with staff and that they felt they could trust them.

Clients we spoke with all attended groups at the service, which they unanimously agreed had a positive impact on their lives and helped aid their recovery.

Clients told us they met with their key workers frequently and that they felt involved in their care planning.

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 rated safe as good because:

- The service was safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- Staff assessed and managed risks to clients well.
- Staff understood how to protect patients 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.
- Staff had easy access to clinical information.
- The service managed incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider organisation. When things went wrong, staff apologised and gave clients honest information and suitable support.

Good



Are services effective?

We rated effective as good because:

- Staff comprehensively assessed the needs of all clients. Clients were initially assessed by a key worker and received a face to face assessment from a prescribing GP prior to commencing treatment. GPs documented their prescribing rationale in the client's notes on the electronic system which all other staff could access. Staff obtained medical summaries from clients' GPs as part of the assessment process.
- Staff developed individual care plans, which they reviewed regularly and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice.
- Prescribers used medicines recommended by the National Institute for Health and Care Excellence. They provided regular ongoing physical health monitoring to recognise signs of deterioration in clients' health.
- Staff used recognised outcome measures at every review to monitor clients' progress with treatment.
- Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

Good



Summary of this inspection

- Staff had an effective joint working agreement in place with the GP surgery commissioned to deliver the prescribing element of the contract which supported the two services to work collaboratively to deliver an effective service to their clients. Both providers used the same electronic system to ensure that staff from either service could access relevant client information.
- Staff found innovative ways to educate the wider community about substance misuse. Staff had developed training in substance misuse for other health professionals within the local area to help improve working relationships and reduce stigma. Staff had also delivered training in Naloxone to the local police and issued them with Naloxone kits.
- Staff had a good understanding of the Mental Capacity Act and how this applied to their work.

Are services caring?

We rated caring as good because:

- Staff treated clients with dignity, respect, kindness and compassion.
- Staff involved clients in care planning and sought their feedback on the quality of care provided.
- Staff informed and involved family members appropriately.

Good



Are services responsive?

We rated responsive as good because:

- The design, layout, and furnishings of the service supported clients' treatment, privacy and dignity.
- Staff offered late night, early morning and Saturday appointments to accommodate clients who could not attend the service during usual working hours. They also offered mutual aid meetings on weekends and one evening during the week.
- The provider employed an outreach worker, to ensure that homeless people in the local area could access services.
- Staff had set up a satellite clinic in Windsor and purchased travelcards for clients who struggled to travel to Maidenhead for their appointments.

Good



Are services well-led?

We rated well-led as good because:

Good



Summary of this inspection

- 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 clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in their work.
- Staff felt respected, supported and valued. They reported that morale within the team was high. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively and that performance and risk were managed well.
- Managers had a robust audit programme in place to ensure the quality and effectiveness of the service.
- Staff had access to the information they needed to provide safe and effective care and used that information to good effect.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Training in the Mental Capacity Act was mandatory and all staff were up to date with this. Staff we spoke with had a good understanding of the Mental Capacity Act and were able to give examples of how they had handled situations where they had concerns about mental

capacity. There were prompts about mental capacity on the top of proformas used by staff. Staff told us they would obtain advice from the service manager or team leader if they had any concerns regarding a client's capacity.

Overview of ratings

Our ratings for this location are:

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

Substance misuse services

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

Are substance misuse services safe?

Good 

Safe and clean environment

The service was safe, clean, well equipped, well furnished, well maintained and fit for purpose. All visitors were required to sign in on arrival at the building. Clients were directed to one of three waiting areas depending on what type of appointment they were attending. All of the waiting areas had comfortable furniture and literature on display for clients to read. Toilets were available throughout the building. The disabled toilet did not have an alarm system or pull cord in place for people to summon assistance. The building was owned by the local authority who were responsible for health and safety. Staff told us they had already contacted the local authority to request an alarm be installed in the disabled toilet. All of the clients we spoke with told us they felt safe at the service.

There was a locked clinic room which was tidy and cleaned daily. The clinic room contained a couch for physical examinations which was in good condition. Staff carried out weekly checks to ensure that the equipment in the clinic room was correctly calibrated. Staff stored vaccinations in a fridge in the clinic room. The temperature of the fridge was checked daily and recorded. There was a flowchart on display in the clinic room advising staff what action they should take if the fridge temperature was not within the normal range, which included making use of a second fridge, kept as a back-up. Naloxone and adrenaline were stored in a drawer in the clinic room. The temperature of the drawer was also checked daily. There was a sharps container, for the disposal of used needles and sharp

implements. This was appropriately sealed, dated and not over-filled. First aid kits were available in the staff office and kitchen areas. A defibrillator was available in the admin office behind reception and checked weekly. There was also a well-stocked needle exchange room which staff checked daily to ensure that equipment was restocked and in date. Posters and literature about safe injecting were displayed within the room. This intervention was in accordance with National Institute of Health and Care Excellence (NICE) standard QS23 which states that “people who inject drugs have access to needle and syringe programmes in accordance with NICE guidance”.

Staff carried out weekly health and safety checks to ensure the safety of the building. Staff then audited these monthly and quarterly to ensure they had been completed and any identified concerns appropriately escalated. The provider's health and safety manager carried out an annual health and safety audit of the service. The recent check identified that the fire risk assessment had expired in November 2018 and that portable appliance testing was out of date. The local authority was responsible for completing these. These were actions identified at the previous inspection in 2018. However, the service manager had been proactive in escalating these issues to the local authority and commissioners and this was included on their risk register. Commissioners told us they had raised a formal corporate complaint to further escalate the issues. The provider informed us that portable appliance testing was carried out the week following the inspection and that portable appliances would not be due to be retested until January 2021. The service manager was in the process of drafting a joint working agreement between the provider and the local authority, which would include a list of environmental requirements the local authority was responsible for, when they needed to be completed and an accountable officer.

Substance misuse services

The drafted agreement was due to be taken to the next contract monitoring meeting in July 2019. Four staff members had completed fire warden and first aid training. This was discussed in the daily morning briefings and staff wrote on a noticeboard which fire wardens and first aiders were on duty that day. The local authority tested the fire alarm twice a year.

An alarm system was in place throughout the building with call buttons installed in all rooms clients were seen in. This was an action identified at the previous inspection in 2018, which had now been addressed. Two designated incident responders were assigned to respond to the alarms each morning and each afternoon. This was agreed in the daily morning briefing. We tested the alarm during the inspection and a prompt response was observed. Staff tested the alarms weekly as part of their health and safety checks.

Safe staffing

The provider employed 15 staff at the service and ensured safe staffing levels. There were two vacancies for engagement and recovery workers within the team, which had recently been recruited to. An agency worker was providing cover in the interim period. The provider had processes in place to manage leave and sickness absence. During the 12 months prior to the inspection the staff turnover rate was 33% and sickness rate 3.9%. Staff and clients told us that appointments and activities were never cancelled due to staff shortages.

The average caseload within the service was 49 clients per worker. This included clients who were waiting for an assessment, being supported in recovery, in structured treatment and receiving brief interventions. Caseloads were monitored by managers in monthly supervision sessions. Results of a recent staff survey showed that staff had some anxieties around caseloads increasing when staff left the team. However, they were reassured that managers had undertaken a recruitment drive and brought in an agency staff member to cover in the interim period.

One qualified nurse worked within the service three days per week and provided community alcohol detoxification. The nurse planned leave well in advance and the provider used bank nurses to provide cover when she was away. Having suitable cover in place for the nurse was an action identified at the previous inspection in 2018, which had now been addressed.

The provider had a partnership working agreement in place with a local GP surgery who delivered the prescribing part of the contract. GPs were present in the service daily and able to provide medical advice. They also attended the daily morning briefing.

Mandatory training

The service manager kept a training log which showed that all staff were up to date with their mandatory training. This was delivered both face to face and via e-learning. Managers also completed a training needs analysis once a year. From this they developed an annual training programme where a training session was delivered to staff once a month. The last training session had focused on risk assessments and the next training session was on recovery planning.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to clients well. Staff completed an initial risk screen at referral and a comprehensive risk assessment at the initial assessment. This included substance related risk, safeguarding children, physical health, mental health and emotional wellbeing, social factors, risk from others, risk to others and risk of disengagement. Where any risks were identified staff worked with clients to create risk management plans. We reviewed six care records and found that all had up to date risk assessments, risk management plans and unexpected exit from treatment plans in place. Staff also documented in care records when they had provided harm reduction advice to clients.

Staff reviewed client risks within their daily morning briefings and weekly team meetings.

Two staff were allocated to be incident responders in the mornings and two staff in the afternoons. This was agreed at the daily morning briefing. This ensured that staff were available to respond to alarms and to deal with any incidents. Staff had not received training in managing challenging behaviour, however told us they had requested this. Managers told us they were in the process of organising this training. Staff told us they took a zero tolerance approach to aggression and would ask clients to sign behavioural contracts if needed.

The provider had a lone working policy in place which staff followed when they were out in the community. Staff notified their colleagues where they were going and who

Substance misuse services

they were meeting. They ensured that their electronic calendars were up to date. A member of staff was allocated to check the safe return of their colleagues each day. This was agreed in the daily morning briefing. This was an action identified at the previous inspection in 2018, which had now been addressed.

Safeguarding

The provider had a safeguarding policy in place which staff were familiar with. Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff considered safeguarding children needs and provided with clients with lockable boxes to keep their medicines safe. Staff had completed internal and external training on how to recognise and report abuse and they knew how to apply it.

Safeguarding was discussed within daily team briefings, weekly team meetings and supervision. Staff told us that safeguarding was everyone's responsibility and that they would not hesitate to seek advice from managers if required. The service manager was the designated safeguarding lead for the service. Staff and commissioners told us there were strong working relationships with the local safeguarding team.

Staff access to essential information

Staff had easy access to clinical information. All client records were stored electronically on a password protected system. Any paper documents used during appointments were scanned onto the electronic system and then shredded.

The visiting GPs also had access to the electronic system to enable them to access up to date client information and this also enabled staff to access their prescribing rationale.

Staff could access all policies electronically from an icon on their computer dashboards.

Track record on safety

The provider reported seven serious incidents between April 2018 and January 2019. All of these were client deaths. The provider had investigated these deaths in line with their incident reporting and investigation policy and notified CQC. Any identified learning from these deaths was logged on the provider's incident reporting system. Managers ensured that learning from incidents was shared both with their staff team and with the wider organisation.

Reporting incidents and learning from when things go wrong

Staff recognised incidents and reported them appropriately using an electronic reporting system. When things went wrong, staff apologised and gave patients honest information and suitable support. Debriefs took place following any incidents; initially with those directly involved and then with the wider team. Team debriefs took place at the end of each week which provided opportunity for staff to reflect on any events which had taken place. Staff told us that both peers and managers were supportive if they were involved in any incidents.

Managers investigated incidents and shared lessons learned with the whole team and the wider organisation. Incidents were reviewed by a serious incident review group who identified any learning. Any lessons learned from incidents were discussed within weekly team meetings. We reviewed team meeting minutes and saw that this was discussed. All staff we spoke with were able to give examples of how practice had changed following incidents.

The service manager attended quarterly area manager meetings which enabled learning to be shared with other areas of the organisation. Head office also issued newsletters about incidents and urgent e-bulletins where necessary.

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

Good 

Assessment of needs and planning of care

All clients received a comprehensive assessment when they initially accessed the service which looked at their physical, social and mental health needs. Clients who were prescribed opioid substitution therapy or undertaking a community alcohol detoxification were seen by a GP prior to commencing treatment to carry out appropriate screening and to ensure that the treatment was suitable for them. Medical summaries were requested from clients' GPs and scanned onto the electronic system. This intervention was in accordance with NICE quality standard QS23 which states that "people in drug treatment are offered a comprehensive assessment".

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Clients prescribed opioid substitution therapy were seen weekly for the first two weeks following their initial prescription, then every two to four weeks until they were stabilised. Following this, reviews took place every 12 weeks which included physical health checks to monitor for any signs of deterioration. Prescribers undertook reviews for any clients who required an increase in their prescribed dose. Details of clients' prescribing regime were sent to their own GPs.

Clients undertaking a community alcohol detoxification completed four to six weeks of preparation work prior to commencing their detoxification and were required to have a friend or family member available to support them 24 hours a day. The nurse advised the friend or family member about what to expect, potential signs of deterioration to look out for and when to seek help. Once the detoxification began they were visited by the nurse twice a day for the first three days and at least once a day for the next two days. The nurse made contact with the clients daily during the second week of their detoxification, either over the telephone or in person. The nurse carried out physical health checks, assessed for complications of withdrawal and offered support and encouragement to clients.

We reviewed care records for six clients and found that all contained a holistic, recovery-focused care plan. All of the care plans were up to date, and staff reviewed these with clients at least every 12 weeks. Staff told us that they offered clients a copy of their care plan and clients we spoke with confirmed this.

Staff used validated tools such as the alcohol use disorder identification test and the severity of alcohol dependence questionnaire to assess clients and inform their care planning. This intervention was in accordance with NICE quality standard QS11 which states that "adults accessing specialist alcohol services for alcohol misuse receive a comprehensive assessment that includes the use of validated measures".

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by and were delivered in line with NICE guidance.

Clients had access to a range of group programmes to support them to reduce their substance misuse or maintain abstinence. Volunteers also ran groups such as mindfulness, yoga, cooking and art that clients could attend.

Staff collected information about physical health at the initial assessment. In the six care records we reviewed, five clients had received a physical health check as part of their initial assessment and five had documented evidence of ongoing physical health care. In one care record, staff had recorded that a physical health check had been completed but not documented what specific checks had been done. Ongoing health checks included weight, pulse and blood pressure. Regular urine testing was also carried out to check for any additional drug use. Clients told us they had no problems accessing the nurse or one of the GPs if they had any concerns about their physical health.

Staff used the treatment outcomes profile at every client review meeting to measure changes that occurred for clients during treatment. Staff also used the recovery outcomes star to reflect on progress made in all areas of a client's life and help inform recovery planning, focusing on the areas most important to the client.

Staff carried out regular audits. Managers audited two full caseloads a month and provided feedback to staff in supervision sessions.

Skilled staff to deliver care

One nurse worked within the service three days per week. The nurse delivered the alcohol detoxification programme and carried out physical health checks for clients. She also carried out blood borne virus testing and administered vaccinations. There were cover arrangements in place for if the nurse was absent from work. The nurse received clinical supervision from the provider's clinical director and managerial supervision from the service manager.

Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Staff also completed various other training courses relevant to their roles including training in the outcomes star, blood borne viruses, harm reduction and Naloxone. Managers frequently invited external speakers to attend weekly team meetings to deliver educational sessions to staff. Recent examples included pharmacy colleagues and a charity who support people to get back into work. All engagement and recovery workers also had a specialist lead role within the

Substance misuse services

service. Staff received supervision every four to six weeks and all staff had recently had an annual appraisal. All staff working in the service had an up to date disclosure and barring service (DBS) check in place.

Managers ensured all staff received a comprehensive induction when commencing their roles. New staff members spent time completing their mandatory training, familiarising themselves with policies and procedures and shadowing different members of the team. Managers checked that agency staff were up to date with their mandatory training and provided a local induction.

The provider employed 12 volunteers. Volunteer roles were advertised on the internet and applications were reviewed by the volunteer co-ordinator who selected candidates to interview. The provider obtained references and DBS checks for all volunteers. Volunteers received training prior to commencing their roles and ongoing training shadowing other members of the team. A volunteer we spoke with told us that the training opportunities provided were excellent.

Multi-disciplinary and inter-agency team work

Staff had effective working relationships with other relevant agencies outside the organisation. Stakeholders we spoke with told us that this was a particular strength of the service and that managers worked incredibly hard to build and maintain relationships with other agencies.

The provider worked alongside a GP surgery who delivered the prescribing element of the service for those clients receiving opioid substitution therapy. This joint working was supported by a clear joint working agreement which both organisations had developed collaboratively. This ensured that staff from both organisations were aware what was expected of each service. We spoke with two GPs from the prescribing service who told us that the partnership arrangement was “excellent”.

The provider had links with the local community mental health team manager and the common point of entry service at the local mental health trust. There were plans for the mental health trust to provide a dual diagnosis support worker who would be based at Resilience one day a week.

The service manager had developed a good working relationship with the local police force. Staff delivered training in Naloxone to police officers and provided them with Naloxone kits. Naloxone is a medicine used to rapidly

reverse the effects of an opioid overdose. Staff also invited police officers to attend their quarterly client feedback events. We spoke with a police officer who told us this had been an excellent learning opportunity for them.

Staff had written a training package on substance misuse for other professionals working in the borough, such as those working in community mental health teams, police, community wardens, GPs and health visitors. They were planning to roll this out soon and hoping this would have a positive impact on their working relationship with other agencies as well as helping to reduce stigma.

Good practice in applying the Mental Capacity Act (MCA)

Training in the Mental Capacity Act was mandatory and all staff were up to date with this. Staff we spoke with had a good understanding of the Mental Capacity Act and were able to give examples of how they had handled situations where they had concerns about mental capacity. There were prompts about mental capacity on the top of proformas used by staff. Staff told us they would obtain advice from the service manager or team leader if they had any concerns regarding a client’s capacity.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

Throughout our inspection we observed staff interacting with clients. Staff treated clients with compassion and kindness on all occasions. Clients we spoke with told us that staff treated them well, that they were always helpful and non-judgemental which encouraged them to be open and honest with staff. They told us that they really appreciated the support the service offered to them and that it had exceeded their expectations.

We observed a support group during our inspection and found that this was very well facilitated. Clients were made to feel at ease and encouraged to be open with each other. The facilitator provided appropriate challenge.

Substance misuse services

The staff member who was assigned to conduct the initial assessment for a client then became their key worker. This helped to ensure continuity of care and offer consistency for clients.

Clients told us that staff were skilled and knowledgeable in a wide range of areas, and that they really appreciated the support staff provided to help them access other services and resources.

Involvement in care

Staff involved clients in care planning and actively sought their feedback on the quality of care provided. Clients we spoke with told us that their views and wishes had been considered within their care plans and that they had been offered a copy of their care plan. Clients were invited to feedback on the care they received by completing a suggestions form and placing this in a box in the waiting area or by attending quarterly client feedback events. A feedback event had taken place the day before our inspection and we saw that staff were already considering the suggestions that had been made. Suggestions placed in the box as well as a range of thank you cards were displayed in the staff office.

The provider also conducted an annual client feedback survey. We reviewed the results from the 2018-19 survey which showed that the most commonly used words clients used to describe the service were “safe”, “happy” and “hopeful”.

Staff ensured that clients had access to an advocacy service. Information about how to contact the service was displayed in client waiting areas.

Staff involved families and carers appropriately where clients consented to this. Staff reviewed consent to share information forms with clients every 12 weeks to ensure they had current information. Staff offered to meet with family members to help them understand the issues their loved ones had where this was appropriate and with client’s consent. The service was not commissioned to provide a family support group, however staff signposted families to other support which was available within the local area. The service had also recently begun hosting a mutual aid group focusing on emotions which was open to both clients and family members to attend.

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

Good 

Access and discharge

Clients could refer themselves to the service or be referred by a health professional. The service offered appointments at times to suit individual clients including evening appointments two days per week, early morning appointments once per week and Saturday appointments. Mutual aid groups also ran on weekends to accommodate clients who were unable to attend during the week.

On the day of our inspection the waiting time for an initial assessment at the service was 11 working days. Staff were able to offer emergency next working day appointments where these were needed.

The police and crime commissioner had commissioned an outreach worker to work with the service. This was initially for a year however had been extended for another year shortly before the inspection. The outreach worker focused on ensuring homeless people within the local area had access to treatment. The outreach worker provided satellite surgeries three times per week. Staff offered clinics at a church in Windsor once every fortnight in conjunction with a local homelessness charity and community wardens. The outreach worker also supported homeless clients with housing applications and signposted clients to a primary care outreach clinic.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of the service supported clients’ treatment, privacy and dignity. There were several rooms available for key working sessions as well as a large group room. There was also a client kitchen where clients could make drinks and snacks, and a computer room. Radios were playing in each of the waiting areas to mask any sound of voices from the consulting rooms.

Substance misuse services

A range of written information was displayed in the waiting areas including information about treatment options, mental health, physical health, support services, smoking cessation, health and safety, advocacy and how to make a complaint.

Meeting the needs of all people who use the service

The building the service was delivered from was all on the ground floor and had wide corridors so was fully accessible for people with disabilities.

All staff had completed mandatory equality and diversity training.

Information in other languages was not readily available however managers told us they could obtain this from their marketing and communications team if it was needed. To date this had not been required. Some staff working in the service could speak other languages and interpreters could also be accessed if needed.

Staff provided a range of toiletries, sanitary items and clothes which clients could help themselves to. They also provided fresh fruit and gave clients information about local food banks.

The service was located in Maidenhead but was available for clients from Windsor also. Clients from Windsor had fed back to staff that they found it difficult to get to Maidenhead for their appointments. Staff had responded to this by setting up a satellite clinic in Windsor once a fortnight and purchasing travel cards for clients.

The service hosted female only mutual aid groups to provide a space where women could feel safe.

Listening to and learning from concerns and complaints

The provider had a compliments, concerns and formal complaints policy in place. Concerns could be raised via any method of communication and if resolved within five working days then would not be processed as a formal complaint unless this was requested by the individual. Concerns were handled by the team leader and the service manager or director of operations investigated formal complaints. During the 12 months prior to the inspection the service received three concerns and no formal complaints. All concerns and complaints were logged on

the provider's incident reporting system. Outcomes from complaints were discussed in team meetings and analysed by the provider's governance team to monitor themes and trends.

Information about how to make a complaint was displayed in the waiting areas. Clients told us they felt confident to raise complaints and concerns with the service. Where clients had provided feedback to staff they felt listened to and that staff had responded appropriately.

Are substance misuse services well-led?

Good 

Leadership

The service manager and team leader had the skills, knowledge and experience to perform their roles and had a good understanding of the service they managed. The service manager was in the process of completing a level five diploma in management for health and social care services and the team leader was completing level three. The service manager was appropriately supported by a regional operations manager and also received peer support from other service managers within the organisation.

Managers were a visible presence within the service for both staff and clients. Staff told us that they were very approachable and always available to offer advice when needed. Results from a recent staff survey showed that 100% of staff felt they would receive support from their managers if they needed it.

Vision and strategy

The organisation's values were ambition, compassion, innovation, integrity and inclusivity. These were displayed on the wall in various places throughout the building. Managers and staff were aware of the values and how they contributed to their work. Staff asked clients whether they thought staff lived the values when they had their quarterly feedback meetings.

Culture

Staff felt respected, supported and valued within their roles at the service. A recent staff survey showed that morale had been rated high, with the majority of staff stating that they

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were happy with the current morale within the team. Stakeholders told us they felt there was a very positive culture embedded within the service and that the staff were motivated to help their clients which in turn helped motivate clients to succeed.

The provider had a recognition scheme in place for staff which they could nominate each other for.

There had been no cases of bullying or harassment within the team. Staff told us they would feel comfortable to raise concerns without fear of retribution. The provider also had a whistleblowing policy in place which staff were aware of.

Governance

The provider had effective governance processes in place. Managers had a comprehensive audit programme in place. This included auditing the full caseload of two staff members every month including risk assessment and management plans, auditing the completeness and quality of all new assessments and safeguarding. When feeding back audit results to staff, managers ensured that they highlighted areas of good practice as well as areas for improvement.

Managers ensured there were good communication systems in place to provide staff with all the information they needed to carry out their roles. This included daily team briefings, weekly team meetings and monthly supervision sessions. Staff told us that all of these support mechanisms were well structured and organised to enable them to obtain the most from them.

The provider conducted an annual periodic service review which was based on the CQC domains. The most recent review was conducted in April 2019 and highlighted issues with risk management plans not reflecting all identified risks. The provider had implemented an action plan following this and the six risk management plans we reviewed during our inspection were reflective of all identified risks.

Management of risk, issues and performance

The provider had contingency plans in place detailing what to do in the event of unexpected circumstances, for example if the computer systems failed. Hard copies of the plan were available in the staff office.

The provider had a risk register in place, which included potential risks, the likelihood of them occurring and mitigating actions. This was accessible to staff. This was reviewed annually unless any new risks needed to be added.

The provider had a performance and capability procedure in place to address any performance issues. Managers told us they would initially discuss issues with the staff member concerned and agree any necessary actions. They would then set a deadline for these to be completed and review these with the staff member.

Information management

Team managers had access to sufficient information to support them in their management roles. This included information relating to service performance, staffing and client care.

The electronic patient records system had a dashboard for each staff member to see at a glance what tasks were outstanding or due to be completed soon. Managers could also access this information which enabled them to quickly identify and address any gaps.

All client information was stored electronically on password protected systems. Any paper based information was scanned onto the system and shredded.

When we reviewed care records we found that there were inconsistencies in where staff were recording things on the electronic patient record system. We discussed this with managers who informed us that this had been identified as an issue across the organisation. They felt it may have been caused by new staff members being shown how to use the system by different people rather than having a central and consistent approach to training. The team leader and the data and admin lead for the service were participating in a group to review and update the guidance given to staff to help ensure consistency across the organisation.

Engagement

Staff held quarterly feedback events for clients which were well attended. Professionals from other agencies were also invited to attend the events to offer their feedback. Those working in partnership with the service told us that the service manager was very receptive to feedback and keen to address issues at an early stage to prevent them becoming bigger.

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Staff told us they felt involved in service development. Results from a recent staff survey showed that the majority of staff felt well connected within the wider organisation. A staff member had suggested that they may feel closer to the organisation if they had more opportunities to visit head office. Managers responded to this by agreeing to alternate the staff member who is sent to represent Resilience at staff meetings at head office, rather than having one elected representative to attend each time.

Staff had recently put forward a bid to be awarded some charitable funds from a local supermarket and had been successful in winning this. At the time of the inspection staff were considering how to best make use of the money to provide maximum benefit for their clients.

Learning, continuous improvement and innovation

The service manager demonstrated passion and enthusiasm to continually develop the service.

The service had received visits from professionals from other countries who wanted to learn more about substance misuse services in the UK.

The provider was piloting a deferred summons service at one of its other locations and had plans to implement the service at Resilience shortly after the inspection. This meant that when people were found in possession of drugs the police would refer them to Resilience as an alternative to conviction.

The service was participating in a loneliness pilot looking at the link between loneliness and substance misuse in people over 50.

Outstanding practice and areas for improvement

Outstanding practice

- Staff used innovative ways to develop and maintain strong working relationships with other professionals within the local area. They had recently developed a training package on substance misuse for other professionals working in the borough, such as those working in community mental health teams, police, community wardens, GPs and health visitors. They were planning to roll this out soon and hoping this would have a positive impact on their working relationship with other agencies as well as helping to reduce stigma.
- Staff had a good working relationship with the local police force. Staff provided training in Naloxone to police officers and provided them with Naloxone kits which they could carry. Staff also invited police officers to attend their service user feedback events to enable them to learn more about substance misuse and the issues affecting clients.
- The service was participating in a loneliness pilot looking at the link between loneliness and substance misuse in people over 50.
- The police and crime commissioner had commissioned an outreach worker to work with the service to improve access for the local homeless population. The outreach worker ran satellite surgeries three times per week and had assisted over 20 homeless clients to register with GPs, apply for identification documents and submit housing applications or appeals.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that clear responsibility for carrying out routine health and safety and maintenance work on the building is established between themselves and the local authority.