

Westminster Drug Project

WDP West Berkshire

Inspection report

1 Station Road
Newbury
RG14 7LP
Tel: 03003034554
www.wdp.org.uk

Date of inspection visit: 21 February 2023
Date of publication: 27/04/2023

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Overall summary

WDP West Berkshire is a community-based substance misuse service that provides advice, support and treatment to adults with drug and alcohol problems in West Berkshire.

The service started operating on 1 April 2022. This is the first time that the service has been inspected by the Care Quality Commission.

The service is registered to carry out treatment of disease, disorder or injury. There is a registered manager in post.

WDP West Berkshire provides advice, support and treatment to adults with drug and alcohol problems in West Berkshire.

This was the first time we rated this service. We rated it as good because:

- The service provided safe care. The clinical premises where clients were seen were safe and clean. The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audits to evaluate the quality of care they provided.
- The teams included or had access to specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff treated clients with compassion, kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed the client discharge process well.
- The service was well-led, and the governance processes ensured that its procedures ran smoothly.

However:

- The service did not have effective measures for staff to summon help in the event of an emergency.
- The service had not ensured the medicines cabinet was only accessible to authorised staff.
- Staff did not ensure Naloxone was stored in a secure setting. Naloxone is a medicine used to rapidly reverse the effects of an opioid overdose.
- The service did not ensure the clinic rooms were fully sound-proofed.
- There was no evidence in clients' records of plans for an early exit from treatment.

Summary of findings

Our judgements about each of the main services

Service

Community-based substance misuse services

Rating

Good



Summary of each main service

This was the first time we rated this service. We rated it as good because:

- The service provided safe care. The clinical premises where clients were seen were safe and clean. The service had enough staff. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audits to evaluate the quality of care they provided.
- The teams included or had access to specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well.
- The service was well-led, and the governance processes ensured that its procedures ran smoothly.

However:

- The service did not have effective measures for staff to summon help in the event of an emergency.
- The service had not ensured the medicines cabinet was only accessible to authorised staff.
- Staff did not ensure Naloxone was stored in a secure setting.
- The service did not ensure the clinic rooms were fully sound-proofed.

Summary of findings

- There was no evidence in care records of plans for clients in the event of an early exit from treatment.
-

Summary of findings

Contents

Summary of this inspection

Background to WDP West Berkshire

Page

6

Information about WDP West Berkshire

6

Our findings from this inspection

Overview of ratings

8

Our findings by main service

9

Summary of this inspection

Background to WDP West Berkshire

WDP West Berkshire provides advice, support and treatment to adults with drug and alcohol problems in West Berkshire. This service is commissioned mostly by West Berkshire Council and a small proportion is funded by the Office of Health Improvement and Disparities (OHID). They also provide advice and support for young people in partnership with other community organisations.

The service provides abstinence-based therapy, access to prescribing and community detoxification, group work, and support for family and carers. The service currently supports 357 clients of whom 181 receive medication to support them to become abstinent from illicit drugs.

WDP West Berkshire started operating from 1 April 2022. The service had acquired clients, staff and the premises from another provider of a similar service. Work had been done to improve the premises and make it more fit for purpose. There had been a period of instability in the staffing between April and December 2022 which had improved. Since December 2022 there was more stability and less turnover of staff.

WDP West Berkshire is registered to carry out treatment of disease, disorder or injury. There is a Registered Manager in post. This is the first time that the service has been inspected by the Care Quality Commission.

What people who use the service say

Clients were positive about the service they received. They said staff were kind, respectful and caring. Clients told us staff were supportive and helpful, and there was always someone to speak with when they telephoned or came into the service. All clients told us they felt safe.

Clients felt involved in their care and told us their individual needs were being met. However, clients told us that they did not feel their families were involved in their care or treatment, and their families did not receive support from the service.

Clients told us that sometimes they could be waiting for over an hour to receive their prescription after they had been seen by the General Practitioner (GP). They also told us that they did not feel conversations were confidential because the walls were not suitably sound-proofed as they could hear other client's conversations.

How we carried out this inspection

This was an unannounced inspection. The team that inspected the service comprised of one CQC inspector and a specialist advisor with a professional background in substance misuse.

During our inspection, we undertook the following activities:

- Visited the service and observed the environment and how staff were caring for clients
- Spoke with the registered manager
- Spoke with 9 staff including the service manager, adult service manager, young people service manager, outreach worker and recovery practitioners
- Spoke with 4 clients

Summary of this inspection

- Reviewed 4 clients' care and treatment records
- Observed a group therapy session
- Reviewed prescribing and the medicines prescription process
- Reviewed a range of documents, policies and procedures relating to the running of the service.

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

Outstanding practice

We found the following outstanding practice:

- The service had recognised that some clients found it difficult to engage in treatment, particularly because of the distance some clients had to travel. Staff had responded with the Capital Card Scheme, which is an initiative run by the provider. Clients received plastic cards, which were topped up with points every time they attended a group, clinic session or Blood Borne Virus (BBV) testing. Clients could then redeem these points at selected local businesses offering health or wellbeing services, such as gyms, cinema and restaurants.

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should ensure staff can effectively summon help in the event of an emergency [Regulation 15 (1) (b) Premises and equipment].
- The service should ensure that areas accessible by authorised personnel only should be locked [Regulation 15 (1) (b) Premises and equipment].
- The service should ensure the medicine cabinet is locked and the contents only accessible to authorised staff [Regulation 15 (1) (b) Premises and equipment].
- The service should ensure that any rooms that store Naloxone are only accessible by authorised personnel [Regulation 15 (1) (b) Premises and equipment].
- The service should ensure all clinic rooms are soundproofed [Regulation 10 (2) (a) Dignity and respect].
- The service should ensure they fix the door to the public toilet, which is also used for sample collecting [Regulation 10 (2) (a) Dignity and respect].
- The service should ensure that plans are in place for every client in the event of an early exit from treatment [Regulation 12 (2) (b) Safe care and treatment].
- The service should ensure that it focuses on providing a stable work force, both within the leadership and staff group [Regulation 18 (1) Staffing].






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community-based substance misuse services

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

Is the service safe?

Good 

We rated safe as good.

Safe and clean environment

All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

All areas were clean, well maintained, well-furnished and fit for purpose. The clients we spoke with told us the building was always clean and the furnishings were of a good standard. Staff made sure cleaning records were up to date.

Sufficient measures had not been put in place for staff to summon support in an emergency. Staff did not have access to personal alarms or wall mounted alarms. The service had recognised the need for personal alarms for staff to carry on them in person, and they were being sourced at the time of the inspection. In the interim, staff had been advised to use their mobile phone or landline telephone if they needed to support from their colleagues. Staff we spoke with felt safe and they told us the service leads were addressing this issue. Parts of the building, where only staff were allowed access, had a number combination lock on the door. However, on the day of inspection, we saw most of these doors were on the latch and open. This included a door to a room storing supplies such as Naloxone, needles and contraceptives.

Staff completed and updated thorough health and safety risk assessments and removed or reduced any risks they identified. Risk assessments covered fire risk, control of substances hazardous for health (COSHH), manual handling and Covid-19.

Staff ensured that all clients and visitors signed in and out at reception.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations. Staff made sure equipment was well maintained, clean and in working order.

Staff followed infection control guidelines, including handwashing. Staff disposed of sharps waste appropriately. An appropriate external company collected clinical waste. Staff wore the correct personal protective equipment, such as gloves, when carrying out urine drug screening.

Community-based substance misuse services

Safe staffing

The service had competent, well-trained staff, who knew the clients. The number of clients on the caseload of the team enabled staff to give each client the time they needed.

The service had enough nursing and recovery practitioners to keep the clients safe. The number and grade of staff matched the service's staffing plan. The team consisted of recovery practitioners, team managers, a nurse, young person's practitioners, a criminal justice practitioner, outreach practitioners and administrators. A clinical lead (non-medical prescriber nurse) had recently left the service so the service was actively recruiting for this position. The service was reviewing the job description to see if they could recruit a doctor to this post. All the recovery practitioners had a duty rota which meant they each spent the day on the reception desk, managing referrals that came in and completing administrative tasks. The service had identified the risk of lack of continuity in the prescribing provision and not being able to recruit to roles such as a family safeguarding practitioner. Both of these had been identified on the service's risk register. Since the provider took over the community-based substance misuse provision, there had been four different service managers and several recovery practitioners had left. The service had gone through significant instability and was just starting to acquire some stability in the staffing group.

The service had 6 vacancies at the time of the inspection. This is a low vacancy rate for the service. These vacancies were for a young people's practitioner, two recovery practitioners, a data and performance lead, a senior family safeguarding practitioner and a clinical lead. A young people's practitioner and recovery practitioner had recently been appointed and were due to commence employment. The service covered these vacancies with agency staff.

The team caseload was 357 at the time of the inspection. Recovery practitioners held an average of 36 clients, some newer staff held smaller caseloads and consequently some more experienced staff held larger caseloads. All practitioners had a variation of complexity of clients to ensure equity across the staff group. Outreach workers had an average caseload of 16 due to spending a significant amount of their working day travelling. Staff said their individual caseload was manageable. Recovery practitioners carried out non-medical assessments, provided key work sessions, telephone follow up appointments and saw clients in an emergency. The service had an agreement with the local GP surgery to provide 3 sessions per week, of 3 hours each. The duty worker booked appointments and managed the telephone system.

Staff absence was low. Managers planned to cover staff sickness and absence. This was done by part-time staff taking on more hours or use of agency staff.

Staff turnover was low for a service that had taken over from another provider in the last twelve months, with an average of 13.3% per month. Managers could use agency staff when they needed additional support or to cover staff sickness or absence. Managers made sure all locum staff had a full induction and understood the service.

The service ensured robust recruitment processes were followed. We looked at the staff records for three staff working at the service. Each staff member had an up-to-date criminal record check to ensure they were safe to work with vulnerable adults. New staff provided valid references to ensure suitability for employment.

Managers had started to complete appraisals for their staff. At the time of the inspection 80% of staff eligible for an appraisal had received one. Since the provider took over the community-based substance misuse provision, there had been four different service managers and several recovery practitioners had left. We saw that staff turnover had been higher than usual and was just starting to acquire some stability in the staffing group.

Community-based substance misuse services

Medical staff

The service did not employ medical staff. At the time of the inspection, the service had 9 hours of face-to-face GP input per week across 3 days. This was provided by a core group of GPs from the local GP surgery to ensure there was consistency for the clients. The GP assessed clients, including medical reviews, prescribed medicines and made clinical decisions. The leaders were reviewing the job description for the clinical lead post as they would like to fill this post with a doctor, if possible, as they recognise the benefits of having a medic within the service.

Mandatory training

The mandatory training programme was comprehensive and met the needs of the client group. Staff had completed their mandatory training. Compliance with mandatory training was 99 % for e-learning and 43% for face-to-face learning, with an overall compliance of 71% which met the services training target. Fifty percent of the current staff complement were still completing their 6-month probationary period, during which training is undertaken. We saw that the majority of the remaining people to complete the face-to-face training had been booked on to the next available session in April. Staff completed 19 mandatory training courses. Mandatory training included first aid, fire safety, infection prevention control and data security. Clinical staff were required to complete face-to-face basic life support, defibrillator and manual handling training to support them in their roles.

Managers monitored mandatory training. Managers ensured that staff had completed their e-learning and booked onto attend face to face aspects of the training programme.

Assessing and managing risk to clients and staff

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.

Assessment of client risk

Staff completed risk assessments for each client on arrival. We reviewed the risk assessments of 4 clients using the service. Staff used a recognised tool, and reviewed this regularly, including after any incident. Staff screened for common risks such as physical health and mental health, alcohol withdrawal seizures and delirium treatments, risk of overdose for clients using opiates, injecting history, risks associated with children and blood borne virus status.

Staff completed risk assessments with clients during their initial contact with the service and updated them whenever new information became available. Staff paid attention to potential risks to any children the client was in contact with.

Management of client risk

Staff demonstrated a good understanding of the risks associated with substance misuse and individual clients' risks. Staff discussed and reviewed high risk clients in the weekly multidisciplinary (MDT) team meetings and during daily team handover meetings. The lead practitioner attended Mental Health Crisis team MDT meetings. This pathway enabled holistic support for clients experiencing mental health issues, including joint care planning. A meeting took place in February 2023 with the Local Authority Mental Health Service to finalise the service level agreement for the local authority to jointly work with any client who has mental health issues.

Staff responded promptly to any sudden deterioration on a client's health. Staff assessed clients' physical and mental health prior to commencing treatment then every 6 months and as often as required depending on need. One staff member had completed training on Mental Health advocacy in the workplace which had skilled them to provide effective support and de-escalation for clients attending in a crisis. Staff ordered baseline blood tests to assess whether a client could safely undergo an alcohol detoxification at home.

Community-based substance misuse services

Clients received medication assisted therapy. Medication assisted treatment involved the use of medicines, in combination with other treatments such as counselling and group therapy. The service was expected to complete a medical review for each client under medication assisted therapy treatment every 6 months, as opposed to annually in line with national guidance. At the time of inspection, staff had completed 93% of client medical reviews within six months.

Staff offered opioid detoxification to clients. The GP offered buprenorphine as treatment for opioid detoxification.

Staff shared information with the clients GP effectively. Staff contacted each clients GP on admission and used this information to help commence treatment.

Staff recognised and responded to local risk. The service had revised their 'Hard to Engage' pathway for both the adult service and young people's service. This recognised the need for a separate approach and a more robust route to be taken to re-engage young people. They were doing this by visiting satellite clinics in the community and engaging more with schools.

Staff recognised and responded to warning signs and deterioration in clients' physical health. We saw examples of staff taking appropriate action as a result of risk.

Prior to commencing treatment, the service referred the client for baseline blood tests at the client's GP. These baseline blood tests included a full blood count and liver function tests. This helped assess whether the client could safely undergo an alcohol detoxification at home.

The service had a protocol for staff to follow when a client underwent a community alcohol detoxification. The protocol identified who could be safely detoxed at home. Staff excluded clients who were too high risk to commence a detoxification at home. This included people who were pregnant, had a history of delirium tremens, had a history of seizures or not able to follow up. Staff ensured that the client had a relative or friend with them throughout the duration of the detoxification to provide support. Information was provided for family/friends so they knew when they would need to get support.

Staff recognised when they would need to develop and use crisis plans, but we saw no evidence of these in the care records we checked. A crisis plan details what action should be taken in the event of a crisis, so the client and the people in their support network know what to do if an emergency comes up. Staff could explain the risks to clients if they left treatment early and how they would follow the provider's policy to ensure clients did not leave treatment early such as attempts to contact them via the telephone, email or text message. None of the care records we checked included plans for unexpected exit from treatment, although none of these records suggested they needed one at the time.

Staff ensured that a client's personal situation was fully assessed and measures were put in place to ensure safe storage of medication. Staff ensured any client who was prescribed medication, and had children in their home, had a lockable cupboard installed in their home to store the medication.

Staff followed clear personal safety protocols, including for lone working. Where there were known risks in meeting clients, two members of staff would be present or sessions would be held in an environment where it was safer to do, such as the probation service. The service had a process to monitor risk while people were waiting for their assessment. Staff would ensure they remained in contact via telephone and offered clients to come into the service if they needed support sooner than their assessment date.

Community-based substance misuse services

Safeguarding

Staff understood how to protect clients 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 received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training. At the time of the inspection, 90% of staff had received training in safeguarding vulnerable adults and children.

Staff knew how to recognise adults and children at risk of or suffering from harm. Staff knew how to safeguard children and assessed clients who were in contact with children whilst receiving treatment.

Staff knew how to make a safeguarding referral. The service had an electronic safeguarding register, on which staff recorded adults at safeguarding risk and clients with children who had been identified as being at risk. Staff monitored the register monthly and updated it each time there was a change in safeguarding circumstances. Staff attended monthly internal safeguarding meetings to discuss the clients where they had made a safeguarding referral.

The service was still in the process of recruiting a senior safeguarding lead. Staff were able to receive support from safeguarding leads within the providers organisation. Leaders explained that this post holder would be pivotal in attending multi agency safeguarding meetings at the local authority and attending multi-agency risk assessment conferences to further support staff to protect clients and children from abuse.

Staff access to essential information

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

Clients' care and treatment records were comprehensive, and all staff could access them easily.

Staff used electronic systems to document client care and treatment records. Records were stored securely. Staff could only access the records by entering a personal username and password.

When clients were transferred to another worker there were no delays in staff accessing records. Clients were only transferred between workers if they had chosen this or the staff member was going to be unavailable (sickness, long-term absence or leaving the service).

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. Staff stored and managed all medicines and prescribing documents safely. The provider had arrangements in place for the safe management and control of prescription forms in line with national guidance. Staff kept accurate records of the use of controlled stationery to prevent diversion and illicit supply of medicines. Access to medicines storage areas was appropriately restricted. There were no controlled drugs stored onsite. The service had a medicines cabinet. However, we saw that the medicines cabinet had the key inside the keyhole. On the day of inspection there was adrenaline solution stored in it which meant that it could be accessed by staff who were not authorised to access it. We brought this to the attention of the service manager and the key was removed and stored safely.

Community-based substance misuse services

Staff completed medicines records accurately and kept them up to date. We checked the medicine administration records of the clients who had received monthly buprenorphine injections. Staff kept clear records of when they administered buprenorphine injections and medicines to assist with alcohol detoxification as prescribed by the GP. The service was not currently giving hepatitis B vaccinations.

Staff reviewed client's medicines regularly and provided advice to clients and carers about their medicines. Staff actively encouraged clients to use Naloxone and ensured they had access to it. As of December 2022, 48.5% of clients, for whom Naloxone was appropriate, were recorded as being in receipt of it. This equates to 83 service users. The offer of Naloxone is made to clients using opioids and clients whose knowledge network use opioids and the benefits of taking it are explained. However, on the day of inspection we saw that the room where Naloxone was stored was not locked, with the door fully open. This room is located in a corridor that is able to be accessed by clients and visitors. We raised this with the service manager, and it was addressed straight away.

Staff followed national practice to check clients had the correct medicines when they were admitted to the service. Staff reconciled client's medicines with their GP before they commenced treatment.

Staff learned from safety alerts and incidents to improve practice. The chief pharmacist completed medicines audits to help improve medicines management. We looked at the audit for the period October 2022 to February 2023. The service had reported 11 incidents related to medicines. These were largely around the lack of pharmacist availability in the area leading to pharmacy closures, so staff had to find alternative pharmacies for clients to access their medication.

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance. Staff carried out urine drug screening on clients at regular intervals. Staff also offered Blood Borne Virus (BBV) tests where appropriate before a client commenced treatment. Electrocardiograms (ECGs) were performed on clients who met the relevant criteria and in accordance with national guidance. An example of this criteria is clients who were taking high doses of methadone. At the time of inspection there were no clients who required ECG testing.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Since October 2022 they had reported 26 incidents. This included medicines incidents, violence and aggression, death of a service user and incidents relating to information governance. The service had no never events.

Staff reported serious incidents clearly and in line with the provider's policy. Two clients using the service had died since the service started. Managers investigated deaths and neither of these were related to the treatment being provided by the service.

Staff understood the duty of candour. Since the service started, staff had not had to invoke the duty of candour but all staff we spoke with could explain how they would be open and transparent and give clients and families a full explanation when things went wrong.

Community-based substance misuse services

Managers debriefed and supported staff after any serious incident. Staff said they received debriefs and could have time to reflect as a team.

Managers investigated incidents thoroughly. Staff received feedback from investigation of incidents, and this learning was shared with other provider substance misuse services. Managers shared learning with staff about incidents that happened elsewhere.

Is the service effective?

Good 

We rated effective as good.

Assessment of needs and planning of care

Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, and recovery oriented.

Staff completed a comprehensive assessment of each client. Assessments covered a client's history of drug and alcohol use, social needs, physical health, and mental health needs. Staff also included details about clients' families and dependencies. Staff ensured that assessments were carried out face to face with the client.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. The GP carried out physical health observations with clients before commencing treatment. These included blood pressure, height and weight. Staff carried out electrocardiograms (ECGs) on the clients at the premises before commencing treatment and gave them the results. This helped inform treatment plans for the client.

Staff developed a comprehensive care plan for each client that met their mental and physical health needs. Staff regularly reviewed and updated care plans when clients' needs changed. Care plans were personalised, holistic and recovery orientated. Staff clearly recorded client's perspectives and objectives and what they wanted to achieve from treatment and recovery. Staff updated care plans regularly and when clients' needs changed or when they had a change in treatment. Client goals included interventions such as increasing support from their family and attending group sessions.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

Staff provided a range of care and treatment suitable for the clients in the service. The team worked with clients to reduce health and other problems related to substance misuse. Staff provided clients with psychosocial interventions to support them in their recovery. Interventions addressed reducing harmful or risky behaviours associated with the misuse of drugs, optimising personal physical and mental wellbeing, and achieving specific personal goals. Staff carried out urine drug screen testing to detect the illicit use of non-prescribed opiates. In addition, staff carried out breath alcohol content tests and regular PH monitoring on clients undergoing alcohol detoxification. This ensured clients were monitored appropriately.

Community-based substance misuse services

The service had recognised that some clients found it difficult to engage in treatment, particularly because of the distance some clients had to travel. Staff had responded with the Capital Card Scheme, which is an initiative run by the provider. Clients received plastic cards, which were topped up with points every time they attended a group, clinic session or Blood Borne Virus (BBV) testing. Clients could then redeem these points at selected local businesses offering health or wellbeing services, such as gyms, cinema and restaurants.

Staff delivered care in line with best practice and national guidance from relevant bodies such as the National Institute for Health and Care Excellence (NICE). The service provided care and treatment based on national guidelines. Staff showed awareness of the Drug Misuse and Dependence; UK guidelines on clinical management (known as the 'Orange Book'). Talking therapies were available for low level alcohol users who may not have been historically accepted.

Staff made sure clients had support for their physical health needs, either through the GP affiliated with the service or the client's own GP and community services. HIV, BBV and Hepatitis C testing were routinely offered to clients at the point of assessment. Clients had access to a Hepatitis C team, who attended the service every month to carry out physical health screens. The service had a partnership with the local hepatology team, whereby clinicians offered liver function testing and then screened clients for referral into the hepatology pathway.

Staff used recognised rating scales to assess and record severity and outcomes. Staff followed structured assessments to determine the severity of clients' alcohol use, such as the alcohol use disorder identification test (AUDIT) and the severity of alcohol dependence questionnaire (SADQ) to assess opiate withdrawal levels for clients who were under medication assisted treatment. The service looked at how many clients left the service with a successful treatment outcome. Staff used the national Treatment Outcomes Profile (TOP) to monitor the effectiveness of treatment.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. The GP carried out regular physical health checks on clients. Staff encouraged and supported clients to reduce or quit smoking. The service had arranged training for staff on smoking cessation to enable them to support clients better with support around smoking. Staff assessed all clients for their weight and height. The service ran a regular needle exchange clinic and had been working closely with 7 local pharmacies to increase the choice of location for clients to exchange needles. The service added data to the National Drug Treatment and Monitoring System.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. This included audits of risk assessments, care plans, medication, prescriptions and health and safety. Staff acted on the results when needed and managers followed up on these actions. The service manager had identified through a care plan audit that care records were not always written on to client's records in a timely manner. This had been addressed and training had been delivered to staff to ensure they wrote notes on the client record within 24 hours of the encounter.

Staff ensured they could make contact with their clients in the community. The service had worked with the National Databank to source SIM cards for clients who were struggling with digital poverty to access free SIM cards.

Skilled staff to deliver care

The staff team had access to the specialists required to meet the needs of clients under their care. Managers ensured that staff had the range of skills needed to provide high quality care. Managers supported staff with a comprehensive induction, regular documented appraisals, supervision and opportunities to update and further develop their skills.

Community-based substance misuse services

The service had experienced staff with the right skills to meet the needs of each client. These included recovery practitioners, a nurse, an outreach worker and administrators. The service had commissioned the local GP surgery to provide 3 sessions per week at the WDP clinic. The service had a clinical lead in post, but they left the service a month before this inspection. The service was actively recruiting to this position and recognised the need to fill this vacancy.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff. There was a bank and overtime system in place. The induction included time for training, as well as shadowing activities within the service. A new staff member's caseload would steadily grow with their time at the service.

Managers had started to complete appraisals for their staff. At the time of the inspection 80% of staff eligible for an appraisal had received one.

Managers had started to support staff through regular, constructive supervision of their work. Staff received regular supervision. The provider required staff to receive supervision 9 times over a 12-month period. We saw 94% of staff received this level of supervision in the 3 months preceding the inspection. Staff reported that they felt their supervision sessions were meaningful.

Managers made sure team meetings were well attended by all relevant staff, this included business meetings, multidisciplinary meetings and leadership meetings. Managers ensured meeting minutes were available for staff that were unable to attend.

Managers identified any training needs their staff had and gave them the opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. The provider had an online training database that staff could access if they wanted additional training to support them with their job role. Training courses included topics such as suicide prevention. All staff had completed specialist training in Best Practice in Optimising Opioid Substitute Treatment (BOOST). Staff had been encouraged to complete the recovery competency framework qualification to support their personal and professional development.

Staff reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for development, for example through attending training. The provider offered extra training courses for staff to support with their development. However, staff told us that they were not given enough protected time during working hours to write the assignments so were not considering completing it.

Multidisciplinary and interagency teamwork

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

Staff held regular multidisciplinary meetings to discuss clients and improve how staff delivered their care. We read minutes from the weekly multidisciplinary team meeting. Staff demonstrated positive risk taking with clients to ensure their needs were met. This included discussions around complex and high-risk cases, re-engagement and physical health care.

Staff had effective working relationships with other teams in the organisation. Service managers from each of the provider's services across the country came together each month to discuss any concerns, good practice and to share learning.

Community-based substance misuse services

Staff had effective working relationships with external teams and organisations. These included GPs, pharmacies, local authority safeguarding teams, community mental health teams, schools as well as other service providers such as housing providers and probation services.

Good practice in applying the Mental Capacity Act

Staff understood the Mental Capacity Act and gained client consent prior to any treatment.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of the five principles. There was a clear policy on the Mental Capacity Act, which staff knew how to access.

Staff gave clients all possible support to make specific decision for themselves before deciding a client did not have the capacity to do so. Staff ensured that clients had informed consent by giving them information about their treatment options and discussing it with them. In the event that a person was deemed not to have capacity to make decisions around their care and treatment, they would be supported in collaboration with other stake holders involved in the client's care.

Is the service caring?

Good 

We rated caring as good.

Kindness, privacy, dignity, respect, compassion and support

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

Staff were discreet, respectful, and responsive when caring for clients. Clients told us staff treated them well and behaved kindly. We observed staff interacting with clients in a thoughtful way. Staff gave clients help, emotional support and advice when they needed it. This support was always available either by telephone or if the client needed face-to-face support.

Staff supported clients to understand and manage their own care treatment or condition. Clients told us they understood their treatment plan and knew what to expect from the service. Clients told us staff understood and respected their individual needs.

Staff understood when people needed additional support outside of what the service offered and signposted them appropriately. Staff told us an example of supporting a client with their transfer to an international prison, by coordinating their care and ensuring their prescription information was shared with the relevant service abroad.

Staff felt they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff.

Staff followed policy to keep client information confidential. Client information was stored in lockable cabinets and only accessed when needed.

Community-based substance misuse services

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had access to additional support.

Involvement of clients

Staff involved clients and gave them access to their care plans. All clients we spoke with reported they were involved in the planning of their care and treatment. Staff made sure clients understood their care and treatment. All clients we spoke with knew what was written in their care plan and had a copy.

Staff involved clients in decisions about the service, where appropriate. Clients had also been approached to get feedback on the group session timings, which resulted in a new group session being run on a Thursday evening.

Clients could give feedback on the service and their treatment. All clients were asked for feedback in an informal feedback questionnaire available at the reception desk, which was in an easy-read format to be accessible to people with communication difficulties. We saw that clients were using this to provide feedback and the service were looking at ways to be responsive to clients needs.

Involvement of families and carers

Staff were not actively involving families and carers in the client's care and treatment. Care plans did not show that staff engaged with client's families to provide them support and clients we spoke with told us their families were not being supported. The service had identified this, and it was being addressed as part of their workplan.

The service did not have a formal way of encouraging feedback from families and carers. However, staff told us families and carers were able to give informal feedback and it would be addressed.

Is the service responsive?

Good 

We rated responsive as good.

Access and waiting times

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

The service had clear criteria to describe which clients they would offer services to. The service accepted referrals from anyone living in West Berkshire. The service accepted referrals from a range of services, such as police, GP surgeries, prison, probation on drive or drugs orders, and self-referrals.

The service met the service's target times of contacting new referrals within 7 days for seeing clients from referral to assessment and 28 days for assessment to treatment. Since December 2022 there was an average of 2 days between referral and first contact, and an average of 14 days wait for an assessment. From the point of assessment there was an average wait of 10 days for treatment to start. Urgent referrals were triaged by the duty worker and clients had been offered appointments on the same day if required.

The service did not have a waiting list as all clients were allocated to a member of staff at the point of referral. This was done by the duty worker with oversight from the team leaders.

Community-based substance misuse services

Staff tried to contact people who did not attend appointments and offer support. The service had a did not attend policy in place, which guided staff on the best approach when a client did not attend their appointment such as telephone contact and home visits. Staff discussed those clients who were hard to engage in their multi-disciplinary meeting.

Clients had some flexibility and choice in their appointment times. The service offered two late night clinics a week for those clients with family or employment commitments. Staff arranged appointments based on when then client could meet. The outreach worker was undertaking harm minimisation and brief intervention delivery at hostels to engage with rough sleepers.

The service rarely cancelled assessment appointments or admissions to the service. Staff could not tell us the last time this had happened. All the clients we spoke with told us staff did not cancel appointments. When a staff member was sick or could not make the appointment, staff sought alternatives to meet the client's needs. However, clients told us that timekeeping of appointments could be improved as sometimes they have waited more than 15 minutes for their GP appointment. One client also told us they had to wait over an hour for their prescription after they had seen the GP.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported clients' treatment and dignity.

The service had a full range of rooms and equipment to support treatment and care. The service had rooms for clients to meet with the doctor or recovery practitioner on the premises. The reception area welcomed clients and had sufficient seating for clients and visitors. The site also had an accessible toilet for clients to use to produce a urine drug screen. However, clients reported that the door to this toilet does not close properly, and this impacts their privacy and dignity.

Interview rooms in the service needed better soundproofing. The service had carried out some work on soundproofing interview rooms when they initially started the service in April 2022. However, clients told us they could hear other client's conversations whilst they were waiting for their appointment and during their individual session. One client had recently made staff aware of the lack of sound proofing of the interview rooms and had felt listened to.

The group therapy room was spacious, bright and accommodated the group size. There was a kitchen facility that was available for clients to use during the breaks, which allowed them access to hot and cold drinks. There was a fridge to store cold items and the temperature was being monitored daily.

Meeting the needs of all people who use the service

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

The service could support and adjust for people with disabilities, communication needs or other specific needs. The interview rooms were on the ground floor and accessible by all the clients. However, the group therapy room was on the first floor of the building, which meant that it was not accessible by clients who use wheelchairs and or have other mobility needs. Staff told us they would facilitate these clients by supporting them to attend the session online. Managers told us all group interventions would be offered as part of Recovery Circle interventions of 3 to 4 clients which could be held in the room downstairs. They would seek Accessible Community Venues as required to deliver a larger

Community-based substance misuse services

group programme. The Criminal Justice Lead attended a specialist neurodiversity workshop which supported access to knowledge around working with people with learning difficulties and autistic people. In February 2023 the worker had implemented 'fidget spinners' in clinic rooms to support clients with Attention Deficit Hyperactivity Disorder (ADHD) and autistic people.

Staff made sure clients could access information on treatment, local services, their rights and how to complain. A range of leaflets were available on notice boards in the communal areas signposting clients to external information.

The service was able to take referrals for clients who spoke and read small amounts of English. The service had employed a Romanian speaker who was able to support work responding to the large Romanian community residing in West Berkshire. The provider had central access to interpretation services.

Staff demonstrated an understanding of potential issues facing vulnerable groups. The service had recognised that the geographic area of the service made it harder for some people to engage and had introduced an outreach worker to visit clients living in rural areas who were unable to come into the service. The service had links with local stakeholders such as schools to offer young people support and the local criminal justice system to support clients who were leaving prison. The outreach worker also visited a local third sector community hub (a provision for homeless people) to raise awareness of WDP's service provision with the aim of reducing health inequalities.

Listening to and learning from concerns and complaints

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

The service received 3 complaints in the 11 months since they started providing the service in April 2022. One client complained because they wanted to change the day they picked up their medication from the pharmacy and another client complained about the time it took for someone to contact them after their referral was made. Both of these complaints were dealt with informally so the clients withdrew their complaint. The third complaint was from a third party who had concerns with the previous provider, so this was not upheld.

The service had received 4 formal compliments in the 11 months since they started providing the service. The main theme was how well the WDP service had worked for clients.

Clients knew how to complain or raise concerns. Clients said they knew how to raise a complaint or to speak to staff informally if needed. Clients told us they felt staff and managers would listen to and act upon their concerns if they had any.

Managers told us they would protect clients who raised concerns or complaints from discrimination and harassment. There had not been any formal complaints from clients whilst they were receiving care, support or treatment from this service.

The service had a complaints policy and all staff members were informed about during their induction. It included an appeals process. Formal complaints were overseen at provider level. Managers investigated complaints and identified learning. Managers planned to review complaints on a regular basis so any trends or themes could be identified and appropriate preventative action put in place.

Community-based substance misuse services

Clients received feedback from managers after the investigation into their complaint. Managers ensured complaints were fully investigated, and clients received the outcome letter within 28 days of making the complaint. Managers shared any feedback from complaints with staff during team meetings and learning was used to improve the service.

Is the service well-led?

Good 

We rated well-led as good.

Leadership

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

Leaders could clearly explain their roles and demonstrated a good understanding of the services they managed. Leaders demonstrated a full understanding of the priorities and issues the service faced and how to manage them. Leaders were able to articulate the challenges they have incurred as they took over from a previous provider of the same service whose contract ended. Leaders understood how their role influenced the embedding of WDP practices and had good insight into what they still had to achieve to offer an optimum service. Leaders had realistic expectations from their staff group, realising that some had transferred from the previous provider and had to embrace a lot of change.

Leaders were visible in the service and approachable for clients and staff. On the day of the inspection we saw the service manager, adult service manager and young people manager present. The registered manager at the time of this inspection was the Executive Director of Services, who was waiting for a stable service manager to be in post before transferring this responsibility to them. The registered manager told us the current service manager will be applying as registered manager after they have been in post for 6 months. The Executive Director had been providing support remotely to the service manager and coming on site when required.

Vision and strategy

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

Staff had started to understand the provider's vision and values to transform lives and how they were applied in the work of their team.

Culture

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

We observed a positive and supportive culture within the staff team. Staff told us they felt very well supported and valued within their roles. Staff described it as a happy place to work. Staff said they felt that leaders were very approachable and were accessible whenever they needed support. Staff worked well together as a team.

Community-based substance misuse services

Staff reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for development, for example through attending training. The provider offered extra training courses for staff to support with their development. However, staff told us that they were not given enough protected time during working hours to write the assignments so were not considering completing it.

The provider had a central system to gather staff feedback and satisfaction levels. However, the service had not yet participated in any of these surveys at the time of inspection.

Governance

Our findings from the other key questions demonstrated that the service had started to ensure effective governance processes were in place and that performance and risk were managed well.

The service had appropriate systems to evaluate the safety and effectiveness of the service. The provider had a clear framework of what had to be discussed at team meetings to ensure essential information was shared amongst staff. The service held monthly team meetings where staff discussed pertinent information such as staffing, client assessments and emerging risks. The service manager met with other service managers every quarter for central governance meetings.

Staff had implemented recommendations from incident reviews and safeguarding alerts. Following lessons learnt from an incident of not receiving discharge summaries from the hospital, leaders met with the local hospital liaison team to establish a robust discharge pathway that supports the smooth transition from hospital back into treatment, with the addition of a satellite clinic being run from the hospital site. The service manager held quarterly integrated information governance meetings which would discuss complaints and serious incidents where appropriate and learning shared across the provider. We saw minutes of these meetings and found them to be very comprehensive with considerable input from the staff members.

Staff completed audits to provide assurance on the performance of the service. Staff audited care plans, risk assessments and the environment.

Staff had extra training opportunities to bring greater depth to provision of support. The service had a training 'promotional calendar' which provided training on key topics every month. This included Naloxone issues, domestic abuse prevention, BBV testing and smoking cessation.

Staff knew to submit notifications to external bodies as required, for example to the local authority safeguarding team.

Staff knew to make notifications to the Care Quality Commission in accordance with regulations.

Management of risk, issues and performance

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

The service maintained a risk register. This ensured staff could identify the risks and planned for them.

The service had plans in place for an emergency, such as adverse weather conditions or an electricity outage.

Community-based substance misuse services

The provider used information to plan for service delivery. The service had a workplan for 2022/2023 and 2023/2024 outlining the steps the service needs to take to achieve their service goals. Goals included strengthening the young people offer/outcomes, increasing engagement with stakeholders, community promotion and expanding services to friends, family and carers.

Information management

Staff had begun to collect and analyse data about outcomes and performance.

The service used systems to collect data about performance. Managers had access to dashboards of client information including overdue medical reviews and treatment schedules. Managers also had oversight of annual appraisal rates and mandatory training for staff. The service manager was able to demonstrate that some staff had been appraised and where they had not yet been, they had been booked in for an appraisal.