Addaction - Liskeard

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

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

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 do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

Clients gave positive feedback about their one to one care. They told us they felt respected and supported. The service engaged people and considered equality and human rights by catering for and valuing clients' differences. People were seen quickly and there were no waits for the service.

Staff proactively followed up clients when they missed appointments and supported people who were more reluctant to fully engage in services.

The provider delivered responsive medical and clinical interventions and staff commented positively about the availability of doctors and nurses for advice and support. The service managed medicines safely. Good communication between GPs, pharmacies and the service meant that everyone was aware of changes to peoples prescribed medicines.

Staff and volunteers were appropriately trained, appraised, supervised, and attended regular staff meetings. Managers undertook leadership courses and staff undertook a range of specialist training.

All staff we spoke with was passionate about their work.

The service worked in collaboration with other agencies and stakeholders were positive about the work of Addiction Liskeard and described good communication links with the service.

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

Some staff such as nursing and criminal justice staff felt that they had manageable workloads. However, some staff, particularly recovery coordinators felt under pressure due to their high caseloads. We were concerned that high caseloads were having a direct effect on staff morale. Staff turnover was high with more than a quarter of the staff having left in the last year.

Staff did not have protected time for training and vacant posts were covered by existing staff. There were two vacancies at the time of our inspection. Clients shared the workforce concerns about pressure on some staff, such as volunteers and recovery coordinators.

We were concerned about the number of clients that expressed that there were not enough groups at Addaction Liskeard. Staff shared the clients concerns about the lack of group delivered interventions the service offered.

We were also concerned that despite the robust systems in place for learning and listening, some staff and clients did not feel listened to about their concerns about staff workloads and lack of groups.

Staff did not always update care plans and did not always plan for clients unexpectedly leaving treatment early.

Summary of findings

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Background to Addaction - Liskeard

Addaction Liskeard is a community service for adults in North and East Cornwall affected by substance misuse. It is the largest geographical location of the three Addaction locations in Cornwall and is based in Liskeard.

Addaction Liskeard is the main hub office for clients and staff in North and East Cornwall. The service is open 6 days a week and offers one to one recovery focussed support, structured group sessions and needle exchange programmes to people affected by substance misuse. The service operates from rooms in GP surgeries, community centres across North and East Cornwall.

Addaction Liskeard is commissioned by the Cornwall and Isles of Scilly Drug and Alcohol Action Team. The service provides specialist community support for adults affected by drug and alcohol misuse. The service provides recovery focussed support through individual and group delivered interventions and includes a criminal justice team that supports offenders to address their substance misuse. They work closely with NHS services and local charities to provide holistic care.

Addaction Liskeard is registered by the CQC to provide the following specialisms/services:

- diagnostic and screening procedures
- substance misuse problems
- treatment of disease, disorder or injury.

CQC does not currently rate substance misuse services.

Our inspection team

The team that inspected the service comprised a lead inspector Sarah Lyle, a pharmacy inspector and a specialist advisor who was a senior nurse with experience in substance misuse and mental health nursing.

Why we carried out this inspection

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

How we carried out this inspection

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well led?

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

Before and during the inspection visit, the inspection team:

Summary of this inspection

- visited the Liskeard registered location, looked at the quality of the physical environment, and observed how staff were interacting with the clients
- spoke to four stakeholders including community pharmacists
- spoke with seven clients and collected 17 comments cards from clients about the service
- spoke to a doctor (consultant psychiatrist)
- interviewed the two team leaders for North and East Cornwall and spoke with the registered manager
- spoke with four recovery coordinators and five other members of the team, including the lead nurse, consultant psychiatrist, criminal justice worker and administration staff
- looked at five care and treatment records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with seven clients who used the service and reviewed 17 comments cards from clients who had commented on the service they received.

Twelve people were very positive about the service. Clients described the staff and volunteers as caring, respectful and supportive. One client described all the staff as excellent, from the initial point of contact on the phone through to one to one sessions with key coordinators. Another client described the recovery coordinators and volunteers as very hard working and dedicated and another described the service as a wonderful place where they felt safe.

Clients felt the service gave them information and signposting to support their wellbeing and recovery.

Clients were positive about the groups, such as the mutual aid partnership group. However, the overwhelming theme from clients was that there were not enough groups at Liskeard. Eleven people told us that there were not enough groups. A further three people told us that groups were cancelled and two people told us that some groups had been planned for over a year on the timetable had still not happened.

We reviewed the most recent client evaluation forms where 28 clients had completed feedback between June 2016 and February 2017. This showed that the majority of people were likely to recommend the service, with 13 clients 'extremely likely' and seven were 'likely' to recommend the service to their family and friends. The remaining clients did not say whether they would recommend the service or not.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

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

- Recovery coordinators carried high caseloads, for example, the average caseload was 56 and this was affecting staff morale. Staff turnover rates were high and six staff had left in the last year.
- There was no additional cover for staff absence and remaining staff provided cover, which put them under pressure.
- Staff did not routinely create plans for unexpected exit from treatment.
- There were no alarms in the ground floor meeting room, which was isolated from the rest of the building.

However, we also found the following areas of good practice:

- Medical support was available and accessible to advise staff and support clients.
- Equipment was maintained to a high standard; medicines fridges were locked and staff carried out regular temperature checks.
- The service carried out cleaning, environmental, fire and safety checks. There were fire wardens and first aid officers in each office.
- There were equipment and facilities for physical health care and monitoring. Clinic rooms and needle exchange facilities were clean and tidy and checked regularly by staff.
- The provider had robust procedures for managing medicines safely and collaborated with community pharmacies.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff followed national prescribing guidance.
- Staff were appropriately qualified and received specialist training.
- The service had strong collaborative links with local organisations.
- Staff had an appropriate level of understanding of the Mental Capacity Act and received Mental Capacity Act training.

Summary of this inspection

- Staff and volunteers received regular supervision and annual appraisals.
- Care plans were monitored during supervision and included focus on physical health and
- The service completed a regular programme of clinical, health and safety audits.The service considered equality and human rights and enabled people who might struggle to engage to receive help.
- There were robust arrangements for referral, discharge and transition to other services.

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

- Two out of the five care plans reviewed were not up to date and recovery coordinators reported that they did always not have enough time to update care plans.
- Mandatory training was not protected or built in which was difficult for staff to prioritise training when the service was busy.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients told us that staff were respectful and supportive and we observed positive interactions between staff and clients. Twelve clients told us about particular staff and volunteers who had treated them with compassion and kindness.
- Clients we spoke with felt involved in developing their individual recovery plans.
- Clients were involved in the development of the service and encouraged to give feedback.

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

- Some clients did not think changes happened because of feedback, for example with requests for more groups.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There were no waiting lists and the service was meeting its target to see all clients within 21 days of referral.
- Staff proactively followed up clients who missed their appointments.

Summary of this inspection

- There were good facilities including group rooms, clinic rooms and access to tea and coffee.
- Staff provided clients with welcome packs that gave them access to information about local services to support their recovery.
- Staff received feedback and learning from complaints through supervision and team meetings.
- We saw evidence of changes made as a result of client feedback on 'you said, we did' boards displayed in client areas.

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

- Eleven clients told us that they there were not enough group delivered interventions at Liskeard to meet their needs.
- Most clients knew how to complain and feedback but could be deterred from giving feedback as clients were asked to return anonymous comments to the staff office.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There was an effective clinical governance process in place, which ensured staff were trained, appraised and supervised. Learning was disseminated to enable the smooth running of the service.
- Service wide quality and clinical governance meetings reviewed service delivery and reflected on incidents.
- The service used key performance indicators to monitor and improve the service.
- Staff knew and agreed with Addaction's visions and values and knew who Addaction's senior managers were.
- The service provided leadership training and support for managers.
- Staff were passionate about their jobs.

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

- High caseloads for some recovery coordinators was affecting the morale and well-being of staff. Sickness and turnover rates were higher than in other Addaction services.
- Staff felt pressured when they covered for colleagues who were absent from work. There were no minimum staffing levels or extra staffing for covering sickness.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- All clinical staff had completed training in the Mental Capacity Act. Addaction had a policy on the Mental Capacity Act that staff could access via their intranet and staff could access advice from leads and prescribers.
- Staff assumed capacity and had a good knowledge of how substances could affect mental capacity, and how this could trigger issues around consent for treatment.
- The service did not submit any applications under the Deprivation of Liberty Safeguards.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The clinic room was clean and tidy and contained a couch, weighing scales, height chart, blood pressure machines, breathalysers and drug testing swabs. These were all checked on a regular basis.
- The fridge and clinic room containing medicines were locked. Staff carried out daily fridge and clinic room temperature checks. Records we reviewed showed that fridge temperatures were in the correct range.
- Arrangements were in place to keep emergency adrenaline and naloxone on site.
- The needle exchange was clean and tidy and needles and supplies were in date. There were guidelines for staff handling needles and information to give to clients.
- Personal alarms were available for staff to use in the building and there was CCTV that monitored the reception areas and waiting areas. The ground floor group room had CCTV. However, the staff personal alarms could not be heard from the duty office so there was a risk that help could not be summoned if needed.
- Clinical waste was stored safely and securely and collected by a registered waste collection company.
- The service had trained first aiders and fire wardens and these were displayed. .
- Staff supplied clients with injecting equipment in the needle exchange as part of a harm reduction programme.

Safe staffing

- There were 21 staff working in the service across East and North Cornwall. Staff sickness rates were 7%. Staff turnover was also high. Six staff had left in the last year. However, three staff had started. At the time of our inspection, the Addaction services had two staff recovery worker vacancies. These posts had recently been appointed to with start dates agreed. Recovery workers were covering these vacancies so they continued to be affected by the staff shortages. Staff told us that two more staff had recently resigned from their posts as recovery coordinators. Some staff told us that they did not feel they provided safe care to all their clients due to high caseloads. Full time staff had an average caseload of 56, which was higher than other services in Cornwall. The highest caseload was 67. Part time staff also carried high caseloads.
- High staff caseloads were on the service wide risk register. Team leaders provided caseload management supervision and had been supporting staff to reduce their caseloads, although some caseloads were still high.
- There was no minimum requirement for staffing the service and no extra staff provision to cover for staff sickness. Volunteers assisted with workshops and activities. Staff told us that they were overstretched due to high caseloads. Clients commented that staff seemed too busy at times. However, criminal justice staff had smaller caseloads due to the complexity of their work.
- Three clients reported that groups were cancelled at short notice due to staffing shortages, although we were not able to fully corroborate this.
- Staff commented that providing cover on Saturdays for the drop in and duty desk affected the time they had to support their individual clients.

- The service did not employ bank or agency staff. Managers said that if they needed more staff in order to ensure the service was safe, they could escalate the matter to the contracts manager but they had not done so yet.
- There were two Addaction doctors and a trainee psychiatrist was in the process of being appointed. Staff could contact doctors for advice and staff commented that medical support was responsive and readily available.
- The service employed volunteers to support and run groups and provide support to the service.
- The provider reported the mandatory training compliance rate for the organisation was 100%. We looked at training matrices and these showed a small number of trainings were out of date because staff had not completed them or the manager had not verified the training certificates.

Assessing and managing risk to clients and staff

- Staff undertook a comprehensive risk assessment with clients; this included a full assessment of drug use and history. Staff were expected to review risk assessments every three months or sooner if risk changed.
- We reviewed five care records. All clients had a risk assessment in place but one was overdue for renewal. Only one of the five records included a plan for unexpected exit from treatment.
- All staff completed safeguarding training annually by electronic learning. They also completed taught safeguarding, depending on their role at levels two, three or four. Recovery coordinators completed level three training. The provider was sourcing level four safeguarding training for managers and team leaders. Some staff had also attended child abuse multi-agency training. Staff discussed cases with their manager who supported them to make a referral to the multi-agency referral unit if required. Staff showed awareness of the needs of clients' children and their safety. We saw protocols and evidence of how staff made safeguarding alerts to protect children.
- The service had good links with the multi-agency referral unit and consulted them for advice. Team leaders and managers attended a monthly multi-agency risk assessment conference and shared information between local police, probation, health, child protection, housing practitioners, independent domestic violence advisors and other specialists. The operations managers were safeguarding leads. The criminal justice team worked in an integrated way with other agencies including social services, mental health services, the police and probation service. There was a national safeguarding policy for all Addaction's services. A national Addaction safeguarding group met every two months and reviewed national guidance and service development.
- Staff followed local lone working protocols that gave instructions for them to follow to maintain safety and in an emergency. They mitigated this by staff signing in and out and phoning a named individual after their appointment to say they were safe. If there was known or unassessed risk, staff worked in pairs. Staff also contracted with clients using a treatment agreement that outlined expectations. There had not been any lone worker incidents.
- The provider had robust procedures for managing medicines. Adrenaline and naloxone which are medicines used to reverse the adverse effects of overdose, were kept in locked clinic rooms and staff were trained to provide and administer them.
- Addaction had robust procedures for assessing a client's suitability to collect their prescription and store their medicine at home. Locked home storage boxes were provided to people who keep prescribed medicines at home and need extra security, for example those with children. Agreements were in place between Addaction, the client and the community pharmacy. Clients had to identify themselves before collecting prescribed medicines from the pharmacy.
- Any clients assessed as high risk at initial triage, for example people at risk of suicide, pregnant women, or people with complex co-morbidities were referred to the doctor for an initial prescribing assessment more quickly.
- Prescribers made dose changes, such as holiday prescriptions on a prescription generation authorisation form, which was added to people's electronic records before issuing a new prescription for signing.

- Clients were offered vaccination if appropriate at the initial assessment visit. Vaccines were administered to clients under a Patient Group Direction, which was current and signed by staff competent to be working under it.

Track record on safety

- Addaction Liskeard reported one serious incident in the last 12 months where the service was closed for three days due to suspected norovirus.
- There was an open reporting culture and incidents were discussed and reviewed in weekly and monthly team meetings. The critical incident review group reviewed countywide incidents monthly and reported to the national clinical and social governance group. Practice arising from an incident was reviewed and learning disseminated to teams.

Reporting incidents and learning from when things go wrong

- The provider had an electronic system for managing incidents. The member of staff who witnessed an incident reported it themselves and the line manager reviewed it. Reports from the provider indicated staff reported a range of incidents
- Learning from incidents was on the service risk register. Incident themes were discussed in quality and clinical governance group meetings and case scenarios in team meetings. Quality and clinical governance group meetings reviewed and monitored service delivery including incidents, audits and actions resulting from them. A clinical incident review national group met every two months to review serious incidents across the country. The critical incident review group sent out bulletins and monthly newsletters to disseminate learning from incidents.
- Team leaders and managers shared learning from incidents at team meetings. There was evidence of learning from incidents. Staff had involved the appropriate authorities and used de-escalation techniques in the management of a recent incident. A debrief for all staff had taken place at the time and at the end of the day.
- Team leaders supported staff after an incident, offering staff extra support andprotected administration time to complete incident and coroner's reports. Managers and team leaders offered employee assistance programme counselling following incidents.

Duty of candour

- Addaction had a 'being open and duty of candour' policy. Staff we spoke to understood the importance of being open and transparent, which included apologising when things went wrong.

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

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

- We looked at five care records. Three care plans were up to date with evidence of regular and timely review. Addaction followed guidance set out by the National Institute for Health and Care Excellence and Public Health England to develop its assessment and recovery planning process. Recovery co-ordinators asked clients about their goals for treatment and included them in the recovery plan, and this was the focus of their treatment. Staff described developing recovery plans with clients over time. Recovery plans were holistic and included appropriate focus on physical health needs including symptoms, details of drug use, injecting history, and assessment for blood borne viruses. There was evidence clients had been given harm reduction advice. The service used the 'treatment outcome profile tracker' to monitor progress every three months.
- However, in one case the client had failed to engage so recovery plans had not yet been developed. In another case, the recovery plan had not been updated for six months. Team leaders checked recovery care plans and developed action plans for staff that were discussed in supervision sessions. Staff told us that they were struggling to keep up with their workloads due to high caseloads.
- Information was stored securely on an electronic system.

Best practice in treatment and care

Substance misuse services

- Staff followed national guidelines on substitute prescribing and supervised consumption. A monthly 'prescribing and medical review' report was produced and shared with staff and GPs with special interest prescribers. This identified areas of prescribing outside of national guidelines and people that needed additional tests because of taking a high dose or more than one prescribed medicine.
- Prescribers described how any medicine that was not on the prescribing formulary had to be risk assessed and approved by the pharmacist and/or medical director. We saw examples where staff changed clients' prescriptions to make them safer. Staff supported clients in line with 'Drug misuse and dependence: UK guidelines on clinical management (2007)' and appropriate National Institute of Health and Care Excellence (NICE) guidelines. The service offered evidence based psychological interventions including counselling, motivational interviewing and relapse prevention.
- The service ran a weekly 'mutual aid partnership' group which encouraged clients to work together to develop their skills in recovery. In the 'mutual aid partnership' group clients completed exercises such as identifying where they are on the cycle of change and planning steps to change.
- The service had a needle exchange programme that was fully equipped and complied with National Institute for Health and Care Excellence guidance. The needle exchange offered information and advice on safer injecting, advice on preventing the transmission of blood borne viruses and access to treatment. Staff and volunteers working at the needle were trained in harm minimisation to advise clients on how to best care for themselves. The service had a Blood Born Viruses testing and vaccination programme. Recovery coordinators routinely offered this to all clients, and nurses carried out the tests and gave vaccinations to those who were using the service. The Addaction services monitored the uptake of the vaccinations as one of their key performance indicators. Staff were proactive in supporting clients to undertake Blood Born Virus testing and vaccinations.
- Most clients were subject to shared care arrangements where GPs were responsible for completing regular physical health checks and providing prescriptions. Addaction nurses and doctors saw clients
- The service completed a range of health and safety audits of the buildings and staff at regular intervals. Managers audited training, appraisal and supervision to ensure staff were up to date. Managers also completed random checks of recovery care records to ensure they were fully completed and up to date. Nurses undertook clinical audits including medicines management and infection control. Clinical governance meetings, led by the pharmacy lead reviewed results of audits.

Skilled staff to deliver care

- The team had access to the full range of disciplines required to care for the client group. Nurses, doctors, pharmacists, and GPs supported the service. There was a range of trained criminal justice and general recovery coordinators and trained volunteers.
- Staff were experienced and qualified. Recovery coordinators were required to complete the 'gateway qualification'. The objective of the gateway qualification was to enable staff to develop knowledge of substance misuse and an understanding of people who misuse substances.
- Volunteers received training which included risk assessment, safeguarding, incident reporting and the complaints procedure.
- Volunteers took part in a specific Addaction induction-training programme. The service used a model that was a choice of evidence-based, group delivered interventions. Staff running the groups had ready-made and approved modules, programmes, tools and resources to deliver the groups.
- Recovery coordinators received induction training in accordance with an induction plan that included observed practice, and training in motivational interviewing, multi-agency child protection, and needle exchange, blood borne viruses, naloxone, mandatory training and policy reading.
- Staff received role specific supervision with a manager or team leader. Staff were required to attend monthly supervision (a minimum of 10 supervision meetings per year) and attend 80% of team meetings per year. Nurses

had clinical supervision with a psychiatrist, attended a nurses forum and a monthly prescribers meeting in addition to management supervision. Volunteer counsellors had regular group and individual supervision with the service.

- Staff received specialist training in a variety of subjects including recovery planning, psychosocial interventions, needle exchange, and blood borne viruses, naloxone, domestic abuse, mindfulness and motivational interviewing. All staff were trained in 'mutual aid partnership'. Most staff said access to training was good and that they had opportunities to progress. However, staff commented that whilst training was encouraged there was no protected time for training and plans to introduce dedicated time for training had not transpired. This was particularly challenging as staff were also covering for vacant positions.
- Team leaders and managers addressed staff performance that fell below requirements. Team leaders felt well supported by managers, human resources and capability procedures. Team leaders addressed staff performance through supervision. Staff appraisals were up to date. Staff completed an annual and mid-year review using a standard system that was based on the service key performance indicators and organisation values. We reviewed five staff records that contained supervision agreements and evidence of regular supervision and appraisal. There were monthly supervision groups for all staff groups including volunteers.

Multidisciplinary and inter-agency team work

- There was effective communication between the service, GPs and supplying community pharmacies. Addaction staff were in regular communication about new clients and any prescription changes. Recovery coordinators had good relationships with community pharmacies. Pharmacists commented that the duty system worked well in ensuring good communication.
- There were good working links with a range of services. The team worked closely with the local hospital alcohol team and attended monthly multi agency risk groups meetings in the community chaired by the police.
- The services held fortnightly joint multidisciplinary team meetings.

Good practice in applying the MCA

- Staff we spoke to demonstrated an understanding of the Mental Capacity Act. A Mental Capacity Act e-learning course had been created and staff told us that they were up to date with this. Separate additional mandatory training was available for nurses.
- Staff we spoke with had a good knowledge of how substances could affect mental capacity, and how this could trigger issues around consent or treatment.

Equality and human rights

- Addaction had a national 'diversity and equality framework'. Equality and diversity training was mandatory for all staff. The service website had a 'browse aloud' facility. Staff tried to engage clients with written materials by providing them in easy read formats, alternative fonts and colours and foreign languages. The service triaged pregnant women as urgent. The provider referred clients to rehabilitation services in Devon if they required single sex treatment and accommodation.
- The service was seeking and monitoring feedback from clients with protected characteristics.
- The service took part in the 'pride' festival that celebrated the diversity of lesbian,, bisexual, and transgender people.
- Staff engaged sex workers by offering a recovery worker of the same gender if required.
- All staff were trained in 'domestic abuse, stalking and honour based violence'.

Management of transition arrangements, referral and discharge

- Cornwall Council's Drug and Alcohol Action Team commissioned services. As part of this agreement, the service received rehabilitation places at local inpatient detoxification centres. Recovery coordinators could also refer their clients out of area if needed.

Are substance misuse services caring?

Kindness, dignity, respect and support

Substance misuse services

- Staff interactions we observed with clients were supportive and respectful. Most clients described staff and volunteers as kind and respectful. Clients we spoke with felt involved in developing their individual recovery plan.
- Staff understood clients had individual needs and aimed to offer personalised care in partnership with the client that emphasised the client's responsibility for their own recovery.
- Staff understood the importance of explaining to clients the limits of confidentiality. Staff provided clients with information on confidentiality and asked clients to consent to information sharing and agreed where information could be shared. Clients could choose if they wanted friends or family members involved in their care. However, whilst most clients were satisfied with the one to one care there were concerns that needs were not always met at Liskeard due a lack of groups.

The involvement of clients in the care they receive

- Clients we spoke to told us that overall they felt involved in their care. Staff asked clients about their opinions and goals whilst challenging them to move forwards.
- Clients said they felt actively involved in planning their care. One client told us that they were offered a copy of their recovery plan. Managers and recovery coordinators were aware of services they could signpost clients to if they required advocacy and said they themselves had advocated for clients. There were leaflets in the client areas for a local advocacy service.
- The provider involved clients in the development of the service. Clients were sometimes involved in interviews for new staff. There were suggestion boxes and feedback forms for clients to complete.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Access and discharge

- Addaction received referrals from a number of local services, including GPs, social services, probation services and prisons. Individuals could also self-refer. All referrals came through a single point of access, via e-mail or a dedicated phone number.
- At the time of inspection, there was no waiting list, and staff told us they contacted clients within two to three working days of referral. New clients were risk assessed and triaged at referral, allowing high-risk clients to be fast tracked into treatment.
- Staff actively followed up clients who did not attend their appointments.Clients understood that if they stopped attending appointments their prescriptions would be stopped.
- Clients we spoke with told us appointments were usually available and the service was open at times that met their needs on a one to one basis.
- The service provided, a nutrition and cooking group (nourish not punish) and a MAP group which clients spoke positively about. A weekly photography group had also recently been offered; although on the day we visited clients had opted to have a general discussion group instead.
- However, clients told us that there were not enough groups. Eleven clients told us that not enough groups were provided which met their needs. Three clients said that groups were cancelled. One person told us that the breakfast club did not suit clients living outside of the Liskeard area. There were no groups on Thursdays and Fridays. However, a breakfast clubs operated three days a week on a Monday, Wednesday and Friday.
- Staff told us they created exits plans for clients that focused on activities or pathways for after they left the service. These included going to college or becoming a recovery champion within Addaction. Staff informed the client's GP or social care organisation when they had been discharged. However, only one of the five records we reviewed included a plan for unexpected treatment exit.

The facilities promote recovery, comfort, dignity and confidentiality

- The premises had a range of rooms and equipment to support treatment and care including group rooms, consulting rooms, clinic rooms, arts and craft facilities, tea and coffee making facilities for clients to use and a needle exchange. Interview rooms were sound proofed.
- There were facilities designed to enable staff to carry out blood testing and urine screening whilst maintaining clients' dignity.
- The two resource rooms on the ground and first floor were well equipped for life skills groups with kitchen areas where clients could make tea and coffee and participate in cooking groups.
- There was a wide range of leaflets with advice on harm minimisation, domestic abuse and how to comment and complain. All clients received a welcome pack when they joined the service that included a weekly activities timetable and leaflets and information including addresses and timetables for Alcoholics Anonymous and Narcotics Anonymous meetings, food, and homelessness services.

Meeting the needs of all clients

- Access to the main building was by external steps to the side of first floor of the building. On the ground floor was disabled access into a group room with an accessible kitchen, bathroom and staff office. Clients could make appointments at alternative locations such as at GP surgeries if required.
- The service provided leaflets in different. Leaflets were available in Czech, Polish and Russian. There was the facility to translate into other languages if needed.

Listening to and learning from concerns and complaints

- Clients told us that they knew how to comment and complain and received a leaflet about this in their welcome packs.
- The service had received four formal complaints in the previous year and three formal compliments. All four of the complaints were upheld. Clients were encouraged to comment and complain about the service and on the ground floor an anonymous comments box was provided. In the upstairs client areas comments cards where displayed for clients to complete with a notice to hand it to the office, which meant that this was giving clients the same privacy. One client told us that they would be uncomfortable to write a comment anonymously and hand in to the office staff.
- Staff supported clients to make complaints. The service required formal complaints to be made in writing and staff supported clients with this if they had literacy difficulties. Formal complaints were investigated centrally and responded to within a 20 day timeframe.
- Staff resolved complaints informally, where possible. For example, one client told us that they had not wanted to formally complain but had not been informed when their recovery worker was absent. This led to an unnecessary journey. Prompt action was taken to resolve this and the client was satisfied with the outcome and the improvement in communication.
- 'You said we did' boards were displayed where the service had demonstrated changes made as a result of client feedback. For example, the service had moved the time of the weekly Mutual Aid Partnership group to an earlier time in response to requests from clients.
- Staff received feedback and learning from complaints through supervision and team meetings. The weekly business meeting included a discussion of complaints and the management team monthly meeting discussed complaints across all the Cornwall Addaction services and developed learning from them.
- Clients we spoke to told us that they were confident that Addaction staff would listen to their complaint or feedback. However, three clients said they felt their concerns about lack of groups had not been listened to.

Are substance misuse services well-led?

Vision and values

- Staff were focussed on the Addaction wide values of compassion, determination and professionalism.
- Addaction's values formed the basis of staff appraisals and supervision.
- Managers said the senior managers in the organisation visited occasionally and were approachable. Staff told us that members of the executive team had visited the service.

Substance misuse services

Good governance

- Systems and processes were in place to enable the smooth running of the service. Addaction Liskeard managers had an overview of staff training and supervision rates across the service and there were systems in place to ensure staff received appraisal and regular supervision and training.
- Local governance processes at Liskeard included reporting incidents and complaints across the service and countywide. Learning was disseminated to regular meetings. The Addaction board of trustee's senior leadership team and clinical and social governance group oversaw the clinical governance structures and processes. Managers and team leaders reported that the system of governance worked well. Team leaders felt they had sufficient authority and support to carry out their roles.
- An annual cycle of audit was in place and locally this included audits of care plans, blood born virus statistics, prescribing, GP letters, treatment outcomes profiles, supervision records and medicines audits. Action plans were shared with the local team. In line with Addaction's clinical governance policy. Addaction Liskeard reviewed their audit programme at local clinical governance meetings. The service used key performance indicators to gauge the performance of the team and these were shared with staff and reported to commissioners of the service every three months.

Leadership, morale and staff engagement

- Leadership in the organisation focussed on the aim of enabling clients to achieve their own goals towards recovery. The service had two staff vacancies, which had recently been recruited to. The service had struggled with high turnover and vacancies over the past year and this had affected morale.
- There were no reported cases of bullying and harassment. The service had a whistleblowing policy. No whistleblowing concerns had been raised in the 12 months ending 18 January 2017. Recovery coordinators felt they could use the whistleblower policy and felt able to raise concerns without fear of victimisation. Staff could also raise concerns in business meetings with managers.
- Despite the systems in place a number of staff we spoke to did not always feel listened to by the senior team, such as their concerns about high caseloads. Staff reported varying levels of morale across the team.
- Staff we spoke to were positive and passionate about their roles. However, where staff felt pressure, such as from high caseloads, this had an adverse effect on their morale.
- Senior staff had good opportunities for leadership development. Addaction policy required all service managers and team leaders to have professional management qualifications. Team leaders had level three institute of leadership management training.

Commitment to quality improvement and innovation

- The Addaction services were actively engaging in communities across Cornwall. Each year staff and volunteers held a 'Festival of Hope', celebrating the success of clients who had completed treatment and remained substance free. Addaction's vision for the festival was to increase awareness and demonstrate that there is hope for anyone who struggles with substance misuse and that there is hope in recovery.
- Addaction Liskeard clients held celebratory community events to give back to the community and help to combat stigma. For example, Addaction life skills week celebrated the work that takes place in the drug and alcohol service to support people to develop skills, confidence and support networks to help with moving away from addiction and into recovery.
- This included clients in Liskeard launching a cookbook with money raised from the sale of the book to continue to run the cooking groups.

Outstanding practice and areas for improvement

Outstanding practice

The service was committed to meeting the holistic needs of clients. There was very good partnership working with services external to the organisation including pharmacies, the local hospital, job centres, police, local authority and other health services. Recovery co-ordinators delivered some of their sessions with clients from GP practices.

Areas for improvement

Action the provider MUST take to improve

- The provider must reduce high caseloads to ensure the well-being of the team .
- The provider must ensure that groups meet the needs of the clients using Addaction Liskeard.

Action the provider SHOULD take to improve

- The provider should ensure that all clients' recovery plans and risk assessment are up to date and regularly reviewed.
- The provider should ensure that plans are developed with clients if they unexpectedly exit treatment.
- The provider should review staff retention, including a review of exit questionnaires or feedback from staff to understand and improve staff turnover.
- The provider should review arrangements for covering staff absences to ensure the wellbeing of staff.
- The provider should consider offering clients a copy of their care plan if they wish to receive it and document this on the care record.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Groups were not meeting client needs.** **This was a breach of regulation 9 (1)(b).**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **High caseloads were affecting staff morale and well-being.** **This was a breach of regulation 18(1)**