

East Kent Substance Misuse Service – Thanet

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Staff completed appropriate daily checks in the clinic room which was clean, tidy and well equipped. There was an emergency grab bag located for ease of access. Staff completed a monthly clinical infection control audit which included comments and actions required.
- We observed an emergency medical review where staff discussed treatment options and how the client could mitigate future risks. Staff covered all major domains of risk within the review.
- Staff discussed details of vulnerable clients on the safeguarding register during the business and clinical meeting. There was a safeguarding lead at the service that staff could speak to for advice.

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- Staff used information gathered during the assessment process to identify where a client required additional support. Staff could access specialist support such as an interpreter where required.
- The service submitted TOP data to the national drug treatment monitoring service which showed that the service was in the top quartile for substance misuse services.
- Doctors completed a comprehensive assessment for all new clients and completed regular medical reviews for clients receiving medically assisted treatment. We observed a medical review which was structured and comprehensive. The service contacted a client's GP prior to and after prescribing any medication
- The service followed the National Institute for Health and Care Excellence (NICE) and Drug Misuse and Dependence clinical guidelines. The service provided one to one key working appointments and a range of group work that followed NICE guidelines.
- Staff worked with a range of external agencies including GP's, midwives, the community mental health team, young person's drug and alcohol service and supported housing providers to provide comprehensive and holistic care for clients.
- The service provided naloxone to opiate using clients. Staff facilitated training to clients and carers in how to administer naloxone. Naloxone is an opiate antidote medicine used to rapidly reverse an opioid overdose.
- Staff were knowledgeable and experienced for their role. The service had identified staff who acted as 'champions' in various roles including safeguarding and multi-agency risk assessment conference (MARAC).
- Staff contacted drug services to arrange a smooth transition of care if a client was moving to another area. Staff had regular contact with prisons to ensure that appropriate support and treatment was in place for somebody released from prison.
- Staff were non-judgemental and treated clients with respect when discussing their care. Staff were compassionate and keen to maintain client's dignity.
- We obtained feedback from 17 comments cards from the service. Clients spoke highly of the support received and said that staff were non-judgemental, supportive, friendly and considerate. Clients said that they felt listened to and that staff had met their needs.
- Staff demonstrated a good knowledge of the local demographic and used local knowledge and insight to influence care and treatment. Staff had knowledge and experience of working with a diverse range of vulnerable clients from a variety of cultures and backgrounds.
- The service offered a drop-in every afternoon so that staff could see people without an appointment. There was a late clinic one evening a week to reduce barriers to accessing treatment and so that staff could see employed clients outside of normal working hours. There was a single point of access telephone number for clients to use outside of normal working hours.
- A needle exchange service was available for everyone including people who were not engaged in structured treatment. Staff provided harm reduction and safer injecting advice to people accessing this service.
- The service offered appointments and groups at three satellite services in Ramsgate and Broadstairs. Where possible, staff arranged home visits for clients with complex needs or who found it difficult to attend the service.
- The service had a range of rooms for staff to see clients for one to one appointments and group work. There was a comfortable reception and waiting area with clean, well maintained equipment.
- The provider had facilitated co-design workshops for clients, carers, staff and professionals during the initial part of the contract to participate in the design of the new service. The provider had worked closely with stakeholders and partner agencies to design their treatment model. The service planned to implement the new model in January 2018.
- Managers had regular meetings with the commissioners and stakeholders involved in the

Summary of findings

service to monitor and review performance.

Feedback from the commissioners was that the provider had managed performance of the service well during the transition period.

- Staff demonstrated the organisation's shared vision of client recovery in their work. Staff spoke of a smooth transition from the previous provider with no impact on client care.
- There was a clear governance structure within the service. Regular meetings took place to monitor service delivery. We saw evidence of regular audits involving staff, managers and the clinical team.
- The service had an operational risk register to identify priority risks and implement an effective plan to mitigate risks. Staff had oversight of dashboards to monitor caseload, risk, care plans and client care and treatment.
- Staff morale was good and they felt their workload was manageable. The staff had worked as a team for some time and had developed positive working relationships.
- There was a staff recognition reward scheme to recognise improvements to quality and innovation. Staff knew the senior management team and felt able to communicate with them.
- The manager demonstrated a good knowledge of the model of delivery for the service and felt able to use their knowledge and insight to influence commissioning approaches.

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

- The risk register did not include timeframes for actions to be completed.

- Four staff, including the safeguarding lead, had not completed the policy and compliance mandatory training which included modules on safeguarding adults and safeguarding children. No staff had completed root cause analysis, emergency first aid at work or fire warden training.
- Data provided by the service showed that five of 13 staff had not completed all of the mandatory training. There were no records available to confirm if staff had previously completed this training.
- The provider was embedding policies into the service. However, the prescribing and treatment policy did not reference current national drug misuse and management clinical guidelines which were updated in June 2017.
- The provider had completed an analysis of staff training needs. However, they had not acted on the information provided. This meant that the service had not acted on gaps in training for staff.
- The provider did not offer Mental Capacity Act training for staff. Staff knowledge of the Mental Capacity Act was limited. However staff could explain how to respond if a client attended under the influence.
- There was conflicting information concerning staffing levels. For example, the training matrix provided before the inspection listed 13 staff and information provided on the day of the inspection listed 21 staff. However, after the inspection the provider confirmed there were 12 staff working at the service.
- Although the service displayed advocacy posters, staff knowledge of support available was limited.

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Summary of this inspection

Background to East Kent Substance Misuse Service – Thanet

East Kent substance misuse service Thanet provides specialist community treatment and support for adults affected by substance misuse. The service is one of five in East Kent provided by The Forward Trust. The Kent Drug Alcohol Team funded treatment for the majority of clients at the service. Most of the referrals into the service were self referrals. The service was commissioned to provide treatment for people who live in East Kent.

The service offered a range of services including initial advice; assessment and harm reduction services including needle exchange; prescribed medication for

alcohol and opiate detoxification; Naloxone dispensing; group recovery programmes; one-to-one key working sessions and doctor and nurse clinics which included health checks and blood borne virus testing.

There was a registered manager at the service.

This is the first time the Care Quality Commission (CQC) had inspected this service since it registered with CQC on 1 May 2017. The service was registered to provide the activity treatment for disease, disorder and injury.

Our inspection team

The team that inspected the service comprised an inspection manager, three CQC inspectors and a specialist advisor with knowledge and experience of working in substance misuse.

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. This was an announced inspection.

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 stakeholders for information.

During the inspection visit, the inspection team:

- visited the service looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with the registered manager
- spoke with the prescribing doctor and non-medical prescribing nurse

Summary of this inspection

- spoke with three staff members including a team leader, a recovery worker and an administrator
- observed a medical clinic for three clients
- reviewed the medicines management of the service
- observed an initial assessment, a group and an allocations meeting
- reviewed 10 staff files and staff caseloads
- collected feedback using comment cards from seventeen clients
- looked at six care and treatment records for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients were positive about the care and treatment received from staff. Clients said that staff were professional, respectful and treated them as human beings. Feedback on comments cards said that clients could not praise staff enough and found them

understanding and responsive to their needs. Clients said they felt listened to and that the care and treatment received had been effective. Clients said that the environment was safe and hygienic.

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:

- Four staff, including the safeguarding lead, had not completed the policy and compliance mandatory training which included modules on safeguarding adults and safeguarding children. No staff had completed root cause analysis, emergency first aid at work or fire warden training.
- We reviewed 10 staff records and saw that all Disclosure Barring Service (DBS) checks were in place and up to date. However, managers did not have immediate access to DBS information for volunteers and peer mentors.
- The risk register did not include timeframes for actions to be completed.

However, we found the following areas of good practice:

- The clinic room was clean, tidy and well equipped. Staff completed appropriate daily checks. There was an emergency grab bag located for ease of access.
- Staff completed a monthly clinical infection control audit which included comments and actions required.
- We observed an emergency medical review where staff discussed treatment options and how the client could mitigate future risks. Staff covered all major domains of risk within the review.
- Staff discussed details of vulnerable clients on the safeguarding register during the business and clinical meeting. There was a safeguarding lead at the service that staff could speak to for advice.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff used information gathered during the assessment process to identify where a client required additional support. Staff arranged home visits for clients with complex needs or found it difficult to attend the service.
- The service submitted TOP data to the national drug treatment monitoring service which showed that the service was in the top quartile for substance misuse services.

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- Doctors completed a comprehensive assessment for all new clients and completed regular medical reviews for clients receiving a medically assisted treatment. We observed a medical review which was structured and comprehensive. The service contacted a client's GP prior to and after prescribing any medication
- The service followed the National Institute for Health and Care Excellence (NICE) The service provided one to one key working appointments and a range of group work that followed NICE guidelines.
- Staff worked with a range of external agencies including GP's, midwives, the community mental health team, young person's drug and alcohol service and supported housing providers to provide comprehensive and holistic care for clients.
- Staff supported clients with housing, benefits and employment issues. Where more specialist knowledge was required, staff signposted clients to the appropriate agency.
- The service provided naloxone to opiate using clients. Staff provided training to clients and carers in how to administer naloxone. Naloxone is an opiate antidote medicine used to rapidly reverse an opioid overdose.
- Staff were knowledgeable and experienced for their role. The service had identified staff who acted as 'champions' in various roles including safeguarding and multi agency risk assessment conference (MARAC).
- Staff contacted drug services to arrange a smooth transition of care if a client was moving to another area. Staff had regular contact with prisons to ensure that appropriate support and treatment was in place for somebody released from prison.

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

- The provider had completed an analysis of staff training needs. However, they had not acted on the information provided. This meant that the service had not acted on gaps in training for staff.
- The provider did not offer Mental Capacity Act training for staff. Staff knowledge of the Mental Capacity Act was limited. However staff could explain how to respond if a client attended under the influence.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

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- We saw that staff treated clients with respect and showed a genuine interest in their wellbeing.
- Staff were non-judgemental and treated clients with respect when discussing their care. Staff were compassionate and keen to maintain client's dignity.
- We obtained feedback from 17 comments cards from the service. Clients spoke highly of the support received and said that staff were non-judgemental, supportive, friendly and considerate. Clients said that they felt listened to and that staff had met their needs.
- The results of a client satisfaction survey were largely positive with 95% of clients reporting that they had a positive overall experience of the service.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff demonstrated a good knowledge of the local demographic and used local knowledge and insight to influence care and treatment.
- The service offered a drop in every afternoon so that staff could see people without an appointment. The service offered a late clinic one evening a week to reduce barriers to accessing treatment and staff could see employed clients outside of normal working hours. There was a single point of access telephone number for clients to use outside of normal working hours.
- Needle exchange provision was available including people who were not engaged in structured treatment. Staff provided harm reduction and safer injecting advice to people accessing this service.
- The service offered appointments and groups at three satellite services in Ramsgate and Broadstairs. Where possible, staff arranged home visits for clients with complex needs or who found it difficult to attend the service.
- Staff were able to arrange interpreters for clients where required. Staff had knowledge and experience of working with a diverse range of vulnerable clients from a variety of cultures and backgrounds. Staff supported and signposted clients to appropriate specialist support including the community mental health team, safeguarding, maternity and housing services.
- The service had a range of rooms for staff to see clients for one to one appointments and group work. There was a comfortable

Summary of this inspection

reception and waiting area with clean, well maintained equipment. There was a comments box and feedback forms in the waiting area. Posters were displayed inviting feedback of a client or carers experience of the service.

- The provider had facilitated co design workshops for clients, carers, staff and professionals during the initial part of the contract.
- Managers had regular meetings with the commissioners and stakeholders involved in the service to monitor and review performance.

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

- Although the service displayed advocacy posters, staff knowledge of support available was limited.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff demonstrated the organisation's shared vision of client recovery in their work. Staff spoke of a smooth transition from the previous provider with no impact on client care.
- There was a clear governance structure within the service. Regular meetings took place to monitor service delivery. We saw evidence of regular audits involving staff, managers and the clinical team.
- The service had an operational risk register to identify priority risks and implement an effective plan to mitigate risks. Staff had oversight of dashboards to monitor caseload, risk, care plans and client care and treatment.
- Staff morale was high and they felt their workload was manageable. The staff had worked as a team for some time and had developed positive working relationships.
- There was a staff recognition reward scheme to recognise improvements to quality and innovation. Staff knew the senior management team and felt able to communicate with them.
- The manager demonstrated a good knowledge of the model of delivery for the service and felt able to use their knowledge and insight to influence commissioning approaches.
- The provider had worked closely with stakeholders and partner agencies to design their treatment model. The service planned to implement the co-designed model in January 2018.
- Feedback from the commissioner was that the provider had managed the transition and performance of the service well.

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- The service had facilitated co design workshops for clients to participate in the design of the new service.

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

- Data provided by the service showed that the lead practitioner for ensuring the service was compliant with safeguarding standards had not completed mandatory e-learning safeguarding training.
- There was conflicting information concerning staffing levels. For example, the training matrix provided before the inspection listed 13 staff and information provided on the day of the inspection listed 21 staff. However, after the inspection the provider confirmed there were 12 staff working at the service.
- The service was embedding relevant policies. However, the prescribing and treatment policy did not reference the updated drug misuse and clinical management guidelines.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider did not offer Mental Capacity Act training for staff. However, staff we spoke with had a good understanding of how substances could affect capacity and how this could have implications for consent and treatment. For example, staff were aware that when

clients attended an appointment and were under the influence of drugs or alcohol they needed to reschedule the appointment for a time when the client was not intoxicated. This was to ensure the client would have the capacity to make informed choices about their treatment.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- The service was located on the first floor of a building shared with other organisations. Staff admitted clients and visitors using a buzz entry system, and then escorted them to the service which was on the first floor of the building.
- The service had a range of rooms including a clinic room, needle exchange room, group rooms and smaller rooms that staff used for one to one appointments. Five rooms contained a fitted alarm and mobile alarms were available in all other rooms. However, this had not led to any incidents. To mitigate risk, staff arranged to meet new clients in a room where there was a fitted alarm.
- The clinic room was clean, tidy and well equipped. Equipment included an examination couch, lockable fridge, adrenaline kit, dried blood spot testing kit, blood pressure monitor, weighing scales, height chart, a pulse oximeter, blood pressure monitor and an ECG (electrocardiogram) machine. Staff completed regular checks to ensure equipment, such as the adrenaline kit was in date. There was an emergency grab bag.
- Medicines were stored in the lockable fridge in the clinic room. Staff locked the clinic room when not in use. Staff completed daily temperature checks to make sure that medicines were kept at the recommended temperature.
- We reviewed a copy of the service's operational risk register that identified priority risks and how the service would act on these risks. However, the register did not include timeframes for actions to be completed. The risk register was shared with the senior management team and commissioners.

- The provider had an infection prevention and control policy and infection control and handwashing policy. Staff completed a monthly clinical audit which included comments and actions required. Staff discussed infection protection and control during the fortnightly business and clinical meeting.
- There were stocks of Naloxone (used in an emergency to treat opiate overdose) which staff checked regularly to ensure they were in date.
- The service had a well-stocked needle exchange in line with National Institute for Health and Care Excellence guidelines (NICE52) needle and syringe programme. There were needles, sterile containers for urine testing and sharps boxes, all of which staff checked regularly and were in date. Information was displayed and available for clients to take away about harm reduction.

Safe staffing

- The provider had established the staffing levels required through consultation with the service commissioners. At the time of the inspection, there was a service caseload of 511 clients in treatment.
- Data provided by the service reported a vacancy rate of 3.4%. The service had used one full time non-medical prescribing agency nurse and an agency doctor for one day per week since August 2017.
- The service reported a maximum individual staff caseload of 50 clients for full time staff and 40 clients for part time staff. The service based caseload on staff knowledge and experience and hours worked. The service had adjusted caseloads to reflect additional responsibilities.
- Data provided by the service showed that five staff had not completed the mandatory e-learning training. The training plan submitted by the provider aimed for staff to have completed this training by September 2017.

Substance misuse/detoxification

Four staff, including the safeguarding lead, had not completed the policy and compliance mandatory training which included modules on safeguarding adults and safeguarding children. Since the provider took over the contract in May 2017, no staff had completed Root Cause Analysis, Emergency First Aid at Work or Fire Warden Training.

- We reviewed 10 staff records. All staff had a Disclosure and Barring Service (DBS) check in place, which identified a conviction, caution or concern. The hub managers had access to all paid staff's DBS reference numbers, which were stored electronically. However, they did not have immediate access to DBS information in respect of the peer mentors or volunteers. This was due to the provider's electronic system. Information had to be requested from the provider's human resource team. We found peer mentors and volunteers at the service had a valid DBS in place.

Assessing and managing risk to clients and staff

- We reviewed six care records. All contained a completed risk assessment, which looked at risk to self and others, physical health, substance misuse and safeguarding concerns including child protection and domestic abuse. Staff told us risk assessments were reviewed and updated when needed. However, we found that following an incident one risk assessment had not been updated. The keyworker for the client was not at the service when the incident occurred and no other staff member updated the risk assessment in the key workers absence.
- Staff told us that some information about risk had not been transferred from the previous provider. Staff discussed case concerns and risks during allocations and business and clinical meetings. During these meetings, staff could discuss increased risk concerns about clients. However, although discussed, appropriate action was not always taken by staff to mitigate further risk. We found an incident involving a client who had been repeatedly discussed at the daily allocation meeting, where concerns for the client's mental health and their family's welfare was noted. Not all appropriate action was taken by staff to ensure the safety or welfare of the client or their family. For example, the local authority safeguarding team were not contacted and there was a delay in updating the risk assessment. The keyworker was not present and no

other staff member dealt with the matter in his or her absence. We raised this with the manager on the day of the inspection and were informed that immediate action would be taken, including a discussion with the local safeguarding team. We observed an allocation meeting where staff discussed risk. For example, staff discussed a high risk client who was later seen for a medical review.

- Data provided by the service showed that assessment and recovery training was planned between August 2017 and January 2018. The training matrix showed no staff had completed the training at the time of our inspection.
- Staff followed the prescribing and treatment policy for clients receiving medically assisted treatment (MAT). All clients initially received supervised consumption of MAT. Discussions took place between the doctor, key workers and the client before moving to unsupervised consumption or reduction in frequency of collection from the pharmacy.
- We observed an emergency medical review where staff discussed treatment options and how the client could mitigate future risks. Staff adapted to the emergency presentation and covered all major domains of risk within the review.
- Staff recorded details of vulnerable clients on a safeguarding register which were discussed during the business and clinical meeting. There was a safeguarding lead at the service that staff could speak to for advice. We reviewed the safeguarding audit and register which demonstrated a good understanding by the safeguarding lead.
- The service had not completed any safeguarding alerts or concerns between 31 October 2016 and 31 October 2017. We spoke with staff about this who confirmed no incidents had arisen that required reporting. The safeguarding lead attended monthly safeguarding meetings with colleagues from other hubs. The safeguarding lead had completed a safe storage audit and had arranged a safe storage campaign to promote awareness. The meetings had identified that the provider did not have a safe storage policy in place and there was now a plan to create a policy. Staff could use electronic dashboards to monitor when safe storage was issued to clients with children.

Substance misuse/detoxification

- Data provided by the service recorded that five of the 13 staff, including the safeguarding lead, had not completed policy and compliance e-learning training which included modules for safeguarding adults and children. The training plan for the service recorded that the training would be delivered between June and September 2017. Minutes reviewed from the safeguarding leads meeting in October recorded that the lead planned to contact the senior management team to discuss advanced training for safeguarding leads.
- There was a designated member of staff who attended MARAC meetings and shared information with the team. MARAC is a multi-agency risk assessment conference where representatives from agencies including the police, social services, schools and local authorities discuss high risk cases of domestic abuse.
- The service had a lone working policy. Staff discussed whereabouts during the daily allocations meeting.

Track record on safety

- The service had reported no serious incidents since their contract began on 1 May 2017.

Reporting incidents and learning from when things go wrong

- All staff had access to the electronic incident management system. Incident records included a record of identified learning. Details of all incidents were cascaded to managers, head office and the governance and quality team to monitor, review and sign off. There was a root cause analysis form on the system to review incidents. However, staff had not completed training in completing root cause analysis investigations.
- The central governance team supported the service investigate and analyse serious incidents for senior management review. The team leader and manager completed notifications for CQC.
- The manager and medical staff attended clinical governance meetings to discuss complex cases and lessons learnt from any serious incident. Managers discussed incidents and shared learning during monthly managers meetings and team meetings.
- We reviewed minutes of the business and clinical meeting and saw that incidents had been discussed and support and debrief offered to staff.

Duty of candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify clients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- The service had a Duty of Candour: Being Open Policy. Staff were aware of the policy and felt supported by managers to be open and transparent with clients.

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

Assessment of needs and planning of care

- Staff discussed all new referrals at the daily allocations meeting and allocated a keyworker to complete a brief intervention or assessment. Staff discussed assessments during the meeting and agreed the level of care appropriate for the client. We observed an allocations meeting which included a brief unstructured review of clients.
- Staff completed treatment outcome profile (TOP) forms with clients to monitor progress and measure outcomes. The aim of the TOP form was to improve the treatment system for clients. The service submitted TOP data to the national drug treatment monitoring service which showed that the service was in the top quartile for substance misuse services.
- Staff arranged medical assessment appointments for clients requesting, and appropriate for, assessment for community or inpatient detox. Doctors completed a comprehensive assessment for all new clients and completed regular medical reviews for clients receiving a medically assisted treatment. We observed a medical review which was structured and comprehensive. The provider had added a parental aspect to the comprehensive assessment to capture hidden harm.
- Staff reported good access to medical cover. There were two doctors at the service, each offering an all-day clinic. A non-medical prescribing (NMP) nurse worked at the service. Since 2012, non-medical prescribers can independently prescribe controlled drugs for the treatment of dependence, with the exception of

Substance misuse/detoxification

diamorphine, cocaine and dipipanone. The nursing director was responsible for ensuring that NMP's were appropriately supported and supervised. The NMP demonstrated a good understanding of hidden harm and evidence based practice.

- Staff completed care plans with clients. The care plans we reviewed were mostly detailed and addressed various aspects of the client's needs, including physical health, housing, welfare and education and family and criminal justice involvement. Care plans detailed the client's recovery goals and were reviewed with clients and updated by staff.
- Care plans we reviewed contained re-engagement plans. These detailed what action the staff would take if a client suddenly stopped engaging with the service. These were agreed with the client, included whom else the staff could contact, and preferred method of contact.
- Staff sought consent from clients as part of the assessment process. We saw examples where clients had consented to the sharing of information with their general practitioner. However, we also saw two examples where staff had shared anonymised information with the national drug treatment monitoring service despite the client not giving their consent for this.
- The service had issued all staff with a laptop and information was recorded electronically. Where paper records were used, these were then uploaded and saved onto the client's electronic record.
- We reviewed minutes of a business and clinical team meeting where staff had identified the need for training in recording risks assessments and care plans. Data provided by the service recorded that assessment and recovery training and case management and record keeping training would be delivered between August 2017 and January 2018. No staff had completed the training at the time of our inspection.
- The service offered hepatitis A and B vaccinations and dried blood spot testing for blood borne viruses. Staff routinely advised and supported clients wishing to access this service.
- The service provided a needle exchange service. Staff recorded needle exchange transactions on an electronic

reporting system. The service completed a needle exchange audit which included control measure and target completion date. The service planned to improve the holistic wellbeing of clients by actively promoting more effective harm reduction interventions for safer injecting, needle exchange and blood borne virus testing.

Best practice in treatment and care

- The service followed the National Institute for Health and Care Excellence (NICE) guidelines. These guidelines make evidence-based recommendations on a wide range of topics to improve the health of communities. The service referred to the Drug Misuse and Dependence clinical guidelines. These guidelines provide information for clinicians providing drug treatment for people who misuse or are dependent on drugs or alcohol. The medical lead employed by the service had been involved in the expert panel for writing these guidelines.
- The service provided evidence based interventions that met NICE guidelines. The treatment offered included brief advice and information through to more structured clinical and group interventions. Interventions included one to one key working appointments, following a cognitive behavioural therapy model, harm reduction in the form of 'living safe' groups, a 'steps to wellbeing' group and mutual aid meetings. All recovery workers except one had completed training in group facilitation.
- We reviewed a monthly clinical audit and the medically assisted treatment (MAT) action plan. The MAT action plan was linked to the five domains safe, effective, caring, responsive and well led. The clinical audit included compliance with infection control, the number of dried blood spot tests and number of vaccinations completed within the previous month. The audit and action plan identified actions required and persons responsible.
- As part of the initial clinical assessment, where appropriate, staff arranged for clients to have an electrocardiogram (ECG). Where clients were on high doses of medicines, staff arranged for them to have an ECG. High doses of medicines can have a serious effect on a person's heart. The service had an ECG machine and staff were trained to use it.

Substance misuse/detoxification

- Staff arranged appointments for clients who collected their prescription from the service so that regular monitoring could take place. Some clients receiving treatment for substance misuse took their medicine supervised by their local pharmacist for an agreed period. The supervision of consumption is good practice and promotes the safety and wellbeing of clients. A decision to reduce supervised consumption was based on staff's assessment of the client ensuring they have been compliant and treatment is working.
- The service offered residential or inpatient detoxification for opiate and alcohol dependent clients who they considered a higher risk. When staff identified a client who would benefit from residential or inpatient services, they submitted their case to the funding panel who agreed admissions.
- Staff supported clients with housing, benefits and employment issues. Where more specialist knowledge was required, staff signposted clients to the appropriate agency. The provider had recently merged with an employment specialist to further enhance clients' integration back into society.
- The service provided naloxone to opiate using clients. Staff provided training to clients and carers in how to administer naloxone. Naloxone is an opiate antidote medicine used to rapidly reverse an opioid overdose.
- The provider recently recruited apprentices to work for a one-year contract. We were told during this time, apprentices would be supported to attend a relevant college course and gain further employment experience. As with peer mentors, apprentices are people who have their own experience of recovery from substance misuse.
- The service had a mix of healthcare professionals who were all highly skilled and competent. The prescribers were knowledgeable and able to assess and prescribe for alcohol and drug detoxification. All staff we observed and spoke with demonstrated a high level of understanding about drug and alcohol use and their effects of physical and mental health. They were confident in their knowledge to identify and recognise signs of deterioration during a client's detoxification or withdrawal.
- Staff we spoke with told us the administration team were very supportive. The administration team managed the storage and management of the prescription process. They were competent and knowledgeable and demonstrated a high level of commitment to both the clients and service.
- The service had identified staff who acted as 'champions' in various roles including safeguarding and multi agency risk assessment conference (MARAC). The MARAC lead attended regular meetings to share information of high risk cases of domestic abuse.
- The service had completed training needs analysis for staff during the TUPE (transfer of undertakings and protection of employment) process from the previous provider. However, the provider had not completed an action plan in response to the analysis of the training needs. This meant although the service had identified gaps in training for staff action to remedy the training issues had not been taken. Staff were invited to identify specialist training and apply for bursaries for external training or conferences.
- Staff spoke of feeling supported by the manager and peers. Staff received monthly line management supervision. The manager and team leaders shared line management responsibilities. Although the service did not offer clinical supervision for non-clinical staff, the provider offered financial reimbursement for staff to source external reflective practice. The service provided a free confidential telephone helpline for staff.

Skilled staff to deliver care

- Staff were suitably qualified and experienced for their role. Staffing consisted of the service manager, three administrators, one agency non prescribing medical nurse, two team leaders, six full time recovery workers, five part time recovery workers, one part time safeguarding lead / recovery worker, one permanent doctor and one agency doctor who attended the service one day a week and one part time volunteer. There were no vacancies at the service.

Multidisciplinary and inter-agency team work

- The service contacted a client's GP prior to and after prescribing any medication. Doctors completed regular medical reviews for clients who were prescribed medication assisted treatment for opiate or alcohol dependence.

Substance misuse/detoxification

- Staff had regular contact with local pharmacies to ensure that prescriptions were in place for clients receiving medically assisted treatment.
- Staff worked with a range of external agencies including GP's, midwives, the community mental health team, young person's drug and alcohol service and supported housing providers to provide comprehensive and holistic care for clients.
- Staff had developed links with the local community mental health team who conducted joint assessments for clients where appropriate.
- The provider shared the contract with National Association for the Care and Resettlement of Offenders (NACRO). There was a dedicated NACRO worker at the service who liaised with agencies including probation, the police and prisons to ensure that the needs of clients involved in the criminal justice system were met, to support integration into the community.

Good practice in applying the MCA

- The provider did not offer Mental Capacity Act training for staff. Staff knowledge of the Mental Capacity Act was limited. However staff could explain how to respond if a client attended under the influence of drugs or alcohol.
- During the assessment process, staff explained that clients would be seen if they attended appointments under the influence of drugs or alcohol. However, they would not be seen if intoxicated to a level that impacted the client's ability to make decisions about treatment.

Equality and human rights

- Staff completed equality and diversity e-learning training which included modules on race, religion or belief, gender re-assignment, age and disability.
- Staff used information gathered during the assessment process about age, ethnicity, nationality, disability status, literacy and language. Staff used this information to identify where support may be needed. Staff could access specialist support such as an interpreter where required. Staff arranged home visits for clients with complex needs or found it difficult to attend the service.
- The service worked alongside other services such as community midwives and young person services in order to establish links and joint working.

Management of transition arrangements, referral and discharge

- The service accepted self referrals and referrals from professionals. The service offered a drop in service which provided the opportunity for people to speak to staff without an appointment. There was a weekly evening clinic so that clients could be seen out of working hours.
- Staff contacted drug services to arrange a smooth transition of care if a client was moving to another area. Staff had regular contact with prisons to ensure that appropriate support and treatment was in place for somebody released from prison.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- We observed an initial medical assessment, a medical review and a group work session. We saw that staff treated clients with respect and showed a genuine interest in their wellbeing.
- We observed an allocations meeting and saw that staff were non-judgemental and treated clients with respect when discussing their care. Staff were compassionate and keen to maintain client's dignity.
- We obtained feedback from 17 comments cards from the service. Clients spoke highly of the support received and said that staff were non-judgemental, supportive, friendly and considerate. Clients said that they felt listened to and that staff had met their needs.

The involvement of clients in the care they receive

- The service completed a client satisfaction survey following the change of service provider in May 2017. The results of the survey were largely positive with 95% of clients reporting that they had a positive overall experience of the service. The lowest score was 32% of clients feeling that their treatment had remained the same.
- The provider had invited clients to attend co design workshops to participate in the design of the service.
- Clients could complete feedback forms about their experience of the service. The drop in service was open to carers for support and advice.

Substance misuse/detoxification

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

Access and discharge

- Staff demonstrated a good knowledge of the local demographic and used local knowledge and insight to influence care and treatment.
- The service was commissioned to accept referrals for people who lived in East Kent. The majority of the referrals were self referrals. The service accepted referrals from agencies and professionals including GPs, social services, hospitals, prisons and probation. The service offered a drop in every afternoon so that people could be seen without an appointment.
- Managers had regular meetings with the commissioners and stakeholders involved in the service to monitor and review performance.
- The service offered a late clinic one evening a week to reduce barriers to accessing treatment and support employed clients to be seen outside of normal working hours. There was a single point of access telephone number for clients to use outside of normal working hours.
- Staff arranged appointments for clients who collected their prescription from the service so that regular monitoring could take place.
- Staff contacted a client's GP prior to and on completion of prescribing medically assisted treatment (MAT) to ensure awareness of prescribed medication. Prior to treatment, staff completed a prescribed treatment agreement with clients which was signed by the client, key worker and dispensing pharmacist.
- Staff supported and signposted clients to appropriate specialist support including the community mental health team, safeguarding, maternity and housing services.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a range of rooms for staff to see clients for one to one appointments and group work. There was a comfortable reception and waiting area with clean, well maintained equipment.

- Leaflets and information were displayed in the waiting room and included how to make a complaint, safeguarding information, domestic abuse and harm reduction advice.

Meeting the needs of all clients

- Staff completed assessments that considered age, gender, sexual orientation and disability. Staff considered other relevant information such as co-morbidities and the client's individual, social and mental health needs.
- The provider had facilitated co-design workshops for clients, carers, staff and professionals during the initial part of the contract to participate in the design of the service.
- The service offered appointments and groups at three satellite services in Ramsgate and Broadstairs. Where possible, staff arranged home visits for clients with complex needs or who found it difficult to attend the service.
- Staff were able to arrange interpreters for clients where required. Staff had knowledge and experience of working with a diverse range of vulnerable clients from a variety of cultures and backgrounds.
- Needle exchange provision was available including people who were not engaged in structured treatment. Staff provided harm reduction and safer injecting advice to people accessing this service.

Listening to and learning from concerns and complaints

- The provider had a complaints and comments policy. The provider encouraged staff to manage informal complaints at a local level. The governance and quality department processed formal complaints. A database tracked the complaints process to monitor timeliness of response and trends.
- There was a comments box and feedback forms in the waiting area. Posters were displayed inviting feedback of a client or carers experience of the service.
- The service had received two complaints between 1 May and 8 September 2017. The service had not upheld either of the complaints. Managers discussed complaints during their meetings and cascaded learning to staff during business and clinical meetings.

Substance misuse/detoxification

- Although information about advocacy services was displayed in the waiting area, staff had limited knowledge about advocacy support available for clients.

Are substance misuse/detoxification services well-led?

Vision and values

- Staff demonstrated the vision and values of the organisation in their work. Staff knew senior managers and said that they were visible in the service. Staff spoke of a smooth transition from the previous provider with no impact on client care. Staff demonstrated the organisation's shared vision of client recovery in their work.

Good governance

- There was a clear governance structure within the service. Regular meetings took place to monitor service delivery. We saw evidence of regular audits involving staff, managers and the clinical team. We saw evidence of identified actions being discussed and when completed.
- There were local and regional governance meetings which linked to the central governance and quality team to support the delivery of good quality care.
- The service completed audits to monitor and develop service delivery. We saw a medically assisted treatment audit that was rated using the five key lines of enquiry safe, effective, caring, responsive and well led. The audit generated an improvement action plan with objectives, actions to be taken, person responsible and timescales.
- The service had an operational risk register to identify priority risks and implement an effective plan to mitigate risks. There was an operational risk assessment which was shared with the senior management team and commissioners. However the audit did not record timeframes for actions to be completed.
- There was conflicting information concerning staffing levels. For example, the training matrix provided before the inspection listed 13 staff and information provided on the day of the inspection listed 21 staff. However, after the inspection the provider confirmed there were 12 staff working at the service.

- Data provided by the service showed that five of 13 staff had not completed all of the mandatory training. The area manager told us that some staff had previously completed this training but there were no records available to confirm this.
- Staff had oversight of dashboards to monitor caseload, risk, care plans and client care and treatment.
- The service was embedding relevant policies. However, the prescribing and treatment policy did not reference the updated drug misuse and dependence guidelines on clinical management.
- The provider had employed an experienced practitioner who worked two days per week who was responsible for ensuring the service were compliant with safeguarding standards. However, data provided by the service showed that the safeguarding lead had not completed mandatory safeguarding training. Safeguarding was an agenda item on regional managers meeting, regional governance meetings, weekly service and daily allocations meetings.
- The commissioners for the service had agreed that there would not be any key performance indicators until completion of the co design of the service in January 2018. Managers had regular meetings with the commissioners to discuss and review the performance of the service. Feedback from the commissioner was that the provider had managed the transition and performance of the service well.

Leadership, morale and staff engagement

- Staff morale was high and they felt their workload was manageable. The staff had worked as a team for some time and had developed positive working relationships.
- Staff felt the provider had taken an interest in their training needs and career development. Staff said that the provider offered good benefits and incentives which had improved morale.
- There was a staff recognition reward scheme to recognise improvements to quality and innovation. Staff knew the senior management team and felt able to communicate with them.

Substance misuse/detoxification

- The manager demonstrated a good knowledge of the model of delivery for the service and felt able to use their knowledge and insight to influence commissioning approaches.
- The service had a whistleblowing policy. The manager encouraged an open door policy for staff to discuss concerns. There was a free confidential helpline for staff.
- The provider had a shared contract with a mental health support organisation involved in the co-design of the service to better meet the needs of clients in the hope of improving referrals and engagement into the service. Clients were encouraged to participate in the design of the new service and had attended co design workshops.
- Feedback from the client satisfaction survey was largely positive. The service received the highest scores for clients reporting a positive overall experience of the service and that the service was accessible. The lowest score concerned clients feeling that their treatment had remained the same since the change in provider.

Commitment to quality improvement and innovation

- The provider had begun an eight year contract to deliver community substance misuse services in May 2017. The provider had worked closely with stakeholders and partner agencies to design their treatment model. The service planned to implement the co-designed model in January 2018.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that staff complete mandatory training so that they can carry out their roles safely and effectively.

Action the provider **SHOULD** take to improve

- The provider should ensure that the mandatory training identified is sufficient to support staff to carry out their roles safely and effectively.
- The provider should ensure that staff complete training in the Mental Capacity Act so that staff can carry out their roles safely and effectively.
- The provider should ensure that staff training records are accurate and up to date.

- The provider should ensure that they complete an analysis of training needs to identify and support staff training needs.
- The provider should make sure that the risk register includes timeframes for actions to be completed.
- The provider should ensure that managers have immediate access to Disclosure Barring Service check information for all staff.
- The provider should ensure that staff are aware of the advocacy support available for clients.
- The provider should ensure that policies are up to date and reflect current national guidelines.

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
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Staff did not receive appropriate support, training and development to enable them to fulfil the requirements of their role.</p> <p>Regulation 18 (2)(a)</p>