

Addaction - Hartlepool Specialist Prescribing Service

Quality Report

Hartlepool Action and Recovery Team Treatment
Centre
Whitby Street
Hartlepool
TS24 7AB

Tel:01429 285000

Website:www.addaction.org.uk/services/hartlepool

Date of inspection visit: 23-24 November 2016

Date of publication: 04/05/2017

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 issues the service provider needs to improve:

- Staff were not trained in the use of an automatic external defibrillator and had not received resuscitation training for four years.
- An adrenaline pen had expired, however, the service did have adrenaline ampoules in stock which reduced the risk if clients suffered anaphylaxis.
- Patient group directions and competency assessments for staff had expired which risked out of date and unsafe practices being carried out.
- Due to a typing error, a client's prescription for methadone was incorrectly increased by nine milligrams.

Summary of findings

- Prescriptions were produced on a printer that was accessible to all staff rather than just those who were permitted to issue prescriptions placing client confidentiality at risk of being breached and used for fraudulent purposes.
- Clients' recovery plans were not updated.
- Recovery plans did not give details of clients' strengths, goals and did not cover the full range of clients' problems and needs.
- Not all clients were given a copy of their care and recovery plans.
- There was an inconsistent approach to how clients arriving late for their appointments were dealt with.

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

- The environment at Addaction Hartlepool Specialist Prescribing Service, including rooms and areas used by clients was clean, tidy, safe and well maintained.
 - There was adequate staffing within the service and agency staff were rarely used. Sickness rates amongst staff were low. Health and safety and fire assessments were up to date. Prescriptions were stored at the premises in line with national guidance. The service used lessons learned from incidents to improve its practices. Staff were aware of the need to be open, honest and transparent with people who used the service when things went wrong.
 - Clients' care records contained good quality risk assessments and evidence of good quality physical health checks being undertaken. Clinical reviews of clients and care plans were undertaken every 12 weeks.
- The service followed guidance from the National Institute for Health and Care Excellence, the Drug Misuse and Dependence: UK guidelines on clinical management book (sometimes referred to as the Orange Book), the British Association for Counselling and Therapy, Nursing and Midwifery Council and current legislation. The service had a range of equality and diversity policies, procedures and opportunities to meet the needs of its clients and staff.
 - Clients told us that staff were caring, polite and compassionate towards them. We saw good, friendly interaction between staff and clients during our visit. Each client had a named support worker that they were able to contact if they needed help or advice. Clients were able to provide feedback by completing comments cards or by using the Addaction website.
 - The service worked with a midwife from the local hospital to support pregnant clients; supported a hepatitis C clinic and a specialist nurse attended the service weekly to see clients that had tested positive for the hepatitis C virus. The service ran an alcohol group every Friday for clients misusing this substance and a 12-week parenting group for clients with children. Complaints were monitored and analysed and the service's practices were amended to make improvements when necessary.
 - Staff were aware of the organisation's whistleblowing policy. The provider used key performance indicators to monitor service to its clients. Client information was processed and managed in accordance with current legislation such as the Data Protection Act and Human Rights Act 1998.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Summary of this inspection

	Page
Background to Addaction - Hartlepool Specialist Prescribing Service	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	11
Outstanding practice	21
Areas for improvement	21
Action we have told the provider to take	22

Addaction Hartlepool Specialist Prescribing Service

Services we looked at:

Substance misuse services

Summary of this inspection

Background to Addaction - Hartlepool Specialist Prescribing Service

Addaction provides treatment to men and women over 18 years of age with alcohol or drug dependency. Addaction delivers treatment in partnership with Lifeline as part of the Hartlepool Action and Recovery Team. Addaction provide the clinical interventions including substitute prescribing where appropriate and Lifeline provided the assessment, recovery co-ordination, psychosocial interventions and other wraparound support.

Addaction is one of the UK's largest specialist treatment charities for drug, alcohol and mental health. It employs over 1,100 people nationally.

The two agencies' nurses and recovery workers work together to achieve the best results for clients. Addaction deliver prescribing, blood borne virus testing, vaccinations, clinical interventions, counselling and other support. Addaction also runs an alcohol group once a week for its clients. Initial care planning, recovery planning, risk assessments and health checks are delivered by Lifeline although Addaction do undertake reviews of risk assessments, recovery plans and health checks during client appointments. Each Addaction

support worker is paired with a Lifeline support worker and this joint working approach makes it is easier to arrange appointments and discuss when it is appropriate for clients to be discharged. Other treatments such as wound care are delivered by primary healthcare.

Addaction's income comes from a variety of sources. The majority of their funding is from local government contracts, as Addaction provide services on their behalf. Addaction is also funded through individual donations, trusts such as the Big Lottery Fund, corporate donors and sponsors.

The service has been registered with the Care Quality Commission since 1 April 2014 to provide diagnostic and screening procedures and treatment of disease, disorder and injury. It has a registered manager appointed who is also the service and contracts manager and covers the Addaction site in Bradford.

Addaction Hartlepool Specialist Prescribing Service had not been previously inspected prior to this inspection visit, which is why we undertook this inspection.

Our inspection team

The team that inspected the service comprised of CQC inspector Rob Burdis (inspection lead), a CQC Inspector, a CQC Pharmacist Inspector and a nurse specialist advisor.

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

- Is it safe?
- Is it effective?
- Is it caring?

Summary of this inspection

- 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 contacted the registered manager to ask for information about the number of staff that would be present for the inspection team to speak to; contact details of carers and relatives and details of any activities that were due to take place throughout our visit.

During the inspection visit, the inspection team:

- looked at the quality of the environment and how staff were caring for clients
- looked at 12 care and treatment records of Addaction clients.
- looked at a range of policies and procedures and other documents relating to the running of the service.
- looked at six personnel files of staff and noted the dates of training, supervision and appraisals they had received.
- spoke with four clients and collected feedback from nine clients and one parent using comments cards.
- spoke with three relatives or carers.
- spoke with the service manager.
- spoke with 11 other staff members including a doctor, a receptionist, three nurses, three support workers and three administrators.
- attended an in-house team meeting attended by staff at the service.

What people who use the service say

We spoke to four clients and three carers and relatives during our inspection visit. They told us that staff were always polite, caring and professional and the environment was clean and tidy. All but one client said they felt safe when they visited the service. This client told us that the reception area was too small, always busy and they felt uncomfortable around some of the other clients.

Six clients and carers who completed comments cards said the service was excellent and that staff were committed to their role. One client said that they did not feel listened to and felt that staff care more about numbers on their books and another client said the service was poor.

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 the service provider needs to improve:

- An adrenaline pen had expired, however, adrenaline ampoules were in stock which reduced the risk to clients if they suffered anaphylaxis.
- Due to a typing error, a client's prescription for methadone was incorrectly increased by nine milligrams and neither the nurse who signed it nor the pharmacist noticed the error.
- Staff had not been trained in the use of an automatic external defibrillator and had not received resuscitation training for four years.

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

- The environment at Addaction Hartlepool Specialist Prescribing Service was clean, safe and well maintained.
- There was adequate staffing at the service with low use of agency staff.
- A doctor at the service had recently increased their hours to 30 hours a week to provide support to other staff.
- Health and safety checks and fire assessments were up to date.
- Equipment had been recently calibrated.
- Prescriptions were stored in line with national guidance.
- Lessons learned from incidents were used to improve practice within the service.
- Sickness rates amongst staff were low.
- The service had its own Duty of candour policy and staff were aware of the need to be open, honest and transparent with people who used the service when things went wrong.

Are services effective?

We do not currently rate standalone substance misuse services.

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

- Patient group directions and competency assessments for staff had expired.
- Only three of the 12 care records we looked at contained up to date recovery plans.
- Recovery plans did not give details of clients' strengths, goals, problems and needs.

Summary of this inspection

- Not all clients had been given a copy of their care or recovery plan.

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

- Clients' care records contained good quality risk assessments and evidence of good quality physical health checks being undertaken
- Staff at the service engaged in clinical audits such as infection control.
- The service followed guidance from the National Institute for Health and Care Excellence, the Drug Misuse and Dependence: UK guidelines on clinical management book (sometimes referred to as the Orange Book), the British Association for Counselling and Therapy, Nursing and Midwifery Council and current legislation.
- Staff engaged in clinical audits.
- Clinical supervision was being regularly undertaken with staff.
- The service had embedded a range of equality and diversity policies, procedures and opportunities to meet the needs of its clients and staff.

Are services caring?

We do not currently rate standalone substance misuse services.

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

- There was an inconsistent approach to how clients arriving late for their appointments were dealt with.

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

- Clients told us that staff were caring, polite and compassionate towards them.
- We saw good, friendly interaction between staff and clients within the service.
- Each client had a named support worker that they were able to contact if they needed help or advice.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service worked with a midwife from the local hospital to support clients during their pregnancy.
- The service supported a hepatitis C clinic and a specialist nurse attended the service weekly to see clients who had tested positive for the hepatitis C virus.

Summary of this inspection

- The service ran an alcohol group every Friday for clients misusing this substance.
- The service ran a 12-week parenting group for clients with children.
- The service had a compliance inspection and audit team, which monitored the handling time and nature of complaints received by the service and analysed them to identify any trends that emerged.
- Complaints were monitored and analysed and the service's practices were amended to make improvements when necessary.
- Staff were aware of the organisation's whistleblowing policy.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- Clients' prescriptions were produced on a printer which was accessible to all staff rather than just those who were permitted to issue prescriptions which meant confidential client information was at risk of being breached or used for fraudulent purposes.

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

- Managers felt they had enough authority to carry out their role.
- The provider used key performance indicators to monitor service to its clients.
- Seven quality visits had taken place within the last 12 months.
- The provider conducted staff satisfaction surveys.
- The registered manager sat on a steering group, which looked into the toxicity of new psychoactive substances (previously known as 'legal highs').
- All staff spoke highly of the registered manager and felt they were doing their best to address any issues within the service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 is a law designed to protect and empower people who may lack the mental capacity to make decisions for themselves. The Act applies to people aged 16 years and over. It must be considered where people may be unable to make a specific decision at a specific time and where they meet the eligibility criteria of the Act. Initial assessments around client capacity were undertaken by the Lifeline service.

All staff within Addaction service received online training in the Mental Capacity Act 2005 once a year. If staff had any concerns or queries about a client's capacity, they would contact local mental health services. A client's capacity to consent was recorded within their case notes.

Staff we spoke to had a good understanding of the principles around the Act. They gave the following examples as evidence of their knowledge:

- the need to consider the client's ability to make informed decisions
- the need to consider the client understands what they have been told.
- Staff also told us that they were aware that if a client was heavily intoxicated with alcohol or drugs that this could affect their capacity to understand and they would speak to a nurse for advice and guidance in these situations

The service did not have its own Mental Capacity Act policy.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

We undertook a tour of the service as part of our inspection activities. The rooms and areas used by clients, including toilets, were clean, tidy and well maintained. Two cleaning staff employed by Hartlepool Borough Council performed cleaning duties each morning.

Prescription pads were stored securely in line with national guidance. A system was in place to ensure tracking of prescriptions between Addaction and the community pharmacies.

Rooms within the service were fitted with an alarm button which, when activated, sent an alert via a telephone in the staff area. This facility also enabled staff to identify which room the alert related to. Staff areas could only be accessed by the use of a key fob to prevent clients accessing staff only areas. Closed circuit television was also in operation at the service in the reception area.

The majority of clients and carers we spoke with, or received written feedback from, said the environment was clean and that they felt safe whilst at the service. One client commented that the reception area was too small, always busy and that they felt uncomfortable around some of the other clients. A second client said there was an occasion when they assaulted another client but that staff at the service handled this well and notified the police.

Doors to assessment rooms were fitted with frosted glass to maintain clients' dignity and privacy.

Fire and health and safety assessments were up to date and fire extinguisher checks had been carried out in August 2016.

On induction, all staff within the service had to familiarise themselves with a range of health and safety policies and procedures such as lone working, fire and bomb incidents, managing violence and aggression, first aid and accident and illness.

Safe staffing

At the time of the inspection there were 18 staff working at Addaction in Hartlepool. This included:

- a registered manager (full time split between Hartlepool and Bradford site – three days a week at Hartlepool)
- a doctor (0.8 whole time equivalent)
- a clinical lead/non-medical prescribing nurse (whole time equivalent)
- two non-medical prescribing nurses (whole time equivalent)
- a support worker/GP liaison (whole time equivalent)
- a support worker/community engagement coordinator (whole time equivalent)
- five clinical support workers (whole time equivalent)
- three administrators (1.6 whole time equivalent in total)
- three volunteers.

The doctor had recently increased his working hours to 30 per week to allow him to provide support to other members of the team. In the doctor's absence, staff had access to other medical directors within Addaction. Two support workers worked 50% and 60% as a GP liaison and community engagement coordinator respectively. All the other support workers worked full time. Three nurses were employed to work at the service each day.

The service's caseload at the time of the inspection visit comprised of 460 clients with needs relating to drugs and 69 with needs relating to alcohol. The service determined its required staffing levels using the number of clients, the average duration of client appointments (30 to 45 minutes depending on the level of complexity), titration reviews and the service's current budget. The average caseload per staff

Substance misuse services

member was 70 clients each. The doctor did not carry a caseload. The registered manager told us cases were allocated to staff based on the level of the case's complexity.

The provider submitted data prior to the inspection that stated the average sickness level at the service was 7% but during the inspection visit, we were told this had slightly increased. We were told sickness levels had not affected service delivery and staff covered the work of staff that were absent. However, one staff member told us sickness in their area was not covered; only lunch and comfort breaks. This staff member also told us that they could not always get staff to speak to clients on the telephone because they were busy which led to clients becoming angry and frustrated.

The service had not used agency staff for over a year at the time of the inspection visit. A team within Addaction dealt with any additional staff requirements. We were told that all agencies used were approved and any agency staff that had performed poorly were not used again.

We were told that the service did not cancel appointments due to staff shortages. Clients were instead given the option to see an alternative member of staff.

All staff were Disclosure and Barring Service checked prior to commencing employment at the service.

We were told that the service had good links to specialist medical care. The service could access crisis teams each day and were able to direct clients to North Tees Hospital's walk in centre or casualty department.

Addaction had worked with a mental health charity, to draw up a Risk and Safeguarding assessment and risk management plan. The training had been rolled out to the service's 'risk leads' and Addaction were considering how this could be integrated into the local case management system effectively.

Staff were up to date with their mandatory training except in resuscitation and the use of an automatic external defibrillator. Five modules around safeguarding were mandatory for all staff. There was other mandatory training relating to each member of staff's role within the service.

Assessing and managing risk to clients and staff

Staff at the service told us that all clients had a risk assessment on admission. Risk management plans were

generated by the service's computer system. Of the 12 care records we looked at, eleven records contained up to date risk assessments undertaken by Addaction; the twelfth record was completed by Lifeline. All but one of these risk assessments were of a good quality and contained detailed information.

Clinic rooms were clean and tidy with appropriate equipment in place including a couch, blood pressure monitoring equipment, and scales. Equipment had been recently calibrated. A refrigerator was available for the storage of vaccines. This was locked and the temperature was recorded daily in line with the Royal Pharmaceutical Service and Medicines and Healthcare Products Regulatory Agency guidance. The service had a contract with a national company who collected clinical waste twice a week. An automatic external defibrillator was available and was checked daily however, staff told us they had not received recent training for its use. Staff had received resuscitation training four years ago but a different model of defibrillator was used for demonstrations during this training. Emergency medicines were available for overdose and adrenaline ampoules were in stock for the treatment of anaphylaxis. However, we found that the only adrenaline pen at the service had expired in September 2016.

The service assessed if a client was suitable to collect their own prescription and keep their medication at their home; taking into account factors such as children at the home and there being suitable lockable storage for the medication. We asked how the service dealt with the risk of clients passing their medication to another person for illicit purposes; an activity commonly referred to as 'diversion'. We were told that many of Addaction's clients were on supervised consumption and were regularly tested which reduced the risk of clients engaging in this sort of behaviour. If a client engaged in illegal practices, the service would contact the police unless there were safeguarding concerns in which case, the multidisciplinary team would discuss the case and make a safeguarding referral if necessary.

For clients who unexpectedly dropped out of the service, the 'did not attend' process was used. This involved ringing the client 15 minutes into their appointment time, followed by a second call at 4pm if the first attempt to contact them was unsuccessful. Lifeline's Recovery Coordinator was alerted and a joint appointment with Addaction and Lifeline was arranged. If the client missed their next

Substance misuse services

appointment, a letter was sent to them asking them to contact the service within seven days. If a third appointment was missed, the client was put forward for assertive outreach intervention and risk assessments were checked. If the client continued not to engage with the service, their case would be closed on the computer system. If the client later wished to re-enter the service, an appointment was arranged and the assessment process would re-start through Lifeline.

All staff we spoke with were aware of how to access the service's safeguarding policy and procedure. The safeguarding policy was displayed on walls in the staff areas and could be accessed via the service's intranet. A flow chart described how the safeguarding procedure worked in practice. All staff at the service had mandatory training in the safeguarding of vulnerable adults and children. Addaction had a managing violence and aggression policy in place to help staff maintain a safe environment for themselves, their colleagues and people who attended the services. The policy included guidance on maintaining personal safety, preventing conflict and aggression, recognising aggression and site-specific safety. This policy was also part of staff's induction; however, two members of staff who came into regular contact with clients indicated they needed training in managing violence or aggression.

Areas of concern or risk identified by staff at the service were discussed with their managers and if necessary, included on the provider's risk register.

Addaction discouraged children under 16 years of age from visiting the service. The registered manager told us that in the rare cases where a child did visit the service; there was always a member of staff with the child.

The service liaised with pharmacists to ensure medication administered to clients was monitored by the pharmacist. The service did not administer medication nor did it store medication on its premises except for vaccines for blood borne viruses.

Track record on safety

There had been five serious incidents at the service within the last 12 months; the most recent was dated 15 February 2016. All five were classed as 'unexpected or avoidable death or severe harm of one or more patients, staff or members of the public'. One of these incidents related to a prescribing error. Due to a typing error, the prescription for

methadone was incorrectly increased by nine milligrams and neither the nurse who signed it nor the pharmacist noticed the error. The error was discovered when the next prescription was produced. To avoid the repeat of such an error, the service introduced a new process in which both the support worker who printed the prescription and the nurse who had to sign it were required to check the dosage against the previous prescription.

Another incident involved a client who died when their carer was away. The service had not been informed about the carer's absence or that the client had not collected their medication from the pharmacist. The client was later found dead in their home. Addaction set up a system with Lifeline, which required staff to make a follow up call to any client whose carer was known to be away to check on the client's welfare.

In the 12 months prior to the inspection, the service made five safeguarding referrals. These were about concerns for the welfare of people using the service.

Reporting incidents and learning from when things go wrong

There was a system in place to ensure safety alerts were identified and actioned. Incidents including those involving medicines (both internal prescribing and pharmacy dispensing incidents) were reported through the service's central reporting system. Incidents were assessed by the registered manager and clinical staff. Learning from incidents and feedback was provided at clinical supervision or through weekly team meetings. Addaction's incident report policy contained guidance for reporting incidents.

Incidents and complaints were analysed and reviewed monthly by Addaction's national critical incident review group. Regional hubs and the national critical incident review group, which both reported to Addaction's national Clinical Social Governance Committee, also reviewed any serious untoward or critical incidents.

The staff we spoke with said they reported deaths, abusive and aggressive clients, racial abuse, prescription errors and safeguarding concerns. Lessons learned from these incidents were fed back to staff through multidisciplinary meetings, team meetings and the national Clinical Social Governance Committee website. Staff told us that debriefs were completed following incidents such as client deaths.

Duty of candour

Substance misuse services

The Duty of candour is a legal requirement introduced to ensure openness, honesty and transparency with people who use care services when things go wrong.

Addaction had a Duty of candour policy that included the procedure for staff to follow and the types of incidents for which the Duty of candour should be applied in line with the regulation.

Staff gave examples of being open and honest with clients when incidents or mistakes happened. They were aware of the need to keep clients fully informed and provided information throughout any investigations or complaints made, in line with policy.

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

Assessment of needs and planning of care

The Addaction service in Hartlepool delivered treatment in partnership with Lifeline as part of the Hartlepool Action Recovery Team. Addaction provided the clinical interventions including substitute prescribing where appropriate and Lifeline provided the assessment, recovery coordination, psychosocial interventions and other wraparound support. Mental health assessments were conducted by local mental health services but were also able to be considered by the service's multidisciplinary team. Assessments of clients' physical health needs were undertaken within the primary healthcare sector. Clinical reviews of clients were undertaken every 12 weeks by the service. Reviews of care plans were completed every 12 weeks in partnership with Lifeline.

We looked at 12 care records during our inspection visit. All the records showed that blood borne virus testing had taken place and that clients had consented to their treatment. Recovery plans undertaken by Addaction were present and all but three were up to date. Six of the recovery plans were personalised and contained the client's views but nine did not give details of the clients' strengths and goals. However, recovery plans did not cover clients' full range of difficulties and needs. Records contained assessments about the clients' ability to collect their prescription and contained medical reviews from Addaction's multidisciplinary team where applicable.

Eleven records showed that good quality physical health checks of the client had been undertaken. We saw that Addaction had undertaken mental capacity assessments of clients, which were recorded in their case notes.

Best practice in treatment and care

Staff told us that the service's processes and procedures followed guidance from the National Institute for Health and Care Excellence, the Drug Misuse and Dependence: UK guidelines on clinical management book (sometimes referred to as the Orange Book), the British Association for Counselling and Therapy, Nursing and Midwifery Council and current legislation.

The Addaction service had a team of student counsellors who offered counselling to clients. The team was managed by a full time member of staff.

Staff at Addaction engaged in clinical audit. This included infection control and prescription processes. The registered manager told us audits of client case records were undertaken. Addaction carried out audits on an annual basis. Outcomes of audits were shared with staff to inform best practice.

Best practice guidance was followed before prescribing and a full assessment was completed including physical and mental wellbeing as well as necessary physical health checks through the client's GP. Prior to the supplementary prescribers taking over care, a full assessment was completed by the doctor or independent prescriber and care plan documentation was completed. Non-medical prescribers both independent and supplementary worked within the Addaction formulary for prescribing alongside current National Institute for Health and Care Excellence guidance and legislation. Clinical supervision was planned and took place on a four to six week basis. All clients had a prescriber review within four weeks of their previous appointment.

Patient group directions were used within the service for vaccinations. These are written instructions that allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription. Patient group directions were not effectively managed by the service. For example, we found patient group directions that had expired and competency assessments had last been performed in November 2014.

Skilled staff to deliver care

Substance misuse services

All managers within Addaction were expected to meet the skills, qualifications and experience required of their job description. Development needs of managers and wider staff were identified through the analysis of training needs and individual performance development plans. Service managers were required to hold an Institute of Leadership and Management level three award and certificate in leadership and management.

As part of the inspection activity, we reviewed six staff members' personnel files. There was clear evidence on these files that all six members of staff had regular supervision and were up to date with appraisals and training. The registered manager told us that as of 2017, active supervision of staff would take place. This would involve managers or medical leads sitting in on a worker's supervision session to ensure the sessions were safe and effective. All staff at the service had a named person that provided regular supervision.

Staff had access to specialist training for their individual role through the service's e-learning facility. This included training in the Mental Capacity Act, eating disorders, suicide prevention, mental health and other specialist training delivered by the Federation of Drug and Alcohol Professionals.

Multidisciplinary and inter-agency team work

Multidisciplinary meetings were held within the service once a month as a minimum. All staff who were involved with the client whose case was being considered could attend these meetings. These meetings could also include attendees from external agencies. Information and advice from other professionals was requested and shared through a secure e-mail system. Any necessary action or decisions made at these meetings were included in the client's case notes.

Two members of staff at the service told us that obtaining information from Lifeline could be difficult due to the way that service was set up. Historically, there had been issues with getting information from clients' GPs but this had improved following the appointment of the service's in house GP liaison.

Addaction's links to other local recovery communities were limited as most of the work around this was undertaken by lifeline. Referrals to other organisations were also managed by Lifeline although Addaction had its own hepatitis C lead and a weekly visit from a midwife.

Good practice in applying the MCA

The Mental Capacity Act 2005 is a law designed to protect and empower people who may lack the mental capacity to make decisions for themselves. The Act applies to people aged 16 years and over. It must be considered where people may be unable to make a specific decision at a specific time and where they meet the eligibility criteria of the Act.

Initial assessments around client capacity were undertaken by the Lifeline service.

Staff within Addaction service received online training in the Mental Capacity Act 2005 once a year. If staff had any concerns or queries about a client's capacity, they would contact local mental health services. A client's capacity to consent was recorded within their case notes.

Staff we spoke with had a good understanding of the statutory principles around the Act. They gave the following examples as evidence of their knowledge:

- the need to consider the client's ability to make informed decisions
- the need to consider the client understands what they have been told.

Staff also told us that they were aware that if a client was heavily intoxicated with alcohol or drugs that this could affect their capacity to understand and they would speak to a nurse for advice and guidance in these situations.

The service did not have its own Mental Capacity Act policy.

Equality and human rights

Data from the provider included the following examples to demonstrate how the service was accessible and did not discriminate against any person:

- The service's opening hours included evenings and weekends to take into account the different lifestyles of its clients.
- The service took into account clients of the Muslim faith who observed Ramadan and arranged for them to collect their medication at convenient times from pharmacies that were open 24 hours a day, seven days a week so prayer times were not disrupted.
- The service adapted to service delivery based on specific needs such as seeing clients off site if required.
- The service proactively engaged with underrepresented groups.

Substance misuse services

- The service worked with other agencies to ensure that clients' needs were met.

All staff were required to read and understand Addaction's equality and diversity policy and complete the equality and diversity e-learning module. Compliance with the policy was monitored through line management, individual performance development plans and regular reviews of each service's complaints and incidents.

Addaction had policies that supported adherence to the equalities codes of practice including recruitment; complaints, grievance; flexible working, privacy and integrity and whistleblowing. All Addaction's policies had recently been equality impact assessed to ensure that they did not discriminate against anyone in possession of a protected characteristic.

Management of transition arrangements, referral and discharge

The registered manager told us that the Lifeline service conducted risk assessments, health checks and drew up care and recovery plans. Clients were then transferred into the Addaction service within seven days of being seen by Lifeline for the next stages of their treatment.

Clients were transferred between the Addaction and Lifeline services following a three way meeting between the client and their Addaction and Lifeline keyworkers. Clients were discharged from the service by both key workers. If the client needed more recovery support the client was transferred to Lifeline who would discharge the client once the recovery support was completed.

The registered manager told us that clients saw the doctor in the Addaction service within seven days although this timeframe could differ if a client's needs were particularly complex. The provider data prior to the inspection visit which stated as at 3 August 2016, the ratio of staff to clients was 52 clients to one staff member and the average number of clients seen per week was 153. During the inspection visit, the current caseload figure for the service stood at 529 clients.

The provider stated in their provider information report that as at 3 August 2016, the number of appointments missed by clients in the last 12 months totalled 2608. The number of clients discharged from the service during this time was 370, which included clients whose cases were closed due to them missing appointments.

Are substance misuse services caring?

Kindness, dignity, respect and support

We spoke with four clients and three carers who each told us that staff at the service were kind, caring and respectful towards them. Each client had a named support worker that they were able to contact if they needed help or advice.

Eight clients and carers that completed comments cards echoed the views of the clients with whom we spoke. However, two clients gave negative comments about the service; one of whom felt spoken down to by staff and the other said the service was poor.

During our tour of the service, we witnessed the interaction between staff and clients. Staff spoke to clients in a friendly manner and the clients appeared comfortable speaking to them.

Two staff members told us that there was an inconsistent approach taken to dealing with clients arriving late for appointments. We were told some clients who had arrived 15 minutes late had been seen whereas others arriving five minutes late were told to rebook their appointment and were sent away. We raised this matter with the registered manager. She said that whether or not late arrivals could be seen depended on the number of staff working that day and how many clients each staff member were due to see. She did say that a more flexible approach might be given to clients with particularly chaotic lifestyles or behaviours or with whom there were engagement difficulties. The service did not have a policy in place for dealing with clients arriving late for appointments.

The involvement of clients in the care they receive

Prior to the inspection visit, Addaction provided us with the feedback they had received about the service from 43 clients who used the Addaction website. The feedback showed that the vast majority of these clients were happy with the service they received from the Hartlepool service.

The clients we spoke with told us that they felt supported by staff at the service. Staff helped the clients to understand and manage their health needs such as sexual health, nutrition and drug and alcohol use. Three clients could not recall being given a copy of their risk assessment or recovery plans. All four clients confirmed that staff at the

Substance misuse services

service had asked if they wanted to involve family or friends in discussions about the type of care and treatment they received. One client said they were not offered a choice of treatment by the service.

Clients were aware that they could provide feedback on the service by using Addaction's client feedback forms.

The service had contact with three local advocacy services and staff could support clients to access these if required.

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

Access and discharge

Lifeline undertook the initial access into the service and conducted risk assessments, health checks and draw up care and recovery plans within 48 hours of the client being referred.

Multidisciplinary team meetings were held to discuss and consider the needs of particularly vulnerable clients and those at risk of harm, for example clients suffering domestic abuse, older people and offenders released from prison.

Following discussion between clients and their two Addaction and Lifeline keyworkers, clients were discharged. If the client required further recovery support, they were transferred to Lifeline who arranged for them to be discharged once the recovery support was completed.

The facilities promote recovery, comfort, dignity and confidentiality

We checked assessment and waiting rooms at the service as part of our inspection activity. These rooms were clean, tidy, and quiet. Frosted glass was fitted into the doors to ensure clients' dignity, privacy and confidentiality were maintained.

Appropriate service related information was displayed and leaflets were available in the reception area.

Posters and information about how to make complaints or give compliments were displayed in the reception area.

Meeting the needs of all clients

Addaction Hartlepool worked with a midwife from the local hospital to support pregnant women and provided a clinic for pregnant clients once a week. The service worked jointly with the midwife and addressed any safeguarding concerns around client's children.

The service supported a hepatitis C clinic on site. A specialist nurse attended the service weekly to promote and deliver treatment to clients who had tested positive for hepatitis C.

The service delivered group work including groups for alcohol dependent clients and a parenting group for clients with children.

The service supported smoking cessation and held smoking cessation clinics.

The service was accessible for all clients and had disabled facilities. If rooms with wheelchair access at the Hartlepool site were unavailable, staff were able to meet clients at another location that met their needs.

The Addaction website had translation facilities that covered a wide range of languages and supportive software, which added speech, reading, and translation options for people with dyslexia, low literacy, English as a second language and mild visual impairment. The service also had access to translators who attended appointments with clients and Lifeline had a translation service available to Addaction clients

Three clients told us that they sometimes had to wait to be seen by a member of staff.

Addaction were planning to open a service for clients nearing the end of their treatment at a building in Hartlepool in the near future.

Listening to and learning from concerns and complaints

Clients were able to provide feedback to the service using a comments box in reception and through the Addaction website. Posters informing clients how to make a complaint were displayed in the reception area.

Addaction's compliance inspection and audit team monitored the handling times and nature of complaints made by people using Addaction's services. Lessons learned from complaints were forwarded to staff by

Substance misuse services

managers and were used to improve the organisation's practices and code of conduct. Complaints about individual members of staff were discussed during their supervision meetings.

All but one of the 14 staff members we spoke with were aware of the organisation's whistleblowing policy.

Are substance misuse services well-led?

Vision and values

Staff within the service were aware of the visions and values of the organisation which included being compassionate, determined, professional and effective. The organisation also had five guiding principles, which were for staff to be collaborative, ethical, inspiring, resilient and self-challenging.

Four members of staff told us that members of the senior executive staff had visited the service.

Good governance

Addaction's organisational clinical staff structure and clinical processes supported clinical governance across all of our services nationally.

Clinical leads had clinical oversight of individual services and were supported by Addaction's Clinical Governance Framework, which was overseen by the medical director. The medical director was responsible for clinical governance and standards within the organisation including qualifications, competency, accreditation and registration of all clinical staff.

The Clinical Social Governance Committee, which was a sub-committee of the Board of Trustees, reviewed all clinical governance and performance matters with overarching responsibility for clinical governance.

Addaction processed and managed client information within a lawful and ethical framework. Part of Addaction's Medical Director's role was to ensure all policies and procedures associated with information governance were reviewed regularly; were fit for purpose and were in line with current legislation. All Addaction staff were expected to follow organisational guidelines in respect of clients' information. Addaction's information governance steering group was responsible for raising issues requiring attention; ensuring the organisation's processes were in

line with statutory requirements and that the needs of services and clients were met. Members of the steering group included Addaction's information governance lead; data controller, lead information asset owner, head of clinical and social governance, IT manager and senior information risk owner. We identified an information governance concern during our inspection. Clients' prescriptions were being produced on a printer, which was accessible to all staff rather than only those permitted to issue prescriptions. This placed confidential client information at risk of being breached or used for fraudulent purposes.

The registered manager told us that they felt they had enough authority to carry out their role; felt supported by their senior managers and that there was enough administrative support in place. They also told us that the service used key performance indicators, which were set by local commissioners to monitor how the service was performing. The service's performance figures were sent to the commissioners on a quarterly basis

Between April and October 2016, four quality audits had taken place at the service conducted by Addaction staff from a different part of the service. A medicines management audit highlighted a lack of engagement between the service and the local intelligence network. Since the audit, the service was able to join the network and attend meetings. A local service audit was carried out which initiated:

- a review of risk assessments for the premises
- the risk assessment and recovery planning process being reviewed with partners
- evidence for communication with GPs being strengthened and included in every service client's file
- the service's consent form being reviewed to ensure everyone within the service was using the current consent form
- the service's complaints procedure and process for collecting compliments being improved
- a review of staff files to ensure all appropriate information was contained within them.

An audit of care records highlighted a lack of consistency in way notes are recorded which the service were addressing through team meetings and peer training. An audit was also carried out in relation to healthcare waste.

Leadership, morale and staff engagement

Substance misuse services

Addaction were establishing local leadership meetings between the registered manager, clinical lead and medical lead to build on the leadership and ensure a holistic approach to leadership of the service.

The organisation had recently recruited an Associate Medical Director to provide clinical supervision to the doctor and support clinical leadership within the service. This role also ensured that policies were appropriately adhered to and there was clinical staff input to organisational policy development.

The registered manager told us that Addaction ran a staff satisfaction survey each year. We saw a copy of the most recent results which were sent to staff in September 2016 and the results were positive overall.

Sickness patterns were monitored in order to identify and address any possible instances of work related stress or other underlying issues. The registered manager had an open door policy so that staff could speak to them whenever they needed to. Staff had direct access to Addaction's human resources department with whom they could access any staff support services or help and advice.

Commitment to quality improvement and innovation

The registered manager told us that the service was not invited to the local intelligence network however; the service did report information and feedback any issues through its council liaison member.

The registered manager sat as a layperson on the National Institute for Health Research, Health Protection Research steering group for Newcastle university research. The steering group looked into the toxicity of new psychoactive substances, formerly known as legal highs and involved stem cell research to test these substances on. They worked with various hospitals to get information and samples. The project was set to last for four years.

The registered manager also gave an example of which their recommendation for service improvement had been accepted. Previously, the service had a strict policy stating that a prescription must never be given to the client if, after being breathalysed, their alcohol level was 0.4 or above but this was changed to a guideline to enable staff to assess each client's case and make an informed decision about the appropriateness of issuing a prescription.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The service must introduce a secure process for printing prescriptions to ensure that only authorised staff can handle prescriptions.
- The service must ensure that all care records contain up to date recovery plans.
- The service must ensure that all recovery plans contain details of each client's strengths, goals, problems and needs.
- The service must ensure that patient group directions and competency assessments are up to date.
- The service must ensure a consistent, clear and reasonable approach is taken to clients who arrive late for their appointments.

- The service must ensure that staff receive training in the use of resuscitation equipment before they are allowed to use it.

Action the provider **SHOULD** take to improve

- The service should ensure that adrenaline pens and any other out of date emergency equipment is disposed of in accordance with its clinical waste processes.
- The service should ensure that all clients are given a copy of their care and recovery plans.
- The service should ensure that systems are in place and regularly reviewed in order to prevent future medication errors.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Patient group directions and competency assessments had expired for nursing staff at the service. Staff had not received training in the use of an automatic external defibrillator and had not received resuscitation training for four years. Regulation 12 (2) (c)
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: Nine out of 12 care records at the service contained recovery plans which did not give details of clients' strengths and goals. The recovery plans for three clients were not updated. Regulation 9 (3) (a)
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: An inconsistent approach was being taken in relation to clients who arrived late for their appointments.

This section is primarily information for the provider

Requirement notices

Regulation 9 (1) (a) (b) (c)

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

Clients' prescriptions were produced from a printer that was accessible to all staff rather than only those permitted to issue prescriptions. This placed client confidentiality at risk of being breached and used for fraudulent purposes.

Regulation 17 (2) (c)