CGL West Kent Drug and Alcohol Wellbeing Services

Quality Report

Mill House
Mill Street
Maidstone
Kent
ME15 6XH
Tel: 01622 690944
Website: www.changegrowlive.org.uk

Date of inspection visit: 16 and 25 October 2019
Date of publication: 19/12/2019

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

Ratings

Overall rating for this location	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

Summary of findings

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 rated CGL West Kent Drug and Alcohol Wellbeing Services as Good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- The recording of risk information was variable and inconsistent. Clients risk assessments were not always updated following an incident or reflective of all risks identified, including unplanned exit from treatment.
- Care plans did not always reflect the clients overarching recovery goals, discussions had with the client were not always routinely documented and did not always include discharge planning. Staff did not always ask clients if they wanted a copy of their care plan.
- The service did not adhere to best practice guidance around use of recognised tools for monitoring dependence and withdrawal for clients who used opiates.

Summary of findings

Contents

Good

CGL West Kent Drug and

Services we looked at
Community-based substance misuse services

Summary of this inspection

Background to CGL West Kent Drug and Alcohol Wellbeing Services

CGL West Kent Drug and Alcohol Wellbeing Services is part of a national Change Grow Live

provider who provide a not-for-profit drug and alcohol treatment service. The service provides specialist community treatment and support for adults affected by substance misuse who live in West Kent.

CGL West Kent Drug and Alcohol Wellbeing Services work across three bases. The main base is in Maidstone and two further hubs are in Gravesend and Tunbridge Wells. Services are also run from other buildings in the local community to ensure accessibility for all clients and maximise the geographical region where the service is provided.

They offer a range of services including initial advice; assessment and harm reduction services including needle exchange; prescribed medicines for alcohol and opiate detoxification and stabilisation; naloxone dispensing; group recovery programmes; one-to-one key working sessions and doctor and nurse clinics which includes health checks and blood borne virus and hepatitis C testing.

The service has good partnership working across West Kent and with other agencies, including social services, probation, GPs and pharmacies.

There is a registered manager at the service.

The service registered with the Care Quality Commission on the 31 October 2018, to provide the regulated activity, treatment of disease, disorder and injury.

The service was previously registered with the Care Quality Commission under South Regional Office. In October 2018, the provider registered CGL West Kent Drug and Alcohol Wellbeing Services as a separate location. This was their first inspection since being registered separately.

Our inspection team

The team that inspected the service based in Maidstone comprised, one CQC inspector, one CQC assistant inspector and one nurse specialist with experience of working in substance misuse services. The team that inspected the Tunbridge Wells service comprised, two CQC inspectors' and one nurse specialist with experience of working in substance misuse services.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

Summary of this inspection

- visited the Maidstone and Tunbridge Wells hubs and a building in Southborough where clinics were held, looked at the quality of the environment and observed how staff were caring for clients
- spoke with eight clients who were using the service
- spoke with the registered manager and both team leaders for each of the teams visited
- spoke with 11 other staff members; including a doctor, a nurse and recovery workers;
- attended and observed a women's group meeting
- attended and observed a morning meeting
- looked at 18 care and treatment records of clients
- reviewed staff files including supervision and recruitment documents
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with eight clients, who were all very positive about the service. They felt staff were kind, caring, responsive to their needs, and always treated them with compassion and respect. Clients told us staff were easily accessible and gave them time to talk, whether on the telephone or in person. Clients had a choice in their treatment pathways. They found the group programmes and positive engagement with staff in their one-to-one sessions to be effective. They felt staff and the service had improved their lives by giving them the right support at the right time.

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?

Requires improvement

We rated safe as requires improvement because:

- We reviewed 18 client records and found risk assessments were not always updated following an incident or reflective of all risks identified.
- Staff did not consistently record how they and the client would mitigate risk in the case of an emergency or crisis or if the client exited treatment early and unplanned.
- The service did not ensure cleaning logs were kept up-to-date.

However:

- All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.
- Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each client's physical health.
- The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Are services effective?

Good

We rated effective as good because:

- Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and they reflected the assessed needs.

Summary of this inspection

- Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes for people who misused alcohol. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to help clients. They supported each other to make sure clients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

However:

- Records of clients' care and treatment was variable in the detail recorded. Care plans did not always reflect the clients overarching recovery goals, discussions had with the client were not always routinely documented and did not always include discharge planning. Some care plans were more personalised and holistic compared to others.
- Staff did not always ask clients if they wanted a copy of their care plan.
- The service did not adhere to best practice guidance around use of recognised tools for monitoring dependence and withdrawal for clients who use opiates.

Are services caring?

Good

We rated caring as good because:

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

Summary of this inspection

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

Are services responsive?

Good

We rated responsive as good because:

- The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.
- The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.
- The service met the needs of all clients, including those with a protected characteristic or with communication support needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Are services well-led?

Good

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that the majority of the governance processes operated effectively at service level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance.

However:

- The audit checks on client risk assessments had not identified the concerns we found during the inspection.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider set mental Capacity Act and Deprivation of Liberty Safeguards training as mandatory for all staff working at the service. At the time of the inspection, staff had completed their required mandatory training. The provider had a Mental Capacity Act policy which staff were aware of.

Staff were aware that if clients attended an appointment and they were intoxicated with drugs or alcohol they may need to reschedule the appointment for a time when the client was not intoxicated. This was so the client would have the capacity to make informed choices about their treatment.

Overview of ratings

Our ratings for this location are:

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

Good

Community-based substance misuse services

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

Are community-based substance misuse services safe?

Requires improvement

Safe and clean environment

Safety of the facility layout

We visited two of the hub buildings where each team was based and a pharmacy where clinics took place. Buildings were accessible with a variety of rooms including clinic rooms, needle exchange, group rooms and smaller rooms that staff used for one-to-one appointments.

The service had health and safety systems to manage the safety of the environment. This included monthly premises checks and six-monthly health and safety assessments. The provider had recently completed basic ligature risk assessments of the hub buildings. These were appropriate to the service provided and any risks identified had been reported for work to take place. The provider had control measures to mitigate risk. For example, all clients were escorted in the building and were not left unattended. Fire risk assessments were up to date including checks on equipment such as fire extinguishers. There was an allocated fire marshal at each hub. We saw evidence that fire evacuation tests had taken place.

There was an intercom entry system to both team's hub buildings and clients and visitors were expected to sign in and out. Keyworkers would meet clients in the reception room and support them when in the building. Areas where only staff were allowed access had key pads fitted to the doors. Staff could call for help in an emergency. Rooms that clients had access to had alarms fitted and there were portable alarms available to staff.

The provider had closed circuit television in both hubs we visited to monitor public areas and access to the building where appropriate. Closed circuit television screens were located behind the reception desk and were observed throughout the day.

Maintenance, cleanliness and infection control

All areas of the buildings we visited were clean, furnished and well maintained. All hubs we visited had a daily dedicated cleaning contract in place. However, cleaning schedules were not always completed.

Clinic rooms, testing rooms and the needle exchange was well stocked and kept locked when not in use. Medicines were stored in the lockable fridge in the clinic rooms. Staff completed daily temperature checks to make sure that medicines were kept at the recommended temperature. Equipment had been calibrated and tested for electrical safety as required.

Both of the buildings where the teams were based contained a medical emergency box that contained a spill kit, sharps bin, emergency kit containing adrenaline, syringes, needles, small sharps box, examination gloves and facemask. Staff regularly checked the boxes to ensure the contents were in-date and restocked.

Staff completed a Naloxone log which recorded batch number, expiry date, risk assessment, safe storage and a client signature to confirm they had been trained in the use of Naloxone. Naloxone is a medicine used to reverse the effects of an opiate overdose.

Good

Community-based substance misuse services

The Maidstone hub had a well-stocked needle exchange in line with National Institute for Health and Care Excellence guidance for needle and syringe programmes. Information was displayed through both buildings and available for clients to take away about harm reduction and a range of relevant health matters. Tunbridge Wells hub did not have a needle exchange but did signpost people to the nearest available one.

Staff followed infection control principles, including hand washing and the disposal of clinical waste. There were antibacterial gels available and hand washing basins in the clinic room.

The service had appointed staff as fire wardens and first aiders. The service carried out regular fire drills at both hubs.

Safe staffing

Staffing levels and mix

The provider had established staffing levels required through consultation with the service commissioners.

The service employed a doctor who worked across all the teams and non-medical prescribers (NMP). They held regular clinics so that clients were seen as soon as possible after referral.

As of the 30 June 2019, the service had 52 substantive staff across all the teams. This included a doctor', non-medical prescribers, nurses, team leaders, recovery workers and administration staff. The service also had a volunteer and service user involvement coordinator.

In the last twelve months prior to the inspection, seven staff had left the service and there was a 5% staff vacancy rate across the service. The sickness rate was 3% which included staff on long term sick leave.

There were enough skilled staff to meet the needs of clients accessing the service. The team leaders managed staff sickness and annual leave to ensure the service had enough staff.

As of the July 2019, the service held a total caseload of 1237 clients and was a mixture of alcohol, opiate and non-opiate clients. The individual caseloads per keyworker averaged between 40-60 clients, depending on complexity, risk, staff skill and knowledge and capacity due to hours worked and additional responsibilities.

Staff we spoke with told us that they received good supervision and support to manage their caseloads. Team leaders monitored the acuity of caseloads with all staff through regular complex case reviews, as part of the referral process and during staff supervisions to ensure staff wellbeing and client risk was safely managed.

Managers ensured robust recruitment processes were followed. The service carried out pre-employment checks on all staff to ensure everyone working in the service was safe to do so. These checks included enhanced disclosure and barring service (DBS) checks, referencing from previous employers, copies of proof of identification and training certificates/proof of qualification.

Service user representatives had wellness plans completed with them to ensure their needs were supported whilst working at the service and in treatment themselves.

Mandatory training

The service had lone working protocols and working from one of the other community buildings was risk assessed to manage client and staff safety.

There was a mandatory training matrix for all staff. This enabled staff to see which training they needed to complete and when training updates were required. The service had a training completion target which all staff had met. The service took action to deal with any of the teams' outstanding mandatory training.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards training was set by the provider as mandatory for all staff working at the service and was completed annually. At the time of the inspection, staff had completed their mandatory training which included Mental Capacity Act. Staff we spoke with understood their responsibilities in relation to the Mental Capacity Act and ensuring clients were supported to make informed choices about their care and treatment.

Assessing and managing risk to service user and staff

Assessment of service user risk

We reviewed 18 care records, including care plans risk assessments and risk management plans. Areas of risk looked at; risk to self and others, physical health, substance misuse and safeguarding concerns including child protection and domestic abuse.

Good

Community-based substance misuse services

Staff did not always record risks to clients. In the 18 care records we reviewed, we found risk assessments were not always updated following a change in risk or after an incident. They were not always reflective of risks identified during the client's comprehensive assessment. However, staff we spoke with were very aware of the risks and safeguarding concerns for their clients and told us what action was being taken to support clients. Records did not reflect what staff knew and the action they had taken. Risk information was shared and discussed as part of the wider multidisciplinary team complex case reviews and appropriate action was taken and support given.

Unexpected exit from treatment or crisis plans were not included as part of risk management or care plans. However, exit from treatment was discussed as part of the clients first assessment.

Care records we reviewed, detailed staff monitoring clients' physical and mental wellbeing. We observed a recovery worker discussing risk with clients a group session. Staff discussed warning signs and any deterioration in clients' health during the clinical meeting, agreeing actions to respond appropriately.

In line with National Institute of Health and Care Excellence (NICE) recommendations, staff used a range of tools to assess client's dependence and monitor their withdrawal. For example, the alcohol use disorders identification test (AUDIT) and the severity of alcohol dependency questionnaire (SADQ) was used by staff with the client to assess their dependence. Recognised withdrawal tools were also used to monitor and respond to change in risk. However, we did not see evidence of staff using clinical opiate withdrawal scales.

Staff followed their prescribing and treatment policy for clients receiving medically assisted treatment. For example, discussions between the doctor, recovery worker and the client would take place before moving a client from supervised to unsupervised consumption to ensure the client fully understood and ensure support and risk management was provided. Supervised consumption is where a client is observed taking their detoxification medicine to make sure they followed their agreed treatment pathway.

Management of service user risk

Staff were proactive at identifying and managing risk. There were effective systems to ensure the management of clients' risks were discussed and shared amongst the staff. For example, team leaders had oversight of high-risk clients and held weekly complex case reviews for their discussion.

Staff held daily flash meetings across all teams in the service. The flash meeting supported staff to discuss any new referrals, risks, concerns or support they needed. We observed a flash meeting during the inspection and saw that all staff engaged in detailed discussion of client risks. Where appropriate, these risks were shared with relevant stakeholders such as the local authority, health services, criminal justice partners and probation services.

The service had clear protocols which staff were aware of and followed if clients disengaged from treatment. Clients who declined to engage with the service were reviewed during complex case reviews, so staff could discuss client risk and the appropriateness of alternative engagement methods.

Staff liaised closely with clients' GPs and requested a summary of prescribed medicines prior to starting prescribed medicines. The service always sent a letter to the client's GP to let them know what medicine they had prescribed their client.

The service provided detailed and informative harm minimisation advice. Records we reviewed clearly recorded discussions had with the client where staff had made them aware of the continued risks of substance misuse.

The service shared information with the trust ambulance service about clients who were at high risk of over-dose.

Safeguarding

There were effective systems to ensure that safeguarding concerns were identified, managed and reviewed.

All staff were required to complete mandatory safeguarding training. Safeguarding was fully embedded in staffs' daily work and was a key area of discussion in meetings including daily reviews and referrals, complex case reviews, supervision, local, regional and governance meetings.

The team leaders at both hubs were the safeguarding leads. Staff told us they always spoke to them for advice. The safeguarding leads attended regular safeguarding meetings. Safeguarding information was clearly displayed throughout the service for both staff and clients.

Good

Community-based substance misuse services

There was a designated member of staff who attended multi-agency risk assessment conference meetings (MARAC) and shared information with the team. Multi-agency risk assessment conference meetings are where representatives from agencies including the police, social services, schools and local authorities come together to discuss high-risk cases of domestic abuse.

Staff access to essential information

Client care records were stored securely. They were held electronically. Where paper forms were used with clients, they were scanned and stored on the client's electronic care record. Prescription information was also available via the electronic care records.

All staff had password protected access to electronic systems.

Medicines management

Prescribing staff demonstrated safe practice around prescribing medicines. This was demonstrated in clinical records, policies and procedures. Clients receiving a prescription were reviewed by a prescriber at least every three months and prescribers conducted desktop reviews for clients who did not attend their review.

Staff supported clients to access their prescriptions in the community. Controlled drugs were not stored or dispensed on site. Staff contacted a suitable pharmacy for the client to arrange dispensing. Staff provided the pharmacist with essential information prior to prescriptions starting and updated them with any changes and reasons for the change in prescribing if necessary. Staff had a good working relationship with the local pharmacies who dispensed detoxification medicines. Pharmacy staff contacted the service when clients did not attend to collect their medicines so that staff could check on the client's wellbeing.

Staff provided a lockable box for all clients prescribed opiate substitution medication. Staff provided naloxone and trained clients how to administer it to reduce the risk of overdose. Training in administering naloxone was also provided to families, carers, support workers and any relevant person involved with a client at risk of opiate overdose.

Medicine management including dispensing, administration, reconciliation, recording and disposal was all undertaken in line with National Institute of Health and Care Excellence (NICE) guidance**.**

Staff reviewed the effects of medicine on clients' physical health in line with National Institute of Health and Care Excellence (NICE) guidance.

There was a clear audit trail and risk management process for prescriptions issued. The service had a dedicated staff member at each hub to process repeat and instalment prescriptions. Prescribers cross referenced people's care records to ensure any changes to prescribed medicines were updated before authorising prescriptions. There was a secure process for ordering and storing prescriptions and checks were carried out by staff to ensure all prescriptions were accounted for. Medicine management and prescribing was monitored through the provider's clinical governance meetings and the corporate medicines management group.

Medicine incidents were reported, investigated and lessons were shared in monthly governance meetings. Prescribers received feedback during supervision meetings and shared best practice through their prescribers' peer support groups which they attended monthly. The provider's governance and quality team shared trends from incidents to help improve practice.

Each of the hubs main buildings had an automated defibrillator. Staff were trained in how to use it.

Track record on safety

There had been no serious incidents reported by the service in the last 12 months, prior to the inspection. The service reported and investigated all client deaths. They did not consider these to be serious incidents unless the cause of death was a direct result of something the service or staff member had done. There had been no such incidents. Some were expected deaths due to physical illness. The majority were attributed to overdose of illicit substances. The senior management team thoroughly reviewed all deaths and implemented any necessary changes to service delivery as a result.

Reporting incidents and learning from when things go wrong

All staff had access to the electronic incident reporting tool and knew what should be reported. Incidents were

thoroughly investigated and analysis and learning from these were shared effectively. The electronic incident report was signed off by management and any immediate actions fed back to the team. Staff we spoke with said they participated in debriefs following incidents that occurred within the team.

Managers and medical staff reviewed incidents during daily flash meetings, weekly complex case reviews and monthly clinical governance meetings. The provider's risk and assurance team looked at themes and learning outcomes from incidents. Managers discussed incidents and shared learning during managers meetings, group supervision, and staff team meetings.

The Duty of Candour regulation explains the need for providers to act in an open and transparent way with people who use services. It sets out specific requirements that providers must adhere to when things go wrong with people receiving care and treatment. The provider had a Duty of Candour policy. Staff we spoke with understood the need to be open and transparent when they had made mistakes and to make written apologies when required. At the time of our inspection, we did not see any examples of its use as none of the incidents that had taken place had needed a written apology.

Are community-based substance misuse services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

Staff completed a thorough assessment of needs with all clients in a timely manner. Staff triaged initial referrals for urgency, but all clients received a full assessment and a prescribing assessment with a qualified prescriber and wellbeing check with a nurse, if needed. Assessments included information about substance misuse history, physical and mental health, social needs and criminal justice history to ensure that client needs could be met. This was in line with guidance from National Institute for Health and Care Excellence. All referrals were discussed daily in the flash meeting to ensure clients' needs were met quickly. Staff liaised closely with clients' GPs and requested a summary of prescribed medicines prior to starting prescribed medicines.

All care records we reviewed contained meaningful and holistic care plans, including physical and social needs. However, the detail varied depending on the staff member who had completed the care plan. For example, in the 18 care records we reviewed, not all care plans were recovery focussed and did not document the client's strengths and goals. Staff were variable in the recording their discussions and plans with clients about their discharge arrangements including unexpected exit from treatment.

Care plans were completed with clients during their first personalised assessment and then on an ongoing basis, a minimum of at least every three months. This was in line with guidance from National Institute for Health and Care Excellence. Staff told us they did not routinely offer clients a copy of their recovery plan, although they would give them a copy if asked.

Staff worked with clients on a one-to-one basis to develop their care plans and in groups where clients were able to share their goals with each other and offer peer support.

Clients receiving low doses of medicine were regularly reviewed by the multidisciplinary team. This enabled discharge plans to be made with clients who were on reducing medication regimes. It also ensured that clients did not remain on low doses for prolonged periods with no goal and those clients whose medicines could be increased were. Staff also monitored clients receiving high doses of medicines and prolonged supervised consumption. This was in line with guidance from National Institute for Health and Care Excellence.

Best practice in treatment and care

We reviewed 18 client records. The records detailed interventions and practice which were in line with National Institute of Health and Care Excellence (NICE). The treatment offered ranged from brief advice and information through to more structured clinical and group interventions. Interventions offered included one-to-one appointments with the client's allocated recovery worker, following a cognitive behavioural therapy model, mindfulness sessions and harm reduction groups.

Good

Community-based substance misuse services

Staff followed the provider's policies and procedures, which were adapted from relevant National Institute of Health and Care Excellence (NICE) guidelines and best practice. For example, recovery interventions and treatment pathways, including group work and psychosocial interventions.

Blood borne virus testing was routinely offered by the service or by the clients' GPs. This was in line with guidance from National Institute for Health and Care Excellence.

Wellbeing nurses gave clients hepatitis B vaccinations. They checked client's injecting sites and signposted them to appropriate wound care. The nurses checked to ensure vaccinations were in date, safe to use and stored appropriately in the fridge.

The service had links with nurses from the NHS trust who provided hepatitis C testing to clients on site. Staff told us they supported clients with pre-testing and post-testing consultations. This was in line with guidance from National Institute for Health and Care Excellence.

As part of the client's first comprehensive assessment, where appropriate and when clients were on high doses of medicines, staff arranged for clients to have an electrocardiogram (ECG). High doses of certain detoxification medicines can have a serious effect on cardiac health. Both teams had access to an electrocardiogram machine.

The provider supported clients with ambulatory (outpatient) detoxification for both drugs and alcohol. Clients who wanted detoxification from substances were supported through this service. Each of the hubs had an allocated week each month when the detoxification programme took place. Clients who were assessed and thought to be suitable for the programme engaged in a pre-detox group work, prior to the programme. The service focused on and prioritised ambulatory detox and after care. However, the teams were also aware of the process and pathway for residential rehabilitation, where more appropriate to meet the client's needs.

Staff supported clients with a range of issues including their physical and mental health, including information around health issues impacted by substance misuse, such as leading healthier lives. Staff signposted clients to services that offered smoking cessation. Staff told us they discussed how to access dental and optical services and dietary advice.

At the time of the inspection, the Maidstone hub had access to a psychologist who was available one evening a week and saw clients who had been referred for counselling.

Monitoring and comparing treatment outcomes

Staff completed a 'Treatment Outcomes Profile' (TOPs) with all clients every three months throughout their treatment. This is a measure of treatment effectiveness for each client where substance use, mental health, physical health, criminal activity, housing issues and overall wellbeing are scored. This was in line with guidance from National Institute for Health and Care Excellence.

Managers told us they benchmarked their service against Public Health England treatment outcomes.

Staff regularly reviewed care plans with the clients and updated them when required. The service had an electronic case management tool, which notified staff and managers when documents such as care plans and risk assessments needed to be updated.

Skilled staff to deliver care

All staff received a comprehensive induction when they began employment at the service, which included mandatory training, orientation to the service and shadowing of staff. Staff completed key tasks related to their role during their induction period. This included drug testing, needle exchange, assessment processes and group workshops. Staff also completed competencies to ensure they were skilled to carry out their roles. We reviewed staff supervision files and saw line managers carried out observations of staff performing their roles.

Staff had a significant level of knowledge and experience with qualifications in substance misuse and counselling. The team comprised of staff from a range of disciplines, which included a specialist doctor, non-medical prescribers and recovery workers.

Managers recruited volunteers and peer support workers as members of staff within the teams. At the time of the inspection, there were a total of 14 working across the service. Staff valued this role as part of their team. Volunteers and service user representatives were supported by a designated member of staff and there was a robust training policy to ensure they were trained in their roles. The service had a plan to recruit more volunteers and service user representatives in the future.

The team leaders and staff who carried out supervisions, identified the learning needs of staff in their supervision sessions and provided opportunities for them to develop their skills.

Data provided by the provider showed that as of the 30 June 2019, 100% of staff received supervision and had a named lead supervisor.

All staff received regular, monthly, clinical and managerial supervision. The doctor and non-medical prescriber also attended group supervision and received peer support. We reviewed six supervision files which showed regular supervision was taking place. Supervision records were well completed and focussed on personal and professional development as well as ensuring the health and wellbeing of staff. Staff we spoke with, were all positive about the support they received.

The provider has recently under taken a review of their staff appraisal process. Staff met with managers to discuss their appraisal at varying times depending on their needs and preferences. Some staff preferred a quarterly appraisal meeting, some preferred less frequent and met twice a year.

The registered manager and team leaders received support from the providers' human resources department to address staff performance issues promptly, where appropriate.

Multidisciplinary and inter-agency team work

Staff requested GP summaries from clients' GPs to help inform their treatment and care, prior to and after prescribing medicines. GPs also prescribed medicines to substance misuse clients who were receiving medically assisted treatment. The service offered support and training to GPs. The doctor and non-medical prescribers completed regular medical reviews for clients who were prescribed medicine assisted treatment for opiate or alcohol dependence. Information was shared back with GPs about medicines the service prescribed clients also.

Staff worked with a range of external agencies and professionals including GPs, social services, police, pharmacies, district council, probation, the community mental health team and supported housing providers to provide comprehensive and holistic care for clients.

The service held regular multidisciplinary meetings where clients' key workers were clearly identified, and any necessary shared care protocols agreed. Each hub held a daily flash and weekly clinical review meeting which also reviewed complex cases. Staff discussed concerns and needs of high-risk clients and new referrals. We observed a daily flash meeting and reviewed minutes of the clinical review meeting and saw evidence of good clinical leadership from the non-medical prescriber and local managers. There was clear identification and plans made to manage client non-engagement and safeguarding concerns.

Staff worked with health, social care and other agencies to plan integrated and coordinated pathways of care to meet the needs of people using the service. We saw referrals and signposting to other supporting services.

The service worked with Kent Police to provide assessments for clients testing positive for use of a Class A drug on arrest and supporting them to engage with the service to come into treatment.

The Maidstone team leader had built a good working relationship with the local council and had been successful in receiving funding for a Homeless Outreach Worker and Housing Support Worker. The posts were funded for two years and due to run until April 2020. The team leader told us this had been really beneficial for clients who needed their support.

The registered manager attended quarterly contract reviews and informal meetings/discussions with the commissioning team to ensure the service performance against both national and locally set targets.

Good practice in applying the Mental Capacity Act

The provider set mental Capacity Act and Deprivation of Liberty Safeguards training as mandatory for all staff working at the service. At the time of the inspection, staff had completed their required mandatory training. The provider had a Mental Capacity Act policy which staff were aware of.

Staff were aware that if clients attended an appointment and they were intoxicated with drugs or alcohol they may need to reschedule the appointment for a time when the client was not intoxicated. This was so the client would have the capacity to make informed choices about their treatment.

Good

Community-based substance misuse services

Are community-based substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

We spoke with eight clients. Clients were very positive about the service. They felt safe and said staff were kind, caring and responsive to their needs and always treated them with compassion and respect. Clients told us staff were easily accessible and welcoming and provided them with time to talk, whether on the telephone or in person. Clients had a choice in their treatment pathways and found the group programmes to be effective as well as positive engagement with staff in their one-to-one sessions.

We observed staff interactions with clients during our inspection. Both teams inspected were open and welcoming to all who attended. We saw staff were non-judgemental and treated clients with respect when talking to them and discussing their care. Staff were compassionate and keen to maintain clients' dignity. During a morning flash meeting we observed staff discussing considerations about other support available to meet the clients' needs, where appropriate.

Staff provided information to clients throughout their engagement with the service to support them in understanding and managing their care and treatment or condition. For example, harm reduction advice.

During a women's group, we observed staff empowering people to discuss their concerns, needs and wishes. Staff showed a genuine interest in the client's needs and offered to support them with access to other services and at meetings with other professionals.

The service had clear confidentiality policies. Staff we spoke with understood and followed them. Staff kept the confidentiality of information about patients. All staff completed data protection and information security training as part of their induction.

Involvement in care

Involvement of service users

Staff communicated with patients so that they understood their care and treatment. We observed staff speaking clearly and respectfully with clients, making sure they understood what had been discussed.

Clients we spoke with said they had a care plan and risk management plan and could give examples of their preferences and goals to support them in their recovery. However, this was not always recorded by staff in the client's care and treatment plan.

Clients could complete feedback forms and questionnaires about their experience of the service to help improve and develop the service. There was a suggestion and feedback box in each of the team's reception areas where visitors to the service could leave any comments, complaints or compliments.

The service had recently employed a volunteer and service user involvement coordinator. They worked alongside and supported the volunteers and service user representatives to promote service user involvement. This included seeking feedback and developing an interest in service user forums, which had been extremely low in attendance.

In July 2019, staff and clients jointly arranged events for a service Remembrance Day, to remember those who had died from drug use. The service gave packets of wild flower seeds to be sown in memory of loved ones who had passed away.

Involvement of families and carers

Carers were fully involved in clients' care if clients gave permission for this. Input from carers and family members, where appropriate, was evident in care plans. For example, in one care plan we saw a family member had stated what they felt their relative needed help with.

The service was open to carers for support and advice, although staff ensured they maintained client confidentiality.

Staff told us they offered family and significant others follow up telephone support following the death of a loved one.

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

Good

Community-based substance misuse services

Good

Access and discharge

The service was commissioned to accept referrals for people who lived in West Kent. The provider had a clear documented referral and acceptance criteria.

Clients referred themselves to the service or could be referred by other professionals, such as GPs, probation service, prisons, hospitals and social services. Each team had an allocated member of staff who ran welcome pods or open access sessions where people would be seen and assessed in a timely manner. The service also operated an open-door policy so those who could not make the allocated sessions could be seen without delay.

Staff conducted triage assessments to prioritise clients based on risk. All urgent referrals were seen quickly. All referrals were discussed daily and were assigned to a recovery worker. There was no waiting list for assessment for treatment. Once the client's assessment was completed, access to treatment was quick.

Clients could be seen in a range of settings, including at the each of the team's main buildings, one of the designated buildings used in the community or a home visit, where appropriate. Staff told us this supported clients' needs better and reduced barriers to accessing treatment.

Clients accessed prescribing appointments easily. Clients had access to both routine and urgent appointments with both the doctor and non-medical prescribers.

Staff offered clients a wide variety of treatment pathways at assessment. The service worked with clients who misused any drugs or alcohol. Pathways were based on the substance's clients were using. For example, clients who were opiate or alcohol dependent received more structured clinical support, which included prescribed medicines. Clients who used other substances received brief intervention support which consisted of focussed appointments. The level of intensity of treatment the clients were interested in receiving and their end goals were also factors.

Staff followed a positive reengagement pathway for those clients who regularly did not attend their appointments. This was to prevent clients from dropping out of treatment and to support safety of their prescriptions. Staff we spoke with told us about discussions they had in the weekly clinical meeting and strategies for clients they were concerned were disengaging. This included staff visiting the client in their home and where necessary holding prescriptions at the service, so clients could be seen when they came to collect.

The service offered evening clinics to clients once a week who were unable to access services during working hours and to support employed clients to be seen outside of normal working hours. The service offered family friendly times and safe spaces for those with children.

There was a single point of access telephone number, which was a free phone number, for clients to use outside of normal working hours. The registered manager told us this was staffed twenty-four hours a day, seven days a week by experienced recovery workers who could offer advice in an emergency.

Discharge and transfers of care

We reviewed 18 care records and found staff did not always record how they planned for clients discharge from the service. However, there was evidence of good liaison with other professionals prior to discharge. For example, when clients were signposted to other agencies and support services. Staff told us how they supported clients throughout referrals and transfers, for example to housing, the community mental health teams and social services. Where clients were referred onwards for additional support, staff recorded this.

Prior to discharge, staff used a discharge checklist. Discharges were discussed with the multidisciplinary teams to ensure oversight all action needed was taken. The team leaders monitored the rates of completion and discharge from the service.

The recording of plans to support clients unexpectedly exiting from treatment were variable. Some were more detailed than others with information about who to contact, preferred means of contact and home visits etc. Others were less informative.

As of the 24 July 2019, the number of discharges across the service were 1239 clients. This included 634 planned discharges, 493 unplanned discharges and 112 clients transferred into custody or elsewhere.

Good

Community-based substance misuse services

The facilities promote recovery, comfort, dignity and privacy

The main hub buildings used by both the teams had a full range of rooms available for clients to be seen in, including private rooms for one-to-one consultation and group rooms. Both had a comfortable reception and waiting area with access to drinks. Private areas were available for carrying out urine screening to ensure privacy and dignity of clients.

Clients' engagement with the wider community

Where appropriate, staff ensured clients were signposted to access education, training and paid work or volunteer opportunities. This was in line with guidance from National Institute for Health and Care Excellence.

Staff encouraged clients to keep relationships with people that mattered to them, both within the services and the wider community.

Meeting the needs of all people who use the service

The service ran late opening appointments one day each week in each of the hubs. Team leaders and staff told us this was to support all clients to access services, including those with work and family responsibilities.

The service ensured they could support people with disabilities to access the service. The Maidstone hub had a lift and a ramp. The Tunbridge Wells hub was an old building with lots of stairs, narrow corridors and no lift access. Staff told us clients with a physical disability, which affected their mobility, were offered appointments at one of the other buildings used in the community, which did have a lift and ramp. Staff at both teams said home visits would also be offered, where appropriate. At the Maidstone hub, we saw staff supported a client with all their treatment in their home due to limitations with their mobility.

Staff were aware of the local demographic and demonstrated an understanding of the potential issues facing vulnerable groups. They supported clients in ways that considered age, gender, sexual orientation and disability. Staff considered other relevant information such as co-morbidities and clients' individual, social and mental health needs.

Staff at the service promoted equality and diversity, this included for lesbian, gay, bisexual transgender (LGBT) and black and minority ethnic groups. The provider had a policy to support equality, diversity and inclusion. Staff completed equality training as part of their induction. Staff were passionate in this area and were involved in events in the local community to support this. For example, staff supported Pride events during June 2019 and the provider gave them rainbow lanyards to support LGBT month.

The provider had a policy to support women who were pregnant. The service had a nurse that was a pregnancy lead. They told us they offered dedicated support for new and expectant mothers and provided breastfeeding spaces in the buildings.

Information about a variety of topics was available to all clients. These included; harm reduction, safeguarding, and risks related to alcohol and substance misuse was clearly displayed in the waiting area. Information about improving physical health, including smoking cessation was also displayed. Each of the hubs had a television monitor in the reception areas which showed up to date information about services available, vaccinations and drug alerts.

Staff told us they would support clients to access treatment when their first language was not English. We saw welcome signs in the reception areas of both team hubs, greeting clients in several languages and signposting them how to request further information in their chosen language. Staff were able to access interpreters for appointments and to translate letters if required.

The providers website had a 'browse aloud' translation application, which enabled those with difficulties reading to access online content. This facility was also available in a range of different languages. The provider told us they monitored how often the application was used and it was popular.

Needle exchange provision was easily available including for people who were not engaged in structured treatment. Although the Tunbridge Wells hub building did not have a needle exchange service, they signposted people to the nearest available. Staff provided harm reduction and safer injecting advice to people accessing this service. This was in line with guidance from National Institute for Health and Care Excellence.

The service had effective systems to identify and support vulnerable and at-risk clients through interagency working and links with the local police and independent domestic

Good

Community-based substance misuse services

violence support services. Staff demonstrated an understanding of the potential issues facing vulnerable groups. For example, clients who had experienced domestic abuse were able to access women-only services.

Listening to and learning from concerns and complaints

Clients knew how to make complaints, raise concerns and provide feedback to the service. Information was displayed in each of the waiting areas and was clearly visible. Posters were displayed inviting feedback and suggestions from clients', families and carers. Clients were encouraged to complete feedback forms at the end of each appointment. We reviewed several of these and found all were incredibly positive about the care and support they had received. However, comments and compliments received via feedback forms were not recorded electronically or tracked by the service in the same way they did for complaints. This meant all the positive feedback received was not always monitored and acknowledged.

The provider encouraged staff to manage informal complaints at a local level. Clients were invited to come and speak to staff if they had a concern or issue if they wished. A database tracked the complaints process to monitor timeliness of response and trends. Complaints were reviewed at service level and across the organisation. Complaints and compliments were shared with the commissioners on a quarterly basis.

Complaints about the service were thoroughly investigated and reviewed. Electronic records showed a full audit trail of each complaint received and the response given. The service investigated complaints in line with their complaints policy.

The service fed back the outcomes of complaints openly and acknowledged when mistakes had been made and where the service needed to improve and develop. Staff we spoke with told us complaints were discussed as part of the daily meetings and at team meetings, so they could reflect upon the incident and any learning that was identified.

Prior to the inspection, the provider sent us information about the number of complaints they had received. From 1 July 2018 to 20 June 2019 the Maidstone team had received six complaints, two of which were upheld. The Tunbridge Wells team had received two complaints, one of which was upheld. The provider did not tell us any further information on what the complaints were about. The service received 23 compliments in the same time.

Are community-based substance misuse services well-led?

Good

Leadership

The registered manager of the service had strategic oversight of all three hubs. Team leaders at the hubs felt the manager was visible in the service and accessible to clients and staff. Staff we spoke with confirmed this.

The service had a clear staff and management structure. The doctor was the clinical lead for the service and provided clinical leadership across all three hubs. Staff we spoke with reported that support from the clinical lead was good and guidance and advice with complex cases was easily accessible.

The team leaders and registered manager had the skills, knowledge and experience to perform their roles. They could explain clearly how their team worked to provide high quality care and treatment. Staff told us the relationship was good between the local managers and staff teams. Staff said the team leaders and registered manager were visible, approachable and supportive.

The service had a clear definition of recovery and this was shared and understood by all staff we spoke with. Staff were clear that their main aim was to reach out to as many individuals as possible, support them to be happy and safe and help them to achieve their life goals.

Vision and strategy

All staff we spoke with described the organisational values and service visions and what their role was in achieving that. They spoke with passion and pride about the services they delivered.

Managers and staff were flexible to change and proactive in making improvements to service delivery. Staff had the opportunity to contribute to discussions about the strategy for their service and influence service developments. For example, over the last twelve months the provider

reviewed how the service was delivered with the aim of reducing demands on frontline staff and to improve the quality of the service and outcomes for people who use the service.

The team leaders and registered manager communicated well to share best practice. They met regularly to ensure continuity of services offered remained their focus with an emphasis on driving improvement and development across the staff team and service.

Culture

Staff we spoke with told us they were happy in their jobs, motivated to attend work every day and proud of the service they offered and the positive impact they had on peoples' lives. They reported minimal work-related stress and felt the provider taking action to redesign the service and staff structure had supported their health and wellbeing.

There was a good working relationship between members of the multidisciplinary team. Discussions observed between colleagues were respectful and supportive in nature.

Managers supported staff to progress in their careers. Staff told us they saw opportunities for their own personal and professional development. For example, progression for promotion and team leader training. They said the provider had a range of advanced alcohol training courses, improving engagement and acupuncture that staff could access.

Staff told us the service was open to change and improvement. Staff felt their ideas for changes to service delivery were listened to and felt encouraged and empowered to make suggestions. For example, staff were actively involved in the recent changes to the way staff worked in their teams and the service delivery model.

Staff told us they felt confident whistleblowing and raising concerns to any senior manager within the organisation. Staff felt able to do so without fear of repercussions and that they would be taken seriously.

The service promoted equality and diversity. They had a multi-cultural team which reflected the diversity of the local community.

The provider arranged a staff engagement day for everyone who worked at the service. This was to support staff to voice how they felt and what they would like to see happen as part of the service re-design.

Staff completed an annual online staff survey, which was anonymous. However, information submitted by the provider, prior to the inspection, did not give any more information on the results of the staff survey. During the inspection, we spoke with the registered manager who said one of the reasons for redesigning the service was because of staff feedback.

Governance

The service used key performance indicators set by their commissioners to monitor service performance and productivity.

All staff had access to an electronic case management tool. This supported staff and managers in understanding when care plans and risk assessments were due to be reviewed, planned appointments, contact had with each client, number of clients in treatment and type of treatment and case load numbers for each staff member.

The governance and assurance systems to support safeguarding were of a good standard. The electronic system supported team leaders to run weekly reports which highlighted all safeguarding concerns identified for clients whom they cared for. The team leaders maintained oversight and the multidisciplinary team reviewed this daily during the morning flash meeting and at the weekly clinical meeting to ensure appropriate actions were taken. Staff told us they regularly spoke to each other about any safeguarding concerns they had.

The governance systems ensured a comprehensive review of incidents was carried out within set timeframes and to help prevent future occurrence. Managers met regularly in governance meetings. All governance and risk assurance procedures were structured with data readily available. However, checks about the recording of client risk was not always effective as the managers were not aware that risk assessments and risk management plans were not always kept up-to-date.

The provider had a clear governance structure to ensure the safe and effective running of the service. Policies and

procedures were regularly reviewed to make sure they were relevant and in line with national guidance. Staff had easy access to all policies and procedures and were kept updated when changes were made.

Managers and staff completed audits. Both teams visited during the inspection were supported by data administration assistants. The service had an agreed, planned schedule of clinical and non-clinical audits. This included regular audits on prescribed medicines, missing or outstanding care plans, risk assessments, environmental audits and staff files. Managers also audited the quality of work completed and discussed this with staff during their supervision. Where issues or concerns were identified, immediate action was taken to make improvements.

Staff and managers reviewed client deaths regularly to identify trends and learning and these were completed in a timely manner. Death mortality reviews were held by the

provider at local and national level. Managers made any required changes to service delivery because of these meetings. Learning was shared across staff teams through team meetings, emails and bulletins.

The service completed audits on equality, diversity and inclusion. The providers dashboard had information on local service data, including the demographic breakdown of their workforce and service users (compared to local census data) for the protected groups of gender, disability, ethnicity and sexual orientation.

Management of risk, issues and performance

There was clear quality assurance management and performance frameworks which were integrated across all policies and procedures. The service worked closely with the provider's quality and assurance team to ensure consistency across the staff and service.

Staff maintained, and had access to, the risk register at hub level. Staff concerns matched those on the risk register and all staff were able to escalate issues to the risk register. Risks were regularly discussed, actions and timescales agreed. The management of risk was embedded into the teams' daily work.

The service had plans to deal with any emergencies that could affect service delivery. For example, what actions should be taken in the event of adverse weather, fire, flooding and loss of premises.

Staff reported required data to the national drug treatment monitoring service (NDTMS). National statistics around drug and alcohol use are produced through this system.

The service was monitored by the commissioners through regular contract reviews and discussions with registered manager.

Information management

Client records were stored using an electronic system. Staff monitored and reviewed all relevant clinical data on a regular basis and managers used the case management tool to ensure oversight of the service. The electronic system provided comprehensive oversight and data relating to client risk and highlighted when information needed updating or was incomplete.

Information governance systems-maintained the confidentiality of clients' records. Staff we spoke with demonstrated a clear understanding about the policies they followed and the care they took to ensure confidentiality was maintained at all times.

All staff, including agency staff, had access to the right information to fulfil their role. For example, the doctor and nurse medical prescribers had access to the prescription database. Managers had access to information to support them with their role, this included information on the performance of the service, staffing and patient care. All staff had their own individual laptop given to them.

Engagement

Both teams visited hosted events during the summer to encourage and support clients to keep healthier lives. These included promoting hepatitis C testing, vaccinations and medical checks. Staff told us they were well attended and a resounding success and created a hugely positive, motivational effect within the team and for the service users.

The service celebrated and promoted significant local events such as Mental Health & Alcohol Awareness campaigns and World Hepatitis day and HIV Awareness Day.

In each of the team's reception areas, the volunteers and service user representatives had designed tree shaped collages to display some of the feedback received from clients.

Good

Community-based substance misuse services

Clients and carers had access to up-to-date information about the work of the provider and the

services they used. For example, through the provider's website and information leaflets in each of the hub's reception areas.

Staff had access to up-to-date information about the work of the provider through electronic communication, discussions at team meetings, supervision and daily meetings.

Learning, continuous improvement and innovation

Within the last twelve months, the service had reviewed their treatment pathways, including for alcohol and Tier 4, highly specialist interventions. They had embedded hepatitis C testing and treatment in all teams and developed joint working agreements with other services.

As part of the service redesign and review, the provider planned to introduce a regional service user engagement centre. The registered manager told us this would be based in the Maidstone hub. Local and regional staffing structures had also been reviewed and jobs created, including roles for three West Kent locality leads and new regional quality and governance and learning culture leads.

The service implemented services across several buildings within the community to increase treatment access points and reduce the barriers for clients accessing treatment. Staff considered venues that work best in terms of ease of access, close to towns and bus routes and venues that clients would visit for other support, for example, at pharmacies.

The service had reviewed their range of psychosocial treatment groups, offering specific groups for non-opiate and crack cocaine users and an alcohol well-being group. Feedback from clients who attended the groups and treatment outcomes were used to gauge the effectiveness of the treatment offered. We saw multiple feedback forms, and all were extremely positive.

Both teams had links with the mental health hospitals and community mental health team. Public Health England data showed that when people accessed services they left with good outcomes. Staff told us they wanted to ensure they reached as many people as possible who could benefit from accessing the service and at the right time.

Staff were focussed on reducing the stigma of substance misuse and reducing social isolation. Care plans demonstrated staff discussed social inclusion, the client's goals for social interaction and services available to clients.

The service continuously looked to offer work placements for nurses, social work and police students to come and support work in the service.

The service had recently undertaken a service review and redesign to reduce demands on frontline staff and improve the care and treatment for those who accessed the service. Areas of improvement and development were identified. For example, the planned implementation of the South East Regional Service User Engagement Centre to handle all calls and email communications coming into the West Kent service from a consistent single point of contact.

The service planned to include more robust joint incident reporting into the ongoing review of incidents and lessons learnt involving West Kent Pharmacies.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure they improve information recorded in both clients care plans and risk management plans. Risk assessments and risk management plans must be updated following a change in risk and reflective of all risks identified. (Regulation 12)

Action the provider SHOULD take to improve

- The provider should ensure all clients risk management plans document potential risks from early exit from treatment.
- The provider should ensure that client care plans reflect the discussions and are personalised and include clients' individual goals.
- The provider should ensure that care plans include discharge planning.
- The provider should ensure all clients are offered a copy of their care plan and document this has happened.
- The provider should ensure the adhere to best practice guidance around use of recognised tools for monitoring dependence and withdrawal for clients who use opiates.
- The provider should ensure their governance processes and audits for monitoring risk assessment records is effective.
- The provider should ensure cleaning logs are kept up-to-date.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not ensured records relating to client's individual risk assessment were updated following a change in risk or reflective of all risks identified. This was a breach of regulation 12 (2) (a)