

# The OAD Clinic

## Quality Report

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

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.

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

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

# Summary of findings

## Overall summary

### We rated The OAD Clinic as good because:

- Staff managed clients' risk safely and effectively. Staff safely carried out appropriate physical health checks on clients. Client records addressed the potential risks of early exit from the treatment programme.
  - Medical staff followed best practice guidance when prescribing medicines for clients.
  - Staff completed risk assessments and recovery plans, minimised the risk to clients and children from abuse and avoidable harm. Staff worked closely with the local safeguarding lead to seek guidance and support.
  - Staff provided appropriate care and treatment interventions suitable for clients' recovery. The staff team worked with clients to reduce health and other problems directly related to drug misuse. Interventions addressed reducing harmful or risky behaviours associated with the misuse of drugs, optimising personal physical and mental wellbeing and achieving specific personal goals.
  - Staff demonstrated a compassionate understanding of the impact clients' care and treatment could have on their emotional and social wellbeing and demonstrated an understanding of the needs of people with protected characteristics. Clients were positive about the care they received from staff.
  - Staff actively engaged with GPs, social services as well as other care organisations if necessary. This ensured staff could plan, develop and deliver the service to meet the needs of the clients.
- The service made sure staff were competent for their specialist roles working in substance misuse. Medical staff received an annual appraisal of their work and performance. The service manager and recovery workers received regular managerial supervision to provide support and monitor the effectiveness of the service.
  - The service was well-led at team level and by the senior leadership team who had the skills, experienced and leadership to lead the team. Staff had access to information they needed to provide safe care and treatment to clients.

However,

- The service did not store controlled drugs in a controlled drugs cabinet or record the receipt of controlled drugs. Although the controlled drugs were stored in a locked cupboard within a locked room. The medical director and service manager responded promptly to our concerns and took the necessary action.
- The service had not checked whether staff were up to date with routine vaccinations or advised that they should get vaccinated specifically for hepatitis B on commencing employment
- Whilst care and treatment was discussed and agreed with clients, this was not systematically recorded in the care planning template
- The service did not have a policy on the Mental Capacity Act.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Good 	



# Summary of findings

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Good 

# The OAD Clinic

## Services we looked at

Community-based substance misuse services

# Summary of this inspection

## Background to The OAD Clinic

The OAD Clinic is a community-based alcohol and drug service. The provider took over the service in July 2016. The service provides clinical treatment to clients based throughout the UK.

The service provides a range of treatments that include opiate substitute prescribing either as maintenance or as part of a gradual reduction programme leading to abstinence. The service also provides alcohol relapse prevention. The service does not provide community based detoxification services but they advise patients of other services available to meet their needs if required. The service offers one-to-one support, and online appointments for patients to discuss progress with their treatment and to check how they are feeling and whether there is anything further they require from the service. The service also offers a pain clinic for clients who are addicted to medicines used for pain relief.

The service had a caseload of 193 clients at the time of inspection. Clients were self-funded but the service can accept referrals from the NHS.

The service has a registered manager in place and has been registered with the Care Quality Commission (CQC) since July 2016. The service is registered by the CQC to provide treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

At the previous inspection in September 2017 we found that the prescribing policy did not clearly demonstrate the need for GP liaison and the supervised consumption tool did not clearly highlight all aspects of clinical assessment. During this inspection we found that the prescribing policy contained information regarding informing the clients' GPs and we saw evidence of contact between the provider and the clients' GPs on each of the records we reviewed.

At the previous inspection in September 2017 we found that the supervised consumption assessment tool did not include the assessment of a client's cognitive abilities. During this inspection we found that the form had not been updated.

At the previous inspection in September 2017 we found that the provider had not ensured that all clients had an unplanned exit form in place. During this inspection we found that staff recorded information around unplanned exit information on the client's reengagement form.

## Our inspection team

The team that inspected the service comprised of two CQC inspectors, a CQC pharmacy inspector and one 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.

# Summary of this inspection

## 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:

- visited the clinic, looked at the quality of the environment and observed how staff were caring for clients
- spoke with two clients who were using the service
- spoke with the registered manager and service managers
- spoke with four other staff members; including recovery workers
- spoke with two doctors who worked for the service
- Looked at six care and treatment records of clients
- carried out a specific check of the medication management and
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with two clients who described staff as approachable and helpful. Both clients gave us positive feedback about the staff. Clients said staff supported them whenever they needed and that they appreciated this. Clients told us that their recovery worker was always available during the day by telephone or email and that they kept in regular contact.

The provider had recently conducted its first client satisfaction survey between the period December 2018 and February 2019. Most clients who responded reported being happy with the service and would recommend the service to someone else.

# 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 rated safe as good because:

- Staff followed NICE guidance when prescribing medicines for clients.
- Staff helped clients understand and manage future risks to their health and safety. Clients' records addressed the potential risks of early exit from the programme.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had received appropriate training and minimised the risk to clients and children from abuse and avoidable harm. Staff recognised when to report a safeguarding concern to the local safeguarding team and we saw evidence of this.
- The service had suitable premises and equipment and looked after them well. The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. The manager investigated incidents and shared lessons learned with the whole team.

However,

- The service did not store controlled drugs in a controlled drug cabinet, and they did not use a controlled drug register to record the receipt and administration of the drugs. Although they were stored in a locked cupboard within a locked room. We shared our concerns with the medical director and service manager who promptly purchased a controlled drugs cabinet.
- The service had not checked whether staff were up to date with routine vaccinations nor advised that they should get vaccinated specifically for hepatitis B on commencing employment.

Good



### Are services effective?

We rated effective as **good** because:

- There were systems in place to ensure appropriate physical health checks were regularly undertaken.
- The service provided care and treatment based on NICE guidelines. Staff provided appropriate care and treatment interventions suitable for clients' recovery. The staff team worked with clients to reduce health and other problems

Good



# Summary of this inspection

directly related to drug misuse. Interventions addressed reducing harmful or risky behaviours associated with the misuse of drugs, optimising personal physical and mental wellbeing and achieving specific personal goals.

- Staff signposted clients to additional psychosocial interventions local to them that could support them in their recovery.
- The service made sure staff were competent for their roles. Staff undertook appropriate specialist training. Medical staff received an annual appraisal of their work performance. The service manager and recovery workers received regular managerial supervision to provide support and monitor the effectiveness of the service.
- Staff participated in local audits, including medicines and prescriptions. The service had recently commissioned an external team to review the quality of their work.
- Staff had access to additional training to support them in their role. Staff attended regular team meetings where the service and clients were discussed.

However:

- Care and treatment was discussed and agreed with clients, although this was not systematically recorded in the care planning template.

## Are services caring?

We rated caring as good because:

- Staff demonstrated a compassionate understanding of the impact on clients' care and treatment could have on their emotional and social wellbeing. Clients' were positive about the care they received from staff. Most clients reported a high level of satisfaction with the service and that they would recommend to others.
- Staff involved clients in discussions around planning their treatment regime.
- Staff kept in regular contact with clients and ensured families and friends were involved if the client wanted them to be.
- Clients were provided with information about the service and what they could expect from staff in their care and treatment.

Good



## Are services responsive?

We rated responsive as good because:

- The service planned and provided services in a way that met the needs of clients. Staff actively engaged with pharmacies, the clients' GPs, social care and other secondary care services.

Good



# Summary of this inspection

- The service had clear criteria to identify which clients could safely be treated by the service. Arrangements to assess and discharge clients were in line with good practice.
- Staff told clients and carers how to complain, including how to complain to independent bodies. There were leaflets available to clients in the waiting room.
- The service had enough space to support clients' treatment and care. Arrangements were also in place to support and treat clients with mobility needs at a different hospital where there was improved access.

However,

- The service did not have a policy on supporting clients with these protected characteristics.

## Are services well-led?

We rated well-led as good because:

- The service was well led by the medical director and the service manager who had the skills, experience and competencies to lead the service.
- Staff had access to information they needed to provide high-quality and safe care and treatment to clients.
- Managers promoted a positive culture that supported and valued staff. Staff reported high morale.
- The provider was committed to improving services by learning from when things go well and when they go wrong. There was clear learning from incidents. Staff discussed incidents at monthly team meetings
- The service encouraged innovation. The medical director prescribed slow-release opioid agonist for opiate dependent clients assessed as suitable in line with NICE guidance. The use of this medication was to enhance their lives with minimal attendance at the clinic. The medical director reported that this was a new method of administration and the medical director felt that no other services in the UK were yet providing this treatment.

Good



# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

Start here...All staff had completed training on the Mental Capacity Act, which included training on capacity and consent.

Staff understood mental capacity and were aware of how substance misuse can affect capacity. Staff worked under the principle that capacity is always assumed and where they queried a client's capacity this was discussed amongst the team.

The service did not have a policy on the Mental Capacity Act. This meant that if staff required guidance on the MCA they had to refer back to training documentation which may not include all the required information in printed format.

## Overview of ratings

Our ratings for this location are:

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

# Community-based substance misuse services

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

## Summary of findings

### We rated The OAD Clinic as good because:

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- Medical staff followed best practice guidance when prescribing medicines for clients.
- Staff completed risk assessments and recovery plans. minimised the risk to clients and children from abuse and avoidable harm. Staff worked closely with the local safeguarding lead to seek guidance and support.
- Staff provided appropriate care and treatment interventions suitable for clients' recovery. The staff team worked with clients to reduce health and other problems directly related to drug misuse. Interventions addressed reducing harmful or risky behaviours associated with the misuse of drugs, optimising personal physical and mental wellbeing and achieving specific personal goals.
- Staff demonstrated a compassionate understanding of the impact clients' care and treatment could have on their emotional and social wellbeing and demonstrated an understanding of the needs of people with protected characteristics. Clients were positive about the care they received from staff.

- Staff actively engaged with GPs, social services as well as other care organisations if necessary. This ensured staff could plan, develop and deliver the service to meet the needs of the clients.
- The service made sure staff were competent for their specialist roles working in substance misuse. Medical staff received an annual appraisal of their work and performance. The service manager and recovery workers received regular managerial supervision to provide support and monitor the effectiveness of the service.
- The service was well-led at team level and by the senior leadership team who had the skills, experienced and leadership to lead the team. Staff had access to information they needed to provide safe care and treatment to clients.

However,

- The service did not store controlled drugs in a controlled drugs cabinet or record the receipt of controlled drugs. Although the controlled drugs were stored in a locked cupboard within a locked room. The medical director and service manager responded promptly to our concerns and took the necessary action.
- The service had not checked whether staff were up to date with routine vaccinations or advised that they should get vaccinated specifically for hepatitis B on commencing employment.
- Whilst care and treatment was discussed and agreed with clients, this was not systematically recorded in the care planning template

# Community-based substance misuse services

- The service did not have a policy on the Mental Capacity Act.

## Are community-based substance misuse services safe?

Good 

### Safe and clean environment

#### Safety of the facility layout

- Staff undertook monthly risk assessments of the care environment. Staff recorded and reported on any areas which required attention and ensured these were promptly addressed
- Staff carried personal panic alarms and had access to land line telephones as well as mobile phones to call emergency services.
- A fire risk assessment had been carried out by the service manager. The risk assessment identified the key risks of fire to the service. We saw that a fire drill had taken place within the previous 12 months and all staff, clients and visitors had been evacuated safely.

#### Maintenance, cleanliness and infection control

- Areas clients had access to were clean, comfortable and well-maintained. The service used an external agency to provide cleaning staff and their work was overseen by the service manager. The premises were visibly clean during the time of our inspection.
- Staff adhered to infection control principles, including handwashing and wearing appropriate personal protective equipment such as disposable gloves. Staff disposed of sharps appropriately. Removal of clinical waste was collected by an appropriate external company. The service had a blood spillage fluid kit.
- The service had one dedicated clinic room, which could be used to undertake physical examinations. It was visibly clean and clutter free. It contained equipment including an examination couch, scales and height measuring equipment.
- Staff completed monthly environmental and medical device audits. This included ensuring the general environment was clean as well as medical devices. The audit also included a check on the safe storage of cleaning detergents.

#### Safe staffing

# Community-based substance misuse services

- The service had enough staff to meet the needs of the client group and could manage any unforeseen shortages in staff. The establishment levels were one full time medical practitioner, who was also the medical director, and registered manager. The medical director was supported by two medical practitioners with practicing privileges. There was one full time service manager and three full time recovery workers. There were no vacancies at the time of inspection.
- Staff reported that they had manageable caseloads. On average recovery workers and the medical director had a caseload of 50 clients each. Recovery workers booked appointments for client's, undertook telephone triage assessments, maintained monthly contact with patients through telephone and email contact as well as key working sessions. Recovery workers were also responsible for undertaking urine drug screening and advised clients on harm reduction.
- The service had arrangements in place for annual leave and sickness leave. For example, the recovery workers would cover each other during periods of absence and the registered manager would cover the service manager. Medical practitioners ensured clients were booked around their annual leave.
- All medical reviews and clinical decisions were completed by one of the medical practitioners who were also responsible for prescribing and administering medication. The clinic had one permanent consultant psychiatrist (the medical director) and two additional medical staff with practising privileges. One doctor, a consultant anaesthetist carried out Naltrexone implants, a second speciality doctor provided advice and medication for the safe management of client's pain.
- There was always medical cover available during opening hours. Out of hours clients were advised to seek care, treatment or support from external agencies. In the event of a medical emergency clients were advised to attend the local A&E or dial 111. The website for the service also listed details of other helpful contact details.
- The service ensured robust recruitment processes were followed. We reviewed the records for staff who work at or for the service. All staff who were employed by the service or had a service level agreement in place to provide treatment, were required to have a DBS check completed every three years. Records showed that the service had undertaken necessary checks. The service

manager ensured that when appointing new staff, two references were provided and that the person had suitable experience to meet the needs of the client group.

- The service had not checked whether staff were up to date with routine vaccinations or advise that they should get vaccinated specifically for hepatitis B on commencing employment. Healthcare workers could be at risk for exposure to hepatitis B virus from infected clients and also could be at risk of transmitting blood borne viruses to clients

## Mandatory training

- Staff had received and were up to date with all of their mandatory training. There were 14 mandatory training courses. Mandatory training included, basic life support, mental capacity act, equality, diversity and inclusion, fire safety, health and safety, infection control and prevention, lone working, Caldicott protocols, prevention and management of violence and aggression, basic life support, safeguarding adults and children levels, complaints and conflicts, COSHH and RIDDOR.

## Assessing and managing risk to clients and staff

### Assessment of patient/service user risk

- During the inspection, we reviewed the risk assessments of six clients at the clinic. Staff created and made use of client risk management plans. Staff had completed risk assessments on admission for each client. Risk assessments included areas of potential risk, such as overdose or relapse. Staff screened for common risks associated with substance misuse, such as blood borne virus status, injecting history and risks concerning family and children.
- Staff had reviewed each risk assessment on a regular basis and updated clients' risk assessments following a new risk incident as appropriate.
- The doctors undertook regular assessments of clients' physical health and referred them to their GP if they identified signs and deterioration in their health.

### Management of patient/service user risk

- Clients were made aware of the risks of continued substance misuse and harm minimisation safety planning was an integral part of recovery plans. When clients first attended the service, staff discussed with

# Community-based substance misuse services

them the risks of the treatment they would be undertaking. They discussed the signs and symptoms to look out for as well as what action to take if they experienced any of the symptoms.

- Clients had plans in place in the event of their unexpected exit from treatment. The provider had a re-engagement form that was completed on admission and reviewed regularly, this form included details of the client's potential unplanned exit from the service. The re-engagement form guided staff on how to respond if a client disengaged with the service. Guidance included details of whom to contact in an emergency and a preference of contact method. We looked at six care records and five out of the six had an up-to-date re-engagement plan.
- Staff completed the Alcohol Use Disorders Identification Test (AUDIT) with clients to assess the degree of their alcohol dependency. For clients who used opiate drugs, staff completed the Clinical Opiate Withdrawal Scale (COWS) for their assessment. Use of these tools to assess clients' withdrawal followed best practice guidance from the National Institute for Health and Care Excellence.
- The provider had an out of hours guide on their website which explained who to contact in an emergency. Staff were available for additional telephone support over the weekend.
- The service had conducted a risk assessment regarding emergencies and had a procedure for medical emergencies. This procedure outlined the use of cardiopulmonary resuscitation (CPR), a list of local emergency hospitals and the closest G.P surgery. It also specified that only medically qualified staff could administer emergency medication in life-threatening situations.
- The service took action to minimise the risk of medication being diverted or sold to other people. Clients paid a fee for their appointment as well as their medication. The cost of treatment was higher than the 'street value' of the same. There was good liaison with the clients' GPs to minimise the risk of double prescribing.
- Staff did not work alone. All client appointments were either conducted at the clinic or another nearby hospital.

## Safeguarding

- Staff worked effectively with other agencies to promote safety including systems and practices in information sharing. Staff liaised with clients' social workers as required. The service had a safeguarding lead, this meant that staff had a person they could go to for advice and guidance if they had a concern about a client's safety.
- Staff implemented statutory guidance around vulnerable adult and children and young people safeguarding. All staff are aware of where and how to refer on as necessary. Staff kept records of safeguarding referrals to the local authority safeguarding team. Staff had made one safeguarding referral in the previous 12 months.
- Staff knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies. Staff told us that they referred any safeguarding concerns to the local authority's safeguarding team where the person lived.

## Staff access to essential information

- Staff had recently moved to using an electronic client record system. Information for all new clients was recorded on the electronic record. Staff were making progress with transferring all paper records for existing clients to the electronic system. Written notes were being scanned and saved on the new system. Both electronic and paper records could be accessed by all staff.

## Medicines management

- The provider safely stored and stocked emergency medicines. However, review of stock medicines showed that some medicines held on the premises were not within the expiry date. We discussed this with the provider who disposed of and replaced the items promptly and in accordance with policy. The medical director also updated its monthly medication audit.
- Controlled drugs were not stored or recorded in accordance with the misuse of drugs act 1971. The service stored a controlled drug, on the premises for short periods of time. The controlled drugs were ordered on an individual client prescription and delivered to the service by the local pharmacy approximately two hours before a client arrived for their appointment. Controlled drugs were not stored in a controlled drugs approved cabinet, but they were stored

# Community-based substance misuse services

within a locked cupboard attached to a wall inside a locked room.. We raised our concerns with the medical director and service manager who promptly ordered a cabinet and register.

- Staff were able to access policies, procedures & training related to medication and medicines management, including the prescribing of opioids.
- At the previous inspection in September 2017 we found that the prescribing policy did not clearly demonstrate the need for GP liaison and the supervised consumption tool did not clearly highlight all aspects of clinical assessment. During this inspection we found that the prescribing policy contained information regarding informing the clients' GPs and we saw evidence of contact between the provider and the clients' GPs on each of the records we reviewed. The provider delivered medicines and detox regimes based on best practice guidance and recommendations such as the National Institute for Health and Care Excellence (NICE) for first line of treatment for detoxification. Although we noted some clients' prescription were outside this national guidance and these clients had been taken on by the service whilst already on prescriptions which were outside of national guidance. For example, several clients were prescribed high dose opiates. The services had made significant improvements in converting clients to best practice guidance treatment recommendation.
- The systems for managing clients prescribed Opioid Substitution Therapy (OST) followed best practice as clients were supplied with a naloxone injection and information on how to administer this. Naloxone is given to people who might overdose on opiates to have their overdose reversed. Clients prescribed buprenorphine prolonged released injection were given a medical card to carry with them in case of emergency.
- Prescriptions were managed appropriately. The provider had arrangements in place for the safe management and control of prescription forms in line with national guidance. Staff prescribed medicines to clients and requested supervised consumption at a local pharmacy, if appropriate.
- Staff reviewed the effects of medication on clients' physical health regularly and in line with NICE guidance, especially when the client was prescribed a high dose medication. Blood tests were arranged either through

the clients' GP or through a private practice local to the service. ECGs were performed on clients who met the relevant criteria and in accordance with national guidance.

- A pharmacist carried out a monthly audit. The pharmacist disposed of medication and recorded their destruction in a log. Records were held by the service.
- Staff knew the contact details for their local or regional NHS England lead controlled drugs accountable officer (CDAO) and reported to them any significant events or incidents relating to controlled drugs.

## Track record on safety

- Between 13 March 2018 and 12 March 2019, the service had reported no serious incidents.

## Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report and how to report them.
- During the period March 2018 to February 2019 a total of two incidents had been reported. These related to prescriptions going missing either in the post or at the pharmacy. Lessons had been learned and all prescriptions were posted using tracked mail. The service had seen a significant reduction in these types of incidents. No client experienced a delay in receiving their medication. We were informed that if the prescription related to a controlled drug the controlled drug local area network was informed.
- Minutes of team meetings showed that the manager shared learning from incident investigations with staff. We also observed that where appropriate incidents were discussed at staff supervision meetings.
- Staff understood the duty of candour. They were open and transparent, and gave people using the service and families (if appropriate) a full explanation if something went wrong. Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong.

**Are community-based substance misuse services effective?**  
(for example, treatment is effective)

# Community-based substance misuse services

Good 

## Assessment of needs and planning of care

- We reviewed six care and treatment records during our inspection. Staff completed a comprehensive mental health assessment of clients' needs at their first appointment, an initial telephone screening was also undertaken prior to being accepted for treatment by the service.
- Care and treatment were discussed and agreed, although this was not systematically recorded in the care planning template. We noted that of the six records we reviewed, the care plan five of the clients had not been completed. The care plan for one client was completed well and identified several key needs with the client for example physical health, offending history, self-harm or suicide risk and had a review date. The provider was in the process of developing care plans for all clients as part of their service improvement plan. All staff had a good understanding of the clients' history and treatment plan and they were able to describe this in detail to us for each individual we spoke with them about.
- Each client had an assigned recovery worker, the name of their recovery worker was recorded on the patient record system.
- Staff assessed clients' physical health needs at their initial appointment and documented the frequency of follow-up checks required. For the records we reviewed, all clients had received a routine medical review. Clients who were higher risk or had physical health problems had more frequent reviews. This followed best practice guidance.

## Best practice in treatment and care

- The service provided care and treatment based on national guidelines, for example, Opioid dependence: buprenorphine prolonged-release injection (Buvidal)
- Staff provided appropriate care and treatment interventions suitable for clients' recovery. The staff team worked with clients to reduce health and other problems directly related to drug misuse. Interventions

addressed reducing harmful or risky behaviours associated with the misuse of drugs, optimising personal physical and mental wellbeing and achieving specific personal goals.

- Staff signposted clients to additional psychosocial interventions local to them that could support them in their recovery.
- Staff followed appropriate guidance for substance misuse and Public Health England guidance when prescribing medicines. Staff prescribed medicines to clients and gave advice on medicines in line with current national guidance. The practice had detailed prescribing guidelines and protocols for clients on opiate substitution treatment (OST), including injectable OST, which followed current national guidance.
- The service had a cohort of clients who had been treated at the service for many years, prior to the new provider taking over the service. Some of these clients were prescribed methadone ampoules. The provider had reviewed these clients care and treatment to ensure it was the most appropriate form of treatment for them and that their injecting practice was safe.
- The service recommended clients access testing for blood borne virus' through their GP. The service could arrange for blood tests to be undertaken at a local private clinic, however this would incur an additional charge.
- Staff requested a summary of the clients' medical history from their GP as well as requesting them to complete a health questionnaire. The clients' GP was kept informed of their treatment at the service including any changes to their medication.
- Staff discussed with clients the importance of living healthier lives if they wanted to. Staff assessed all clients for their weight and height, whether they smoked or drank alcohol.
- Most clients were in full time employment and staff worked around this when they needed to by offering solutions with appointments and medications which met their individual needs. For example, a new slow release injectable medication was being used at the service which meant that clients prescribed this medication only needed to attend the service once each

# Community-based substance misuse services

month. One patient told us how this had helped them hugely because they travelled abroad regularly for work and this had previously caused problems for them travelling with a controlled drug.

- At the previous inspection in September 2017 we found that the supervised consumption tool did not include an assessment of a client's cognitive abilities. During this inspection we found that the form had not been updated. This is important to rule out any impairment the client may have.
- Staff completed appropriate physical health checks on clients (pulse, temperature, blood pressure, blood tests, ECG). The provider liaised with the clients GP surgery about physical health who provided information for example annual hypertension review dates. Staff had completed regular urine drug screenings on clients in each of the records we reviewed.
- Staff participated in local audits. This included audits on medicines, prescriptions and injectables as well as care plans. An external audit had also been commissioned to assess some elements provided by the service. A detailed quality improvement plan was in place to address the issues identified. For example, the audit identified that patient records and information needed improvement and that a patient survey should be undertaken. Progress against the plan had been documented, some milestones had been achieved and the deadlines for others had not been reached.

## Skilled staff to deliver care

- Staff were experienced and had the appropriate qualifications to undertake their roles. One consultant psychiatrist was employed by the service and supported by two doctors, one specialised in the safe management of pain, for patients' pain. The other doctor supported the medical director in assessment and managing patients' treatment including prescribing of medication. The medical team were supported by recovery workers whose main role was to record information on client records and maintain regular contact with each of the clients on their caseload. Each of the recovery workers had relevant qualifications as well as experience in substance misuse. For example, in addition to training provided by the service, two recovery workers had a degree either in substance misuse or a related field.
- The service ensured staff were competent to carry out their role supporting clients with substance misuse. Staff completed specialist training for their roles.

Additional training provided to staff included: Naloxone saves lives; Depression; Anxiety; Supervision and appraisal; Alcohol community management; Drug misuse; Alcohol misuse and suicide prevention. The medical director also attended conferences, including; Substance misuse in older population conference; International conference on behavioural, mental and emotional health and improving outcomes in the treatment of opioid dependence.

- The service provided new staff with a local induction. The local induction included orientation to the service and reading various policies and procedures.
- Managers provided recovery workers with regular supervision of their work performance.
- Medical staff received a detailed annual appraisal. The director was the responsible officer for one of the doctors and conducted their appraisal. The medical director and consultant both received an external appraisal.
- Staff received training in meeting the needs of clients from diverse communities. This was covered as part of the equality and diversity training which all staff attended.
- There were processes in place for managers to deal with poor performance promptly and effectively.

## Multi-disciplinary and inter-agency team work

- Staff ensured multidisciplinary input into clients' comprehensive assessment. For example, with input from medical staff and recovery workers as well as the clients' GP. Input from the clients' social worker was also sought where appropriate.
- Recovery workers recorded contact they had with the client in their records.
- The service had regular team meetings. Staff attended weekly meetings, which had a different theme on a four-weekly rota. We looked at the minutes of these for the last three months. Staff shared pertinent information at these meetings including incidents, safeguarding new referrals and complex cases. Recovery workers could approach medical staff to discuss clients at any time.
- The service discharged people when specialist treatment was no longer necessary. The service worked closely with the clients' GP as well as other NHS and independent health substance misuse services to ensure relevant information was transferred.

# Community-based substance misuse services

## Good practice in applying the MCA

- The service did not have a policy on the Mental Capacity Act. Staff were able to refer to training material, however, this was not comprehensive and did not contain all the required information. However, staff had completed training on the Mental Capacity Act, which included training on capacity and consent.
- Staff understood the mental capacity and were aware of how substance misuse can affect capacity. Staff worked under the principle that capacity is always assumed and where they queried a client's capacity this was discussed amongst the team.

## Are community-based substance misuse services caring?

Good 

## Kindness, privacy, dignity, respect, compassion and support

- We saw staff engaging positively with clients during the inspection.
- The clients we spoke with all told us the service was exceptional and that staff always prioritised their individual needs. Clients told us that staff always treated them with dignity and respect. This was largely supported by a recent client survey where 96% of clients reported that they had been treated with dignity and respect.
- Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes to facilities patients without fear of the consequences.
- Staff supported patients to understand and manage their care, treatment or condition. Staff demonstrated good knowledge and understanding of people's needs, we spoke with staff about a sample of clients during our review of records, staff were able to clearly describe the risks for individual patients as well as the treatment they were receiving from the service.
- Staff directed patients to other services when appropriate. There was information available in the waiting room and staff spoke generally with clients about the types of service they could access.

- The service had clear confidentiality policies in place that are understood and adhered to by staff. Staff maintained the confidentiality of information about patients.

## Involvement in care

### Involvement of clients

- Staff communicated with clients so they understood their care and treatment. Clients received information leaflets about the service, although we noted that information on the leaflet and the provider's website referred to services which were no longer provided. The registered manager agreed to make the necessary changes to make this clearer for clients.
- Each client who used the service has a recovery plan and risk management plan in place that demonstrates the person's preferences.
- Staff engaged with clients, their friends and families (where appropriate) to develop responses that meet their needs and ensures they have information needed to make informed decisions about their care.
- Staff actively engaged clients in planning their care and treatment. Discussions were held with staff and information leaflets had been developed about their treatment for dependence on alcohol or an opioid based substance.
- Clients reported that they felt supported, informed and involved with their treatment decisions and care planning. Clients we spoke with all reported they had discussed their plan of care with the team and were happy with it. Most clients did not want a copy of their care plan as not all clients shared details of their addiction with their family members.
- Staff displayed suggestion boxes in the reception area as another way for clients or carers and family to provide feedback on the service they had received.
- Staff had recently conducted their first client survey for clients who attended the service between the period 1 December 2018 to 28 February 2019; 25% of clients who used the service completed the questionnaire. Overall responses from the survey were positive, the manager confirmed that the findings from the survey would feed in to their quality improvement plan.

### Involvement of families and carers

- Staff informed and involved family members in the care and treatment of clients when appropriate. Clients were

# Community-based substance misuse services

encouraged to invite family members or a friend to attend their appointments with them and discuss their progress. However, many clients opted not to involve their family or friends and preferred their treatment to remain confidential.

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

Good 

## Access and discharge

- The service had robust alternative care pathways and referral systems in place for clients whose needs could not be met by the service. At the time of inspection, there were 193 clients registered with the service. Most clients self-referred. All clients were subject to a full telephone screening before attending for their first appointment. The service only accepted clients whose needs they assessed they could safely meet. Clients who were not assessed as suitable were referred to other services, including inpatient detoxification services as well as their local NHS.
- The service made referrals to other services for alternative treatment options if the client was not able to comply with the treatment provided for example if they repeated failed to attend appointments or they started using again whilst under treatment. This included referral back to their GP or to other services, including inpatient detoxification services as well as local NHS services.
- The service had an agreed response time for accepting referrals, clients were assessed for treatment and given an appointment within one working day and treatment could commence as soon as necessary medical checks had been performed.
- The service had clearly documented admission criteria. The service only accepted patients who were over 18 years of age, stable and able to engage in treatment. There were clear exclusion criteria for each treatment offered by the service.

- Staff could see urgent referrals quickly. All clients were seen within one working day if required an appointment promptly. People with more complex needs, or with increased risks were referred onto other drug and alcohol services.
- Recovery and risk management plans reflected the varied needs of the client. This included referrals to other supporting services such as social services. They also informed clients about support available from other services, for example clients who may have experienced domestic violence.
- There was a clear pathway for new clients taken on by the service, with the goal of achieving an appropriate transfer to another service or safe discharge on successful completion of treatment.
- The service had processes in place for when clients arrived late or failed to attend their appointments which were fair and reasonable and did not place the client at risk.

## Discharge and transfer of care

- Staff planned for clients' discharge including liaison with the clients' GP. From February 2018 to January 2019, 43 clients had been discharged from the service. The staff team were small and met each day. Clients' treatment and discharge were discussed at these meetings as well as at monthly team meetings. When a client was discharged the service sent a letter to their GP confirming the outcome and whether any follow up was required.
- Staff supported clients during referrals and transfers between services. For example, staff handed over to professionals that they referred clients to with an update on their discharge.
- Staff supported clients during referrals and transfers between services. For example, staff handed over to professionals that they referred clients to with an update on their discharge.

## The facilities promote recovery, comfort, dignity and confidentiality

- The service had enough rooms for clients to meet with their recovery worker on the premises. The rooms were adequately sound proofed to maintain privacy. The reception area welcomed clients and had comfortable furnishings whilst clients and visitors waited for appointments.

# Community-based substance misuse services

- Clients had access to a water cooler in the main reception area.

## Clients' engagement with the wider community

- Staff encouraged clients to maintain contact with their families and carers and seek support from them where possible. Many of the clients preferred their family and friends remained unaware of their addiction.
- Staff encouraged clients to access the local community and social activities. There were some leaflets in the waiting room about the types of services which clients could access if they wished although this information was minimal.

## Meeting the needs of all people who use the service

- Staff demonstrated an understanding of the potential issues facing vulnerable groups, for example, lesbian, gay, bisexual and transgender plus, black and minority ethnicity, older people, people experiencing domestic abuse. However, the services policy on equality, was for staff, contractors, volunteers and candidates applying for roles rather than clients. Staff demonstrated good knowledge of supporting and understanding older people as well as those who may be victims of domestic violence.
- Clients reported that staff rarely cancelled appointments. Staff met clients on the premises, or at a nearby hospital. If clients failed to attend an appointment staff made every effort to contact them either by telephone, email or by contacting their next of kin and in some cases the client's GP.
- The service did not have a waiting list as clients could always be seen the next working day if necessary.
- Interpreter services could be arranged by the service as necessary. Staff spoke six languages between them and most clients who accessed the service spoke English as their first language.
- The building was not suitable for clients who lived with a physical disability. The service operated from a listed building which had not been fitted with a lift and there was no consultation room on the ground floor. If clients had a physical disability, the doctor and recovery worker could see the client at a local hospital.

## Listening to and learning from concerns and complaints

- The service had not received any formal complaints in the previous 12 months.

- Clients knew how to complaint or raise concerns if they needed to. The clients we spoke with told us they knew how to make a complaint. They told us that they felt confident in making a complaint if they wished to.
- There were leaflets displayed in the waiting room, which kept clients' and their families informed on how to make a complaint about the service.
- Staff knew how to handle complaints appropriately. Staff dealt with informal complaints immediately if a client or their representative approached them. If necessary, staff escalated the complaint to the service manager.
- If clients complained or raised concerns, there was a policy in place to follow. The policy outlined the process for making a complaint and how it would be handled. Clients were informed that they could contact the care quality commission as well as the local government ombudsman if they remained unsatisfied with the response from the service.

## Are community-based substance misuse services well-led?

Good 

### Leadership

- Leaders could clearly explain their roles and demonstrated a sound understanding of the services they managed. Staff spoke positively about clients' recovery and how they supported them to achieve their goals.
- The organisation had a clear definition of recovery and this was shared and understood by all staff. The medical director and service manager told us that the service focussed on patient safety and evidence based interventions.
- Leaders were visible in the service and approachable for patients and staff. The director and service managers worked on site and were in close contact with staff throughout the day.
- The medical director provided managerial supervision to the service manager on a regular basis and conducted the appraisal for one of the doctors contracted to treat clients at the service.

### Vision and strategy

# Community-based substance misuse services

- The service had a clear vision and strategy that all staff understood and put into practice. The vision for the service was to provide a high-quality service focused on patient safety and evidence based interventions. Staff emphasised the importance of supporting people to reduce their alcohol and/or drug intake and to increase their wellbeing.
- Staff had opportunities to contribute to discussions about the strategy of the service at team meetings as well as during their supervision.

## Culture

- Staff felt respected, supported and valued. Staff reported low levels of stress and felt positive about the work they did.
- Staff felt able to raise concerns with management if they needed to, although each of the staff we spoke with did not have concerns to share.
- Managers dealt with poor performance when needed, although we were informed there had been no reported issues of poor staff performance. There was no sickness reported amongst staff during the previous 12 months.
- Staff worked well together as a team. Staff came together each day to discuss clients informally as well as at the monthly team meetings.
- Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for development, for example through attending training.
- The staff teams worked well together and where there were difficulties managers dealt with them appropriately.

## Governance

- Appropriate systems to evaluate the safety and effectiveness of the service were in place. Governance policies, procedures and protocols were last reviewed in 2017 and due for review in 2020.
- The provider had a clear framework of what had to be discussed at team meetings to ensure essential information was shared amongst the staff. The service held monthly team meetings where pertinent information was discussed. This included individual clients, incidents, safeguarding, complaints, audits, risk as well as clinical governance updates including briefings on changes to protocols.
- Staff had implemented recommendations from reviews incidents and safeguarding alerts at the service level,

this included improvement in how prescriptions were made available to patients as well as discussing the safeguarding referral made and discussion similar case to assess whether referrals were required.

- Staff completed audits to provide assurance on the performance of the service. The medical director had also commissioned an external audit to take place and a quality improvement plan had been put together to address any weaknesses identified.
- Data and notifications were submitted to external bodies as required, for example to social services. Notifications had also been made to the Care Quality Commission in accordance with regulations.
- The service had a whistle blowing policy in place. The policy advised who staff should contact, both internally and externally, if they had concerns about poor practice.

## Management of risk, issues and performance

- The manager maintained a risk register for the service. A range of risks had been identified for example the management of medicines. Staff had the ability to suggest risks for inclusion on the register.
- Staff concerns matched those on the register. However, it was noted that staff had failed to identify the lack of storage and recording arrangements for controlled drugs as a risk. Risks identified and recorded on the register were assessed according to their likelihood and impact.
- The service had plans in place in case of an emergency, such as adverse weather conditions or an IT fault. There were arrangements in place to back up the client record system and see clients at another location in the event of a fire or a flood.
- Sickness and absence rates were monitored. There were no reported sickness absences during the preceding 12 months.

## Information management

- The service used systems to collect data about performance. This was not over-burdensome for staff. The service collected data such as the number of clients being seen by the service, their referral source, the number of clients discharged or transferred, the type of treatment programme client used and post discharge information.
- Staff had access to the equipment and information technology needed to do their work. The service had

# Community-based substance misuse services

recovery workers who supported the medical team with recording of information. The telephone systems worked well and clients did not report problems contacting staff when they needed to.

- The service used an electronic client record system to record client information. Staff were in the process of transferring paper records onto the new system which meant at present staff were using two systems.
- The service manager had access to information to support them in their management role. For example, HR records, supervision records as well as training data, sickness records and annual leave requests.
- The service had implemented joint working and information-sharing processes with the client's GP. Staff said they had a good partnership with the GPs.

## Engagement

- Staff and clients had access to information about the provider. Staff and clients could access the organisations website for information about services provided. However, the website was not up to date and there was some information about services which were no longer provided. The medical director and service manager informed us that they would act promptly and speak with their web developer to make the necessary changes.

- Clients could give feedback on the service via client satisfaction surveys as well as a comment box which was placed in the waiting room.
- Clients had the opportunity to discuss any feedback with the medical director and/or service manager if they wished to.
- Staff feedback was more informal, through meetings or supervision. The provider did not conduct a staff survey due to the low staff numbers providing limited anonymity to staff.

## Learning, continuous improvement and innovation

- The organisation encouraged creativity and innovation to ensure up to date evidence based practice was implemented and imbedded. The medical director was trialling a new treatment at the service. This treatment was a slow-release agonist for opiate dependent clients. Using this medication meant that clients only need to visit the service once each month for a repeat injection. The medical director informed us that this drug can be particularly beneficial in reducing the risk of loss or diversion of oral medication, and for clients whose lifestyle (e.g. work, travel) may impact on attending a pharmacy. This was a new treatment, the medical director planned to analyse the outcome for clients following six months of use.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should ensure that controlled drugs are stored and recorded in accordance with relevant legislation.
- The provider should ensure that there is a record of care and treatment planned for each client.
- The provider should ensure that staff have access to a policy on the Mental Capacity Act which is relevant to the service provided.
- The provider should have systems to check whether staff have relevant vaccinations prior to commencing employment.