# Addaction - Lincoln

## Quality Report

Addaction Lincoln
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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 Addaction Lincoln as good because**:

- The hub and satellite sites were clean and well maintained. The facilities met the needs of the client group. Environmental risk assessments were detailed and complete. There were no issues with medicine management or administration. The service offered blood born virus testing and vaccination against hepatitis B and hepatitis C.
- The provider reported incidents in a timely manner. All incidents, and complaints, were fully investigated. Staff and managers were open and honest when things went wrong and made changes to practice as a result of learning from incidents.
- Forty six of the fifty one comments we received described staff as excellent, caring, respectful and thoughtful and "going the extra mile" to help people recover. There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who use the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by leaders. People who used services were active partners in their care. Staff ensured that all clients had a personalised recovery plan.
- Managers had a good understanding of the service they managed. They could clearly explain how the teams were working to provide high quality care as well as the challenges they faced. Leaders were visible to both staff and people who used the service and worked spent time at different sites every week. Managers were responsive and implemented changes as a result of lessons learnt from serious incidents. An incident highlighted training needs for staff which the provider addressed.

However:

- Staff caseloads were high, averaging 63 clients per recovery worker.
- Six out of 12 care young people's care records did not document their religious and cultural preferences.
- The provider had conducted a satisfaction survey with people who used the service. The main complaint they encountered was that people had found it difficult to get consistent appointments with the same key worker. Two comments cards also contained the same issue.

# 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

## Contents

Good

# Addaction Lincoln

**Services we looked at**
Community-based substance misuse services

# Summary of this inspection

## Background to Addaction - Lincoln

Addaction Lincoln is a community substance misuse service provided by Addaction, who have 81 mental healthcare services in England and Scotland. The service offers advice, support and treatment on drug and alcohol misuse for adults and young people and their families. In January 2019, Addaction Lincoln changed its operating model to a hub and spoke model, with a central hub in Lincoln city center and satellite sites at Grantham, Boston, Gainsborough, Spalding and Skegness. During this unannounced comprehensive inspection, we visited the hub and all satellite sites. At the time of our inspection the service was providing treatment for 2148 adults and 123 young people across Lincoln and Lincolnshire.

Addaction Lincoln first registered with the CQC in 2012 and is registered to provide treatment of disease and disorder. There are three registered managers posts for this service, two of which are filled and a third post which is vacant.

We last inspected these services under their previous registered locations between 13 and 15 December 2016 and issued the following requirement notices: -

Across Young Addaction sites:

- The service operated both an electronic recording system and a paper-based system. Staff did not always complete or upload all details of a risk assessment onto the electronic database in a timely manner.
- Staff kept key pieces of paperwork with them while working away from base with the intention of uploading the information once a week. This meant staff could not be sure they were aware of all the risk information and care planning relevant to any given young person they might be working with. Colleagues did not have ready access to all client information in the case of emergency.
- Risk assessments had not been updated within the 12-week time frame set by the service.

At Addaction Gainsborough:

- Not all rooms were adequately sound proofed, conversations could be heard in the corridor and adjoining rooms, this meant that confidentiality for clients could not be guaranteed.

We reviewed the breaches in detail at this inspection and found that the provider had taken the required actions to address them.

## Our inspection team

Team leader: Rachel Travis

The team that inspected the service comprised four CQC inspectors and a specialist advisor.

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. This was an unannounced inspection in line with our new phase of regulation.

# 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?

During the inspection visit, the inspection team:

- visited all six Addaction sites, looked at the quality of the environment including clinic rooms and medication management
- observed six interactions where staff were caring for people who used the service, spoke with nine additional people who used the service and one carer
- spoke with the two registered managers, the contracts manager, and team leaders for the service
- spoke with 19 other staff members; including doctors, nurses, nurse prescribers and group facilitators
- received feedback about the service from one commissioner
- attended and observed two hand-over meetings and two multi-disciplinary meetings
- collected feedback from 51 patients using comment cards
- looked at 46 care and treatment records of service user
- carried out a specific check of the medication management across the service; 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 reviewed 51 comments cards from people who used the service and spoke with nine people who use the service and one carer. Forty six comments cards described staff as excellent, caring, respectful and thoughtful and "going the extra mile" to help people recover. Three people described an improvement in the service saying it was better now than it has been in years. Two people described inconsistency in care provided with regular changes in key workers and three people said they had had trouble getting prescriptions on 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?

Good

**We rated safe as good because:**

- Staff completed regular risk assessments of all premises where care was delivered.
- The service facilities were visibly clean and met the needs of the client group.
- Interview rooms at the Lincoln hub were fitted with alarms and all staff had access to personal alarms at all sites. There was a lone worker policy in place for staff working with people in the community and staff had access to a GPS tracking system which could alert the police to their whereabouts in an emergency.
- Where there were clinic rooms they were well equipped with necessary equipment to carry out physical examinations.
- We found no issues with medicine management or administration. Medicines were usually self-administered by people who used the service, having been dispensed from their local pharmacy. The service offered blood born virus testing and vaccination against hepatitis B and hepatitis C.
- The provider had a robust and transparent policy of reporting incidents in a timely manner and staff and managers were open and honest when things went wrong and made changes to practice as a result or learning from incidents.
- There was a clear safeguarding policy and identified named nurse and doctor.

However:

- Recovery workers working with adults managed high caseloads. Caseloads averaged 63 people. The provider was actively trying to recruit staff. Managers told us they were restricted in terms of the number of staff they could recruit within allocated budgets.

### Are services effective?

Good

**We rated effective as good because**:

- Recovery plans and risk assessments were in place for people that used the service which were understood by all the staff.
- Capacity and competence were understood, recorded and managed well.
- Where appropriate families and carers were involved assessment, treatment and recovery planning.

# Summary of this inspection

- The provider had invested in an electronic records system which was accessible to staff both in the office and via a laptop in community settings.
- Staff held daily flash team handover meetings to coordinate the day's activities and hand over care.
- Staff used recognised rating scales to monitor outcomes for people who used the service.
- Staff ensured that people received necessary physical health assessments.
- The provider used recovery tools to structure their interventions.

## Are services caring?

Good

**We rated caring as good because**:

- We saw that there was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Relationships between people who use the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by leaders.
- People who used services were active partners in their care. Staff were fully committed to working in partnership with people. Staff empowered people who used the service to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care.
- People's emotional and social needs were highly valued by staff and were embedded in their care and treatment.

## Are services responsive?

Good

**We rated responsive as good because**:

- Addaction worked within a recovery philosophy which was characterised by supporting people to achieve sustained control over substance use which maximised health and wellbeing and participation.
- Staff made every effort to engage with people who found it difficult to engage.
- There was a link worker employed with the specific focus of engaging people with mental health issues.
- Staff followed up contact with people who did not attend appointments and offered flexibility in times and location of appointment.

# Summary of this inspection

- Exclusion from treatment was as a last resort and the provider only discharged service users who had violated their treatment agreement.
- The provider had clear policies for staff to follow if people exited treatment early.
- The provider had a target of three days from referral to assessment but most people who self referred to the service received a triage assessment the same day. The target from assessment to treatment was three weeks however we noted from our review of care records that treatment was often started within two weeks.
- Staff supported patients during referrals and transfers between services. Staff also worked with the prison healthcare service to ease the transition to the community for people being released from prison.

However,

- Staff had not documented details such as religious and cultural preference in six out of 12 care records for children and young people.
- The provider had conducted a satisfaction survey with people who used the service. The main complaint they encountered was that people had found it difficult to get consistent appointments with the same key worker. Two comments cards also contained the same issue.

## Are services well-led?

Good

**We rated well-led as good because**:

- Managers had a good understanding of the service they managed. They could clearly explain how the teams were working to provide high quality care as well as the challenges they faced.
- Leaders were visible to both staff and people who used the service and worked spent time at different spoke sites every week.
- Managers provided staff with appropriate induction and new staff told us they felt well supported through the induction process.
- Staff told us that managers provided them with regular monthly supervision and support and annual personal appraisal.
- The provider's senior leadership team had successfully communicated the vision and values to frontline staff and people who used the service.

# Summary of this inspection

- Staff used quality improvement methods, such as local and national audits and thematic reviews, staff knew how to apply them. Managers shared the findings across the organisation and made changes to their service as needed.
- Managers were responsive and implemented changes as a result of lessons learnt from serious incidents. An incident highlighted training needs for staff which the provider addressed.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

The provider submitted data which showed that 100% of staff had received training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards the five statutory principles.

Care records demonstrated that capacity and competence was understood, recorded and managed well.

We saw that consent and confidentiality agreements were in place for all people who used the service.

## 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 |

Good

# Community-based substance misuse services

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

## Are community-based substance misuse services safe?

Good

### Safe and clean environment

- Specialist substance misuse community service facilities were visibly clean and met the needs of people who used them. All areas were and well maintained with comfortable furnishings. However, in the Lincoln hub there were areas of the waiting area where people could not be seen. Due to the vulnerable nature people who used the service, the provider had submitted plans for a redesign of the waiting area to make observation easier.
- The provider had conducted an environmental risk assessment of each area that was used by people who used the service and put in place measures to reduce risks posed by people who may wish to harm themselves or others.
- Interview rooms at the main hub in Lincoln were fitted with alarms and staff at all locations had access to additional personal alarms which sounded in the reception and staff responded and could call emergency services if necessary.
- There was a clinic room in the Boston and Lincoln sites. They both had equipment to carry out physical examinations. In, Spalding, Skegness and Gainsborough each site had a safe locked room that was used for the purposes of storing medication including naloxone. Naloxone was also stored alongside emergency equipment in the reception areas of all sites. Stock medications were well monitored.
- There were additional safe needle exchange rooms at Lincoln, Boston and Grantham. For people using Gainsborough, Skegness and Spalding bases the provider had an agreement that people could use needle exchange at the local pharmacy.
- Cleaning records were up to date and demonstrated that premises were cleaned regularly, and fridge temperatures were monitored daily.
- Staff maintained equipment and kept it clean, tidy and regularly tested.

### Safe staffing

- The provider had 77 substantive staff. Staff worked predominately with adult service users and eight staff worked specifically with children and young people across the county. The county team comprised of one contract manager, one service manager, two registered managers, one clinical lead, two,registered nurses, a pharmacy technician, three non medical prescribers, two GP prescribers, nine team leaders, ten administrators, and 45 recovery workers. The provider also employed one doctor who was a specialised in substance misuse.
- The number of medically trained staff was insufficient, to meet the demand for alcohol home detox. Staff told us they could not routinely offer home detox for alcohol because robust monitoring was difficult to assure with limited numbers of registered nurses. Staff preferred to refer people to the local general or mental health inpatient wards where possible, but also had access to independent healthcare providers in the next county.
- Average case load for recovery workers working with adults was high at 63 service users per recovery worker. However, for recovery workers working with children and young people caseloads were more manageable at 25 service users per worker.

- One hundred percent of staff had completed mandatory training during the period of 21 February 2018 to 21 February 2019.

**Assessing and managing risk to patients and staff**

- Staff completed a risk assessment of every patient at initial triage or assessment. However, risk assessments were not always updated within the three-month target specified in the providers policy.
- The provider had invested in an electronic records system which comprised a risk assessment tool which alerted staff to whether the risk assessment was complete and in date (green), partially completed or soon to require review (yellow) or out of date (red).
- When appropriate, staff created and made good use of crisis plans. The electronic records system supported staff to manage and communicate the risk within the team at daily flash meetings.

**Safeguarding**

- All staff had completed safeguarding adults and children training level 3. Staff knew how and when to raise a safeguarding alert or concern.
- There was a clear safeguarding policy and identified named nurse and doctor.
- Staff gave examples of how to protect people from harassment and discrimination, including those with protected characteristics under equality diversity and human rights legislation.
- Staff were able to identify adults and vulnerable children who may be at risk of harm. Staff told us they regularly worked with other agencies including schools and care homes. Staff also completed regular face to face safeguarding training with the local authority safeguarding board. Staff discussed vulnerable clients, complex cases, new referrals, safeguarding and clients who had not attended for their appointments in weekly case management meetings and monthly case management meetings.

**Staff access to essential information**

- Since our last inspection, the provider had invested in an electronic records system which was accessible to staff both in the office and via a laptop in community settings.
- We reviewed 46 care records of people using the service. All information needed to deliver care was available to staff when they needed it and in an accessible form. However, we found three records from the young people's service in Boston which did not have up to date risk assessments, or details of the people's ethnicity, diversity and religious preferences.
- Staff recorded all information on one electronic system. The system also allowed for paper records to be scanned onto the system once recorded and viewed easily.

**Medicines management**

- We found no issues with medicine management or administration. Medicines were usually self-administered by people who used the service. The service offered blood born virus testing and vaccination against hepatitis B and testing for hepatitis C. Where this was accepted, vaccinations were administered at the central hubs in Lincoln or Boston. If necessary, one of four registered nurses would visit people at their preferred location, for example their GP surgery to administer medication.
- Staff were highly knowledgeable about the risks of substance use. The provider offered support to people using a variety of substances including new psychoactive substances. The provider's clinical guidance policy reflected Public Health England FRANK guidance on the risks associated with new psychoactive substances.
- Recovery workers provided harm minimisation training to fellow staff and people who used the service. Harm minimisation training included providing information to people who were looking to reduce their use of both alcohol or opiates. We observed a staff training session where a new member of staff was being trained to deliver harm minimisation advice to people who use the service. Inspectors observed staff to be both passionate and knowledgeable about the health and safety risks associated with the use of opiates and able to deliver this advice in a calm and considerate manner to people who used the service. Naloxone was offered at every initial assessment along with training as to how his should be safely administered.

**Track record on safety**

- The provider reported all incidents that should have been reported. The provider submitted data to us prior

Good

# Community-based substance misuse services

to inspection. From 1 January 2018 to 1 January 2019 the provider reported 32 serious incidents. 29 were deaths, one prescribing error and one safeguarding concern.
- Managers had investigated all serious incidents and made changes to practice and process when necessary.

**Reporting incidents and learning from when things go wrong**

- The provider's policy for reporting incidents was displayed clearly on interview room walls. Staff knew what an incident was and were able to explain the process for reporting incidents to their line manager, on the electronic database, and when necessary to the local safeguarding authority.
- We were assured that the service reported all incidents that should have been reported.
- Staff told us that if a serious incident occurred they were debriefed shortly after the incident and again in regular monthly clinical supervision. There was evidence of feedback from incidents and lessons learned being shared in supervision records, and weekly meetings.

**Duty of candour**

- Managers and staff were aware of the duty of candour principles and the need to be open and honest when things go wrong. Managers and staff told us that the provider supported them to be open and honest with people who used the service.

## Are community-based substance misuse services effective?

(for example, treatment is effective)

Good

**Assessment of needs and planning of care**

- We reviewed 46 care records of people who used the service and found that staff had completed comprehensive mental health risk assessments.
- Care plans were personalised holistic and recovery orientated. There were recovery plans and risk assessments in place which are understood by all the staff. Staff used the recovery star tool with adults and the teen star with children and young people to plot the areas of their recovery they wanted to work on and set individualised recovery goals.
- Staff updated care plans every three months or when needs changed. However, we found six records for children and young people which had not been updated within the provider's three-month target.
- Staff ensured that people received necessary physical health assessments either by the nurse, non-medical prescriber their GP or the local hospital dependant on their needs.

**Best practice in treatment and care**

- There was a multidisciplinary team that offered a range of evidence based and evidence informed interventions. Interventions were line with the Department of Health Orange Book guidance on drug misuse and dependence (2017). Interventions included advice on health and wellbeing, psychosocial interventions and harm minimisation, in addition to community detox from opiates and alcohol.
- Staff ensured that people using the service had their physical health needs met by referring and supporting people to attend their GP.
- The provider used standardised outcome measures to measure people's recovery rates and treatment success including the Treatment Outcome Profile, the Clinical Opiate Withdrawal Scale and the Clinical Institute Withdrawal Assessment for alcohol reduction. Staff used psychosocial recovery tools such as their organisational recovery tool for adults and the teen star for young people.
- Staff used technology to support people who used the service effectively. Staff had laptops which were enabled for remote working this meant they could care plan with people in their own homes if necessary, the provider used e-prescribing and monitoring to ensure all relevant information about prescribing and physical healthcare was up to date and available to all staff and other agencies involved in the person's care for example electronic prescriptions could be delivered to the person's pharmacy for them to pick up medication without delay. The electronic records system also enabled timely access to blood test results and blood borne virus testing results.
- Managers and team leaders conducted regular audits of care records to ensure quality was maintained.

Good

# Community-based substance misuse services

### Skilled staff to deliver care

- The team was made up of a range of professionals some of whom were peer recovery workers with lived experience. The service also had two general practitioners with special interest in substance misuse, three non medical prescribers, a pharmacy technician and recovery workers. Staff were trained in the physical effects of substance misuse and harm minimisation.
- Staff and managers described positive relationships with the local NHS Trust and other key stakeholders. Addaction employed a dedicated link recovery worker who liaised with partnership agencies to smooth transition of care.
- Managers provided staff with appropriate induction and new staff told us they felt well supported through the induction process.
- Staff told us that managers provided them with regular monthly supervision and support and annual personal appraisal.

### Multi-disciplinary and inter-agency team work

- Staff held daily flash team handover meetings to coordinate the daily activities and hand over care.
- The provider had agreed protocols for prescription collection with 90 pharmacies across Lincolnshire, giving people who used the service freedom to choose where they collected their medication.

### Good practice in applying the MCA

- The provider submitted data which showed that 100% of staff had received training in the Mental Capacity Act 2005 the five statutory principles.
- Capacity and competence were understood, recorded and managed well. We saw examples of capacity assessments in care records where the person had a history of mental health problems and substance misuse.
- We saw that consent and confidentiality agreements were in place for all people who used the service.

## Are community-based substance misuse services caring?

Good

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

- We saw that there was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who use the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by leaders.
- People who used services were active partners in their care. Staff were fully committed to working in partnership with people. Staff empowered people who used the service to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs were always reflected in how care was delivered.
- People's emotional and social needs were highly valued by staff and are embedded in their care and treatment.

### Involvement in care

- Where appropriate families and carers of people who used the service were involved assessment, treatment and recovery planning.
- Feedback from people who use the service, those who are close to them and stakeholders was continually positive about the way staff treated people. People thought that staff went the extra mile and the care they received met or exceeded their expectations.
- The provider actively recruited people with lived experience of substance misuse and mental health issues and were involved in the process of recruiting new staff.

Good

# Community-based substance misuse services

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

Good

**Access and discharge**

- Addaction worked within a recovery philosophy which was characterised by supporting people to achieve sustained control over substance use which maximises health and wellbeing and participation.
- Staff made every effort to engage with people who found it difficult to engage. There was a link worker employed with the specific focus of engaging people with mental health issues. Staff followed up contact with people who did not attend appointments and offered flexibility in times and location of appointment.
- Exclusion from treatment was as a last resort and the provider only discharged service users who had violated their treatment agreement. The provider had clear policies for staff to follow if people exited treatment early.
- The provider had a target of three days from referral to assessment but most people who self referred to the service received a triage assessment the same day. The target from assessment to treatment was three weeks however we noted from our review of care records that treatment was often started within two weeks.
- Staff cancelled appointments only when necessary, explained why and helped people access treatment as soon as possible. However, the provider had conducted a satisfaction survey with people who used the service. The main complaint they encountered was that people had found it difficult to get consistent appointments with the same key worker. Two comments cards also contained the same issue.
- Staff supported patients during referrals and transfers between services. Staff also worked with the prison healthcare service to ease the transition to the community for people being released from prison.

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

- People who used the service did so on a voluntary basis, however the service provided advice and support to professionals supporting people who were detained under the mental health act. This support was facilitated by one member of staff providing support to people who had a dual diagnosis of mental health and substance misuse. The same worker gave time to people at the local NHS mental health hospitals, the probation service and the local prison.
- Staff ensured that patients could obtain information on treatments, local services, patients' rights and so on. The information was easily accessible. Staff could print information off for people who did not have access to the internet.
- Staff made sure that people had access to information in languages other than English. The provider had employed multi lingual staff and ensured that staff had easy access to interpreters and or signers.

**Patients' engagement with the wider community**

- Staff ensured that's people who used the service had access to education and work opportunities as well as signposting to housing providers and agencies that could offer support with financial matters.
- The provider had engaged in art project between Addaction and the University of Lincoln. The project was both educational and therapeutic with the aim of supporting people to further express their thoughts and emotions through the medium of art and supporting people to continue study and seek accreditation for their work.

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

- Staff told us that they always took the personal, cultural, social and religious needs into account when working with people who used the service. For example, staff described how they had a number of colleagues who spoke multiple languages and were aware of the cultural diversities of people who used the service. Staff told us they could also access interpreters. However, six out of 12 records for children and young people details such as religious and cultural preference was not documented in care records.
- The provider supported people to build better opportunities. They liaised with local housing providers to support people with accommodation needs for homeless people and people living in extreme poverty. The provider worked with a local bakery to offer food to people who used the service every weekday.

Good

# Community-based substance misuse services

### Listening to and learning from concerns and complaints

- From 21 February 2018 until 21 February 2019 this service received 19 complaints five of these were upheld and four partially upheld. Most complaints were regarding people experiencing a change in key worker or having difficulty accessing medication on time.

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

Good

### Leadership

- Staff knew who senior managers were and told us that they felt well supported by senior managers and team leaders.
- Addaction provided management training to team leaders, and above to ensure they had the skills and knowledge to perform their roles.
- Managers had a good understanding of the service they managed. They could clearly explain how the teams were working to provide high quality care as well as the challenges they faced.
- Leaders were visible to both staff and people who used the service and worked spent time at different spoke sites every week.

### Vision and strategy

- Staff were passionate about their work and described the organisation's vision and values; compassionate, determined, professional, and effective and demonstrated how they were applied in the work of the team.
- The provider's senior leadership team had successfully communicated the vision and values to frontline staff and people who used the service. There were posters displaying the vision and values in each interview room, in offices and waiting areas.
- Staff had the opportunity to contribute to discussions about the strategy for their service at monthly team meetings. Managers told us this had been especially important during the transition to an all age service.
- Managers could explain how they had planned services to deliver high quality care within available budgets.

### Culture

- Staff told us they felt respected, supported and valued.
- Staff felt positive and proud to work for the provider and with their team.
- Staff told us they could raise concerns without fear of retribution and were familiar with the whistleblowing process.

### Governance

- Team meeting minutes demonstrated a clear framework of what must be discussed at team meetings and included evidence that serious incidents had been discussed, and learning had been shared with all staff.
- Through our regular engagement with the provider we were assured that staff fully investigated and made changes as a result of learning from incidents.
- Team leaders undertook regular audits of care records. Staff said team leaders alerted them to any necessary changes or improvements through the supervision process.
- Staff understood the arrangements for working with other teams, both within and external to the service. For example, recovery workers were aware of each other's strengths and special interest and could seek support from each other when supporting people who presented with complex needs. They also knew when they needed to refer to other agencies if they could not meet the person's individual needs.

### Management of risk, issues and performance

- Staff escalated risk issues to their line manager who would then record on the provider's risk register. Managers told us that the risk register reflected issues raised. Risk issues were raised in daily flash meetings.

### Information management

- Staff had access to equipment and information technology needed to do their work. Staff were provided with laptops which gave them access to care records. Staff told us the laptops worked well in rural areas and allowed them to complete records in a timely manner. Laptops were enabled with internet access, allowing staff to gather up to date information for people who used the service at the time the needed it.

- Electronic care records were easily navigated and alerted staff and managers to when information needed updating.
- The information infrastructure including the telephone system and chat facility on the Addaction website worked well and helped to improve accessibility to the service.
- Information governance included confidentiality of patient records. We were assured that the systems supported this whilst facilitating accessibility to necessary information.

**Engagement**

- The provider shared updates about the service via their website to the public professional and people who used the service. There was a regularly updated intranet page for staff giving access to updates and required mandatory training.
- People who used the service and their carers were routinely asked for feedback on the care they received through an electronic survey at the beginning middle and end of their treatment. The feedback that was given was taken seriously and changes to the service were made as a result. The provider had made plans to create an internet hub in the reception area as a result of feedback.

**Learning, continuous improvement and innovation**

- Addaction conducted organisational audits as well as taking part in the national quality assurance framework annually. The provider also conducted a service led audit for the year from October 2018 to October 2019 focusing on the practice or risk assessments. Managers involved staff in the audit process, shared the findings across the organisation, and made changes to their service as needed.
- Managers were responsive and implemented changes as a result of lessons learnt from serious incidents. An incident highlighted training needs for staff which the provider addressed.

# Outstanding practice and areas for improvement

## Outstanding practice

The service worked in collaboration with the University of Lincoln to provide a therapeutic art group which had led to service users perusing further studies to accredited courses and an exhibition of their work.

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should review caseloads of staff.
- The provider should ensure that risk assessments are consistently updated within their three-month target.
- The provider should ensure that details such as religious and cultural preference are documented for all people who use the service.