

Borough of Poole - Poole Addictions Community Team (PACT)

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Staff assessed risks of all clients accessing the service. There was oversight of this process to ensure that risks were up to date and accurately documented.

Summary of findings

- Care plans were created with the clients input. Clients wishes were recorded and represented when treatment decision were made. Staff liaised with the clients GP's to ensure treatment was commenced safely.
- There was an effective needle exchange service and a harm minimisation worker who was proactive in engaging clients who were difficult to engage. Naloxone was available for those at risk of opiate overdose.
- There was a strong emphasis throughout the team on safeguarding clients from abuse. Management kept oversight of safeguarding alerts made within the team. Safeguarding information was documented well and shared within the team effectively.
- Staff used recognised best practice such as motivational interviewing and cognitive behavioural therapy. Medicines were prescribed in accordance with National Institute for Health and Care Excellence (NICE) guidance.
- Staff were responsive to different needs of the clients. Clinics took place in pharmacies and outside of normal working hours in order to provide those unable to access the service within normal hours support.
- There was excellent multidisciplinary working within the team and with external bodies. Staff were proactive in working with external teams when clients posed an increase risk in the community.
- There was a strong sense of team work and morale amongst the staff was high. Staff felt supported and felt able to support each other. Staff received regular supervision, appraisal and training relevant to their role.
- There was excellent implementation of the Mental Capacity Act.
- Staff treated clients with respect. Clients were consistently positive about the service.
- Complaints and incidents were reported and investigated effectively. Changes were made as a result of investigations.
- The service had systems in place to ensure staff were well supported through supervision, training and appraisal.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		Inspected but not rated

Summary of findings

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Poole Addictions Community Team

Services we looked at:

Substance misuse services

Summary of this inspection

Background to Borough of Poole - Poole Addictions Community Team (PACT)

Poole addictions community team treated adults who were dependent upon alcohol or drugs. They provided a specialist prescribing service for heroin addiction, support and advice for stimulants and legal highs. The service had a specialist alcohol team who liaised with GP's and local hospitals to provide community and inpatient detoxification. The service provided a confidential needle exchange for injecting drug use. They

provided screening and vaccination for blood borne viruses. The service had a registered manager and was commissioned by the Borough of Poole and Public Health Dorset.

The service was previously inspected in 2014 and was found to meet all outcomes of the areas inspected.

Our inspection team

The team that inspected the service comprised CQC inspector David Harvey (inspection lead), two other CQC inspectors including a pharmacist inspector and one specialist advisor with experience working in substance misuse services.

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. As part of the programme this was an announced inspection.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for information.

During the inspection visit, the inspection team:

- Interviewed the registered manager
- Spoke with a social worker, the harm minimisation worker and an admin worker
- Interviewed the doctor
- Specifically looked at the management of prescriptions
- Toured the building and checked the environment
- Spoke with five members of staff in a focus group
- Interviewed seven clients
- Checked seven client records

Summary of this inspection

- Collected feedback from 12 comment cards
- Visited a local pharmacy and spoke with the pharmacist.

What people who use the service say

Clients reported that staff had helped them change their lives and get their lives back. They said that staff went

above and beyond the call of duty and that they were always there to listen. We gained feedback from comment cards, all of which were positive about staff and the service they were providing.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The environment was safe and clean with alarms in place for staff to call for assistance if needed. There was visible first aider information displayed around the building. Clinical equipment was available to monitor client's physical health. There were facilities for staff to wash their hands.
- There were no staff vacancies at the time of the inspection. Staff turnover was low and there was a low sickness rate. Staff working at the service received mandatory training appropriate to their role.
- Risk assessments were completed for all clients. Staff were risk aware and updated risk information periodically and when risks changed.
- Harm minimisation work was excellent with an active needle exchange and dedicated harm minimisation worker. Staff had campaigned successfully for the service to provide the drug Naloxone in order to hand out to clients at risk of opiate overdose.
- Staff knowledge of safeguarding was excellent and there was active work to safeguard clients from abuse. Safeguarding information relevant to clients was stored for all staff to access. Social workers dedicated to investigating safeguarding concerns worked within the team.
- Incidents were reported appropriately. Staff were aware of the incident reporting procedure. The service fulfilled its duty of candour.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff assessed needs and planned care for clients receiving treatment. Physical health was assessed and staff liaised with the clients GP before starting treatment for alcohol or drugs problems. Care plans were holistic and client centred.
- Staff used recognised best practice skills such as motivational interviewing and cognitive behavioural therapy (CBT). Medicines were prescribed in line with National Institute for Health and Care Excellence (NICE) guidance. Staff recorded treatment outcomes.

Summary of this inspection

- Staff offered a blood borne virus (BBV) clinic to provide screening and vaccination for BBV's.
- Staff received supervision and specialist training relevant to their role. Staff received an induction when they started employment and received a yearly appraisal.
- There was excellent multidisciplinary (MDT) working. MDT meetings took place weekly. There were clear links with voluntary sector organisations and recovery based services. Staff were active in working with external organisations in order to reduce risks posed by clients.
- Staff had sound knowledge of the Mental Capacity Act. There were clear examples of how staff had worked with capacity issues and how they had used their knowledge. Staff showed they maximised support for clients around basic and complex decisions.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were respectful towards clients. Clients reported that staff were kind, helpful and that they had helped them change their lives.
- Clients were involved in planning their care. Care plans included client individual views and treatment needs. Client views were represented at the multidisciplinary team meetings by staff.
- Client treatment needs and wishes were taken into account. There was an annual client questionnaire to gain feedback about the service.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were responsive to client needs providing assessment within the set three week target time. There was a low threshold clinic in place to re-engage clients who were difficult to engage. Staff offered outreach clinics in local pharmacies.
- There was active re-engagement of clients who did not attend their appointment.
- There were a variety of rooms available for staff to see clients. Information about treatments and local services was displayed around the building. Staff were able to call on interpreters if required, leaflets were available in different languages. There was good disabled access.

Summary of this inspection

- The service had a complaints process in place. There was a good response to complaints received that showed the service was transparent.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider's values were displayed around the service. Staff were aware of who was in the senior management team.
- Staff were positive about the leadership of the service. We found the service to be well-led.
- There were systems in place to ensure staff received training, supervision and a yearly appraisal. Managers kept oversight of safeguarding issues.
- Managers audited clinical notes to ensure that essential areas of practice such as risk assessments and care plans were updated and completed correctly. Performance targets were collated and fed back monthly.
- Incidents and complaints were investigated effectively and changes were made as a result.
- Morale within the team was high and staff felt supported and able to raise concerns. Staff were given the opportunity to give feedback about the service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Ten of the 14 staff had received training in the Mental Capacity Act.
- Staff assumed that all clients had capacity and showed through the care records that capacity was considered. We found good knowledge of the principles of the Mental Capacity Act amongst the staff and we were given several examples where staff had worked with the Mental Capacity Act in depth. Capacity to consent to treatment was assessed on initial contact with the service.
- Staff showed us how they maximised a client's opportunity to show they had capacity through several appointments where capacity concerns were discussed. Staff went out of their way to ensure that issues with fluctuating capacity with a client were addressed through repeated assessments of capacity. We found contemporaneous documentation around complex decisions associated with the court of protection being considered. This approach showed that staff were ensuring that clients were given every opportunity to understand decisions with their treatment going forward. Staff showed they maximised support for clients around basic and complex decisions.
- Mental Capacity Act assessments were monitored for completion and there were red flags to management from the electronic record to ensure completion.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Poole Addictions Community Team (PACT) was set over one floor of a building which was part of the council offices. There were a number of rooms for staff and services users to meet for key working sessions. All rooms were fitted with alarms to ensure that staff could call for assistance if needed. Although the environment appeared tired there was visible cleanliness throughout.
- There was visible appointed first aider information displayed around the site. Emergency medical equipment was available to staff, although not stored in the PACT area of the building it was stored centrally so all teams within the building had access. Naloxone, an emergency drug to counteract the effects of opiates was available.
- Staff had access to clinical equipment with an examination couch, blood pressure monitor, fridge and scales. The harm minimisation service had a range of injecting equipment so that clients could access clean sterile injecting equipment to minimise the potential harm of injecting drug use. Staff calibrated the relevant equipment and there was good evidence of portable appliance testing.
- The environment was assessed for risk and against fire regulations. Fire hydrants were checked and in date so were safe to use.
- There were appropriate facilities for staff to wash their hands. Infection control procedures were adhered to. There were appropriate arrangements in place for the disposal of clinical waste.

- There was a larger room used for meetings within the team and to meet clients for therapeutic appointments. We found that this room was normally reserved for meeting clients who had children due to the playing area.

Safe staffing

- PACT employed a range of staff directly as well as having three nurses seconded in from the local NHS trust. There were no vacancies at the time of the inspection. There were a total of 18 staff working within the service. Substantive staff turnover for the previous 12 months was 5.6% with only one leaver. The total sickness rate over the previous year was 2.7%. Due to the low turnover and sickness rate there was no usage of temporary bank or agency staff.
- Staffing levels were sufficient for the demands on the service with a total of 192 clients in treatment. Key working staff held a caseload of between 30 and 35 clients. Caseloads were managed in supervision with the staff member's line manager.
- Medical cover was provided by three local GP specialists who were responsible for the substitute prescribing within the service.
- Staff received mandatory training relevant to their role. We found all staff received training in motivational interviewing techniques, safeguarding, care planning and risk assessment.

Assessing and managing risk to clients and staff

- Staff completed a risk assessment for everyone entering the service. The risk assessment was based on the electronic care records and covered areas such as harm to self, harm to others and harm to children. The risk assessment was staged according to the level of risk posed. There was good completion of risk assessments

Substance misuse services

in the care records we reviewed with all seven records containing an up to date risk assessment. Risk assessments were updated every 12 weeks or when there was a change in risk.

- Following a risk assessment or change in risk the managers of the service were notified. Managers signed off an increase of risk in the assessment within 24 hours of it being documented. This ensured that changes in risk were shared and managed effectively.
- Staff were risk aware and we noted that during meetings risk was a prominent feature of discussion around a client's treatment.
- Staff were proactive in managing unexpected exits from treatment with extra efforts put into re-engage clients. There was the option of texting appointments to clients the day before to ensure they were well informed of their next appointment time. Welfare checks were conducted when it was felt that there was risk of a client coming to harm. The service worked closely with the local referral team who did the initial assessment into treatment to re-engage people in the treatment process.
- There was a dedicated harm minimisation worker within the service. This role incorporated working with people using the needle exchange service and provided time to assess risk and to persuade them to come into the service for treatment. The needle exchange service was an active service with 484 people registered to use it.
- Staff had campaigned for two years to get funding for the emergency drug naloxone. Naloxone funding had recently been agreed and in the two weeks prior to the inspection staff had trained a total of 45 clients in how to administer naloxone. The day prior to the inspection date naloxone that the service prescribed had been used to save someone's life. The campaign to get naloxone in the service had drawn attention from the media and had resulted in the service being featured in the news.
- Staff used the Borough of Poole safeguarding policy. This ensured that there was tight working with the local authority that triaged safeguarding referrals.
- All staff within the service received safeguarding adults and children training. The service employed three qualified social workers as investigators who accepted all safeguarding referrals with a drug and alcohol

element. The integration of the safeguarding investigators ensured that there was appropriate review of safeguarding alerts made by someone with a substance misuse speciality. There was a strong emphasis on safeguarding within the service with staff showing sound knowledge of safeguarding procedures. Safeguarding adults and child protection were a permanent component of multidisciplinary meetings.

- All safeguarding alert information was backed up in paper format in a central file. This ensured that all staff had access to essential safeguarding information if needed for example when a member of staff was not in the building.
- The service had a lone working protocol for staff members going off of the site to visit clients. Staff were knowledgeable of the protocol and there was clear evidence of the protocol being followed. This ensured that staff safety was maximised while out in the community.
- There was safe storage of medicines and blood borne virus (BBV) vaccinations. Naloxone was stored safely within the site and was locked away but was accessible to staff in a medical emergency. We found that there was a safe place and procedure to store prescription pads for the prescribing doctors.
- Dispensing of medication other than Naloxone was done by local pharmacists. Before a client started treatment the client had to gain the agreement of a pharmacist to dispense medications. There were 17 dispensing pharmacies that the service used. Clients were normally required to show a period of stability with consumption under the supervision of the pharmacist before being allowed to take their medication away. Staff provided clients with locked boxes to safely store medication that was taken home from the pharmacist. This ensured it was stored safely away with only the client being able to access the medication.

Track record on safety

- There had been no serious incidents in the previous 12 months.

Reporting incidents and learning from when things go wrong

- Incidents related to prescribing were reported on the electronic reporting system and went through for review

Substance misuse services

at the local NHS trust. The service had a separate incident process for low level incidents related to the service and this process fed incidents into the senior management team for review. Management plans were then created in order to minimise the risk of future incidents.

- Staff were aware of what was reportable and there was clear evidence of change as a result of reported incidents. For example to ensure the safety of the building cameras were put out the front of the building after there had been an incident in the car park.
- Incidents related to clients were discussed in the multidisciplinary team meetings, staff discussed these to support one another and to share learning.

Duty of candour

- The service had a policy on the duty of candour. There was evidence of the service fulfilling its duty of candour through the review of a formal complaint. The manager had written a letter to the complainant explaining the outcome of the complaint and apologising for the situation.

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

Assessment of needs and planning of care

- Initial assessments were completed by an external single point of access service. Staff received referrals for substitute prescribing and detoxification from alcohol from the single point of access. Each referral was reviewed for its suitability before a further assessment was offered to a client. The pre-prescribing clinic was set up for further assessment to be completed before an appointment for prescribing with the doctor was booked.
- Staff assessed a range of needs related to alcohol and drug misuse on the first assessment at the service. Drug tests and breath tests for alcohol were completed in order to pin point drug use. Staff documented medical issues and liaised with the clients GP to ensure they had up to date information about other medical treatment and to ensure there were no further increased risks with treatment for example due to other prescribed medications. Staff completed physical health checks.

- The doctor prescribed substitute medication on the same day that a client had their initial assessment in order to start treatment in good time. The client was required to get agreement with a local pharmacist to dispense medication.
- There were two dedicated alcohol nurses seconded from the local NHS trust to oversee alcohol detoxification. The service was able to provide clients with home alcohol detoxification with the medication prescribed by the clients GP. There was good monitoring of alcohol detoxification throughout the treatment period with home visits conducted daily by the nurse. Staff liaised with local GP's for the ongoing prescribing of post detox medications such as acamprosate. Acamprosate
- Staff began recovery focussed work from the first contact with the client. There was good evidence of use of care plans within the clients care records. We found there to be care plans that were client centred, holistic and with clients views documented in all of the care records we reviewed. Clients we spoke with stated that they had copies of their care plans when they wanted them and that they knew what their plan of care was. All care plans we reviewed were up to date and stored safely in the electronic care records system. The performance report for the service showed a 93% completion rate for quarterly care plan reviews.

Best practice in treatment and care

- All staff received training in motivational interviewing (MI) techniques. Pan Dorset drug & alcohol quality and standards committee that was responsible for the governance of drug and alcohol services within Dorset.
- Staff used recognised therapies such as cognitive behavioural therapy (CBT) and also used ITEP mapping and substance use diaries in one to one sessions. ITEP mapping was recommended by the National Treatment Agency (now Public Health England) and is a tool used to goal set for individuals with substance misuse problems. Staff were able to refer to a psychologist employed by the service for psychological support.
- Medicines were prescribed and supplied in line with NICE and Department of Health (DH) orange book guidance. This included treatment initiation; stabilisation, detoxification and post detoxification follow up. Physical health care needs were assessed and

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communication with the clients GP ensured that staff were well informed of relevant physical health treatment. There were 145 clients prescribed methadone, 30 prescribed buprenorphine and 6 being prescribed naltrexone.

- Staff offered a blood borne virus (BBV) clinic each day to provide screening and vaccination against BBV's such as Hepatitis B. Staff completed blood spot testing for Hepatitis C and were able to test for Human Immunodeficiency Virus (HIV). Screening for BBV's was an essential part of t
- Staff completed treatment outcomes profile (TOP) for each client on entering the service and at intermittent intervals.
- Management completed an audit of case notes weekly to ensure that there were essential areas of recording completed with paper notes. This ensured that all clients had an up to date risk assessment and care plan within the electronic care records.

Skilled staff to deliver care

- The service employed social workers, nurses who were seconded from the local NHS trust, specialist GP's and a specialist nurse practitioner. There was a part time psychologist as part of the team. The team were provided with administrative support.
- Staff received an appropriate induction into the service when they started. A recent workforce audit documented that all staff had received induction on commencement of employment.
- There was good evidence of staff supervision. All staff received supervision monthly from the team manager. On reviewing supervision records it was clear that supervision occurred regularly and it was well documented when missed with reasons given. All staff had a named supervisor. Eighty-six per cent of staff had received an appraisal in the year prior to the inspection.
- Staff received specialist training through the service and there were monthly in house training sessions conducted by the staff working within the service. Staff felt that they were supported to access specialist training.
- Management showed evidence of staff performance being addressed through the supervision process.

Multidisciplinary and inter-agency team work

- A multidisciplinary meeting took place weekly. Those attending included the GP specialist, harm minimisation coordinator, specialist practitioner, administrative assistant, practice supervisor/deputy manager, social workers and the alcohol nurse. The team were joined by the referring team care coordinator and a social worker from children's social care services. Staff members told us this meeting was integral to their work and allowed them to both communicate and share information across agencies effectively. We observed the social worker from children's services and the referral team add information about each client to ensure sure a seamless and effective multiagency approach to providing individualised package of care. The team also liaised with the local prisons to establish if a detoxification programme could be started to assist one client.
- The regular agenda items included safeguarding adult and child protection. This included the needs of both the client and the carers. The team discussed all aspects of clients care and treatment in detail. This included the impact of the care status of the children including special guardianship orders and the needs of children living in household where carers were misusing alcohol or opiates. The team also focused on the needs of vulnerable people who need to be visited over the Christmas period and put in place contingency plans to ensure the client had access to prescriptions.
- The meeting included detailed individual discussion with team members about complex cases. All staff members spoken to said they found this useful. Discussions included those about a client who had not attended several appointments and ways they could reengage.
- There were clear links with recovery based services and voluntary sector organisations. Staff were able to refer to after care groups at other services within Dorset. There were links with services such as Alcoholics Anonymous and Narcotics Anonymous.
- Staff were active members in the multi-agency risk assessment conference (MARAC).
- Staff attended a monthly pregnancy liaison meeting with consultants and midwives to highlight clients who had informed the service of their pregnancy. This was in

Substance misuse services

order to share information throughout the pregnancy. This included pre-discharge planning meetings after the birth and MDT meetings with the health visitors. The service participated in training midwives and health visitors. The service was working with the local maternity unit to help improve the screening of foetal alcohol syndrome in pregnancy.

- The pharmacy liaison worker role meant that there was good communication with the pharmacies so any issues were addressed.

Good practice in applying the MCA

- Ten of the 14 staff had received training in the Mental Capacity Act.
- Staff assumed all clients had capacity and showed through the care records that capacity was considered. All clients had a capacity assessment within their notes. We found good knowledge of the principles of the Mental Capacity Act amongst the staff and we were given several examples where staff had worked with the Mental Capacity Act in depth. Capacity to consent to treatment was made on initial contact with the service.
- Staff showed us how they maximised a client's opportunity to show they had capacity through several appointments where capacity concerns were discussed. Staff went out of their way to ensure that issues with fluctuating capacity with a client were addressed through repeated assessments of capacity. We found contemporaneous documentation around complex decisions associated with the court of protection being considered. This approach showed that staff were ensuring that clients were given every opportunity to understand decisions with their treatment going forward. Staff showed they maximised support for clients around basic and complex decisions.
- Mental Capacity Act assessments were monitored for completion and there were red flags to management from the electronic record to ensure assessments were completed.

Equality and human rights

- All staff received training in promoting equality and client's human rights. There was equality information including support for lesbian, gay and transgender groups displayed around the building and information advising clients of their rights.

Management of transition arrangements, referral and discharge

- Referral into the service was through an external service where an initial assessment was completed before referrals were sent. The service liaised closely with prisons to ensure that treatment could be continued when a client was released.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Staff appeared respectful towards clients under their care. There were consistent reports from clients that staff were supportive, knowledgeable and professional. Clients reported that staff had helped them change their lives and get their lives back. They reported that staff went above and beyond the call of duty and that they were always there to listen.
- We collected feedback from 12 comment cards, all of which were positive.
- From observing meetings it was clear that staff had a good understanding of treatment plans and client need. Staff understood the needs of clients on other staff members caseloads due to discussion within the team.
- Christmas boxes were made for vulnerable people using the service. There was a fruit delivery each Monday from a local fruit and vegetable shop. Each Wednesday the service received a delivery of bread and cakes for clients.

The involvement of clients in the care they receive

- Through reviewing the care records we found there to be clear documentation showing that there was involvement of the client in the care planning progress. Care plans were done with the clients so that they could take them away from the therapeutic appointment. We found that although clients were not able to attend the multidisciplinary team meetings their views were taken into account so that staff could communicate their wishes with the wider team. This ensured that views were taken into account when treatment decisions were made.
- Clients were always offered a print out of their care plans documented on the electronic record system.

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- At first contact with the clients, treatment needs and wishes were taken into account to ensure they were getting the treatment that they wanted and one that was appropriate to their need. They were given a treatment booklet to give them information about the service and what drug and alcohol treatment looks like.
- The service undertook an annual client questionnaire to gain feedback about the service. There were 30 responses from the treatment service and nine from the needle exchange service. The outcome of this was largely positive

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

Access and discharge

- There was no waiting list into the service at the time of the inspection
 - The service had a target of three weeks to see a client once the initial referral had been received. In the first quarter of 2016 (April – end of June), 87% of clients were seen within the three week target time.
 - There were a total of 193 drug using clients on the caseload, 27 clients requiring treatment for alcohol and 484 accessing the needle exchange service. The service had a total of 192 in active medical treatment. The retention period (the period of time that a client is using the service) for clients receiving support for alcohol addiction was between 38 and 109 days. The retention period for clients receiving treatment for drug problems was between 131 and 769 days. Between April 2015 and March 2016 the service had provided 52 community alcohol detoxifications, arranged 10 inpatient detoxifications and three clients had attended residential rehabilitation. In the same period there had been a total of 38 clients completing treatment for alcohol and 24 completing treatment for drugs.
 - There were a total of substance misuse clients discharged from the service in the last, as at . of these users were followed up within of discharge.
- The service had responded to the needs of clients that could not attend for day time appointments by setting up an evening clinic. Staff provided outreach to local pharmacies in order for people to be seen away from the base.
 - The harm minimisation worker had set up the low threshold clinic in order to proactively engage clients who did not attend appointments. As a result clients were seen out in the community in order for them to have the necessary engagement to continue with substitute prescribing when they would previously have had their treatment stopped. This was an opportunity to do some harm minimisation work and to ensure that the client had Naloxone on them in case of an overdose.
 - In the year up to September 2016 there were a total of 1080 appointments that the client did not attend. There were a total of 38 appointments cancelled by the service. There was a policy for clients that did not attend appointments. Staff were proactive in taking steps to re-engage clients that did not attend.
 - Staff were required to refer to a panel for clients requiring inpatient treatment due to the local detoxification unit being closed. This resulted in a delay of treatment because the panel operated fortnightly.

The facilities promote recovery, comfort, dignity and confidentiality

- The service provided a number of rooms for one to one therapeutic activities. There was a harm minimisation area for clients wishing to access needle exchange and harm minimisation advice. There was a separate area for physical examination and blood tests. We found that there was a room for children to play in while parents had their key working appointment.
- There was a large amount of information leaflets displayed around rights, local groups and treatments for clients to take.

Meeting the needs of all clients

- The service was set over one floor so there was good access for disabled people. There was an adapted bathroom for disabled people that was also used as a baby changing facility.
- The service was able to arrange for interpreters for clients who could not speak English. There were

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information leaflets available in different languages. Staff had arranged for a signer to attend weekly for a client that was deaf. The signer helped communicate the therapeutic appointment so that the client was able to access the service and receive the appropriate treatment.

- The service provided an alcohol group for clients wanting an alcohol detox and ongoing support. Further groups around education and coping skills were available from the SMART service.

Listening to and learning from concerns and complaints

- The service had a complaints procedure in place. Local resolution of complaints was the first priority for the manager of the service in order to come to a quick conclusion. There were complaints sheets and information available for clients in each room. Clients told us that they knew how to complain.
- There had been one complaint received within the previous 12 months. This had been effectively investigated and had gone through to the formal process. The investigation was reviewed on the inspection and it was clear there was communication with the client and that the service had been open and honest in its investigation. The client was offered to have support from the independent complaints investigator the Parliamentary Health Service Ombudsman (PHSO). The outcome of this complaint was shared with the team through the multidisciplinary team meeting.
- The service had received 24 compliments in the previous 12 months before the inspection.

Are substance misuse services well-led?

Vision and values

- The provider had developed a set of values which were displayed around the service but staff told us that they had their own values that were around harm minimisation, safety and choice. Staff were clear about the services ethos of recovery from drugs and alcohol.
- Staff said they were aware of the senior managers and the commissioners of the service.

Good governance

- There were systems in place to ensure that staff received mandatory training. There was managers oversight to ensure that training was identified and booked in advance. Training needs were identified in supervision so that staff were able to access specialist training relevant to their role. Managers completed a yearly workforce audit to ensure that professional registration requirements were fulfilled as well as training compliance.
- Manager had oversight of the supervision process ensured that staff received regular supervision that included clinical support as well as a review of aspects of practice such as care planning and risk assessment. Staff received a yearly appraisal.
- There was monthly feedback to the National Drug Treatment Monitoring Service (NDTMS) detailing levels of successful completions of treatments, treatment outcomes profile (TOP) and clients risk assessed. Management were required to report monthly to show that it was meeting performance targets around these areas.
- There was a robust system in place to ensure that all clients within the service had a risk assessment. The weekly review of this had ensured that staff were notified at the point that the 12 weekly review date was due. This ensured that clients were assessed for risk so that treatment could be adjusted accordingly. It also allowed management to get accurate performance figures around this reportable area.
- There was a clear system in place for investigating incidents and complaints. Staff received feedback in the multidisciplinary team meetings about the outcome of complaints and incidents. There was a clear process in place for escalating issues within the service that required practical change. For example, there had been the addition of CCTV outside the building following an incident.
- Managerst reviewed all safeguarding referrals coming into the service prior to them being allocated to a worker. There were robust safeguarding arrangements within the team that included safeguarding investigators working exclusively with issues that had a drug and alcohol element to them. This ensured that

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safeguarding referrals and enquiries were dealt with swiftly. The weekly multidisciplinary team meeting was an open forum to discuss and escalate issues of risk and safeguarding.

Leadership, morale and staff engagement

- Staff were positive about the managers of the service and the leadership that they gave. We found the service to be well-led and that the managers were visible and known to the staff.
- There was a low sickness and absence rate at 2.7% and only one person leaving the service within the previous year. The one leaver was due to retirement.
- Staff told us that they were aware of the whistleblowing process and that they would feel confident in whistleblowing.
- Staff felt supported and that they were able to raise concerns without fear of victimisation. We heard that often staff would raise concerns openly with each in team meetings and that they felt confident in doing so.

- Morale within the team was very good. Staff felt it was a stressful job but there was a strong sense of togetherness within the team and that they were supported from management as well as supportive towards each other. Staff felt that they would like to do more intensive work but there was a lack of capacity to do so due to caseload sizes.
- There was opportunity for leadership development and continuous professional development for qualified staff.
- Staff felt that the multidisciplinary team meeting was a good opportunity to feedback to the management team about the running of the service. Staff had recently completed the annual staff survey but were yet to get feedback on the results.

Commitment to quality improvement and innovation

- There was no formal participation in quality improvement and innovation however the staff showed that they were committed to improving the quality of the care they delivered.

Outstanding practice and areas for improvement

Outstanding practice

- Staff in the service delivered training to midwives and health visitors and were working with the local maternity unit to help improve the screening of foetal alcohol syndrome in pregnancy.
- The harm minimisation worker had developed a service to proactively engage clients who did not attend appointments, for example rough sleepers. As a result clients were seen out in the community so that they would continue with their prescription and prevent them stopping treatment. This provided an opportunity to do some harm minimisation work and to ensure that the client had naloxone on them in case of an overdose.
- Staff had campaigned for two years to get funding for the emergency drug naloxone.. The campaign to get naloxone in the service had drawn attention from the press and had resulted in the service being featured in the news. Staff had also shown that having access to naloxone had helped save people's lives.