

Addaction - Hartlepool Specialist Prescribing Service

Quality Report

Hartlepool Action and Recovery Team Treatment
Centre

Whitby Street

Hartlepool

TS24 7AB

Tel: 01429 285000

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

- Care records did not capture sufficient information about clients' care and treatment needs and were not person-centred. This issue was identified in our previous inspection in November 2016 and during the provider's internal audit in July 2017 but had not been addressed.
- Health and safety was compromised. Only 47% of staff had completed their mandatory health and safety training. Risk management plans were not appropriate to mitigate the risks associated with clients. Fire wardens and first aiders were not easily identifiable. Hand sanitiser gels were being used beyond their expiry date and sharps bins were not signed and dated.
- Infection control was compromised as chairs in the main clinical room could not be cleaned effectively.
- Staff did not have a good understanding of the Mental Capacity Act or apply it in practice.

Summary of findings

- Supervision and appraisal was not recorded effectively and some staff did not receive supervision or appraisal.
- Some staff did not know about the advocacy services available to clients or how to arrange for an interpreter to make translations on behalf of a client.
- Nine out of 12 clients we spoke with said that some staff were abrupt, uncaring and unsupportive. We overheard one staff member speaking to a client on the phone in an abrupt manner.

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

- Rooms contained alarms, which sent alerts to the main office. Clinic rooms contained equipment, which was calibrated and correct. The service was accessible for all the people who used the service.
- There were sufficient numbers of experienced and qualified staff to safely deliver care and treatment, staff turnover and sickness absence was low and bank and agency staff were rarely used. There were effective systems for handling medical emergencies, safeguarding issues, incidents and complaints and lessons learned were used to improve practice. Staff engaged in audits of the service's medicines management arrangements, medical notes and the service as a whole within the 12 months prior to our inspection.
- The service's medicines management arrangements were effective. Medicines and prescriptions were appropriately stored and produced from a designated printer. The service's processes and procedures

followed guidance from the National Institute for Health and Care Excellence, the Drug Misuse and Dependence: UK guidelines on clinical management and the British Association for Counselling and Therapy, Nursing and Midwifery Council.

- Staff referred clients to their GPs for physical health checks or if there were concerns about physical health deterioration, encouraged clients to lead healthier lifestyles and provided interventions around harm minimisation and motivational interviews. A clinical support worker ran a weekly alcohol group for clients.
- The service worked in partnership with other services effectively. The service held monthly huddles with the mental health service to discuss clients' mental health needs. The service had a GP liaison who shared information about individual clients with their GPs and a midwife and Hepatitis C nurse visited the service each week to give support and advice to clients.
- The service dealt with late or missed appointments effectively. The service treated all clients who were 10 minutes late consistently and clients knew what the expectations were. The service rang clients who had missed their appointments and alerted the police if there were concerns about the client's welfare.
- Addaction's website had translation facilities and supportive software for people with dyslexia, literacy and mild visual impairment. Clients had access to signers. Noticeboards in the reception area contained information and advice about harm reduction, helplines and groups, drug and alcohol misuse and other topics.

Summary of findings

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Addaction Hartlepool Specialist Prescribing Service

Services we looked at

Substance misuse services.

Summary of this inspection

Background to Addaction - Hartlepool Specialist Prescribing Service

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

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

Addaction deliver prescribing, blood borne virus testing, vaccinations, clinical interventions, counselling and other support. Addaction also provides an alcohol group once a week for its clients. The local authority delivers initial care planning, recovery planning, risk assessments and health checks although Addaction do undertake reviews of risk assessments, recovery plans and health checks during client appointments. Other treatments such as wound care are delivered by primary healthcare.

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

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

The service has been previously inspected in November 2016 during which we identified the following breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

- Care records did not contain recovery plans or clients' strengths, goals, problems and needs which was a breach
- There was an inconsistent approach to clients who arrived late for their appointments which was a breach
- Staff had not been trained in the use of the automatic external defibrillator and had not received resus training for four years which was a breach
- Patient group directions and nurse competency assessments had expired which was a breach
- Prescriptions were produced from a printer to which all staff had access to which placed client confidentiality at risk which was a breach
- We reviewed these breaches as part of this latest inspection to see if the provider had addressed the issues concerned and our findings are outlined throughout this report.

Our inspection team

The team that inspected the service comprised a Care Quality Commission inspector who was the inspection lead, a second Care Quality Commission inspector, a substance misuse nurse acting as a specialist advisor to the Care Quality Commission, a Care Quality Commission

pharmacist inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, 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

Summary of this inspection

services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014. We also needed to check that breaches of the Act identified in our inspection in November 2016 had been addressed by the provider. 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, asked other organisations for information.

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with 12 clients and collected feedback using a comment card from a 13th client
- spoke with the registered manager, operations manager and clinical lead
- spoke with nine other staff members employed by the service provider, including nurses, clinical support workers and administrators
- looked at 12 care and treatment records, including medicines records, for clients
- looked at the medicines management arrangement at the service
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with 12 clients who told us that some staff were kind, caring, supportive, and respectful, treated them as individuals and understood their needs. However, nine out of 12 of the clients said other staff were abrupt, uncaring and unsupportive. There were, however, no concerns raised by clients about any issues around confidentiality.

Clients said staff had provided support in accessing housing and were encouraged to attend appointments with their GP for physical health care monitoring and treatment.

Six clients said they had not been offered any options for their care and treatment and none of the 12 clients had been given copies of their care plans or recovery plans. However, three clients said their family members were involved in decisions about their care and treatment.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

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

- Infection control was compromised because chairs in the main clinical room where examinations and venepuncture were conducted were covered in fabric material rather than a wipeable material.
- Health and safety was compromised. Only 47% of staff had completed their mandatory health and safety training. Risk management plans were not appropriate to mitigate the risks associated with clients. Fire wardens and first aiders were not easily identifiable. Hand sanitiser gels were being used beyond their expiry date and sharps bins were not signed and dated.

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

- Rooms were fitted with alarms, which sent alerts to the main office and clinic rooms contained equipment, which was calibrated and correct.
- There were sufficient numbers of experienced and qualified staff to safely deliver care and treatment, staff turnover and sickness absence was low and bank and agency staff were rarely used. There were effective systems for handling medical emergencies, safeguarding issues and incidents and lessons learned were used to improve practice.
- The service was able to deal with medical emergencies. Staff were trained in basic life support and emergency first aid at work. There was an automatic external defibrillator and naloxone and adrenaline on site and the service liaised with local mental health services if there were concerns about a client's mental health.
- The service's medicines management arrangements were effective. Medicines and prescriptions were appropriately stored, the service had its own controlled drugs officer and the provider's medicines management policies, procedures and guidance was correct and in-date.

Are services effective?

We do not currently rate standalone substance misuse services.

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

Summary of this inspection

- Care records did not capture sufficient information about clients' care and treatment needs and were not person-centred. This issue was identified in our previous inspection in November 2016 and during the provider's internal audit in July 2017 but had not been addressed.
- Staff did not have a good understanding of the Mental Capacity Act or apply it in practice.
- Supervision and appraisal was not recorded effectively and some staff did not receive supervision or appraisal.

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

- The service's processes and procedures followed national guidance, This included the National Institute for Health and Care Excellence, the Drug Misuse and Dependence: UK guidelines on clinical management, the British Association for Counselling and Therapy, Nursing and Midwifery Council.
- There was an appropriate range of roles, skills, experience and qualifications amongst staff at the service. Nurses renewed their registration to practice annually, patient group directions and nurse competency assessments were in-date and staff had access to specialist training for their roles.
- Staff referred clients to their GPs for physical health checks or when there were concerns about physical health deterioration and encouraged clients to lead healthier lifestyles. The service provided clients with interventions around harm minimisation and motivational interviews. A clinical support worker ran a weekly alcohol group for clients.
- The service worked in partnership with other services effectively. The service held monthly huddles with the mental health service to discuss clients' mental health needs. The service had a GP liaison who shared information about individual clients with their GPs and a midwife and Hepatitis C nurse visited the service each week to give support and advice to clients.
- Staff had engaged in clinical audits at the service within the 12 months prior to our inspection. These included audits of the service's medicines management arrangements, medical notes and the service as a whole.

Are services caring?

We do not currently rate standalone substance misuse services.

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

Summary of this inspection

- Nine out of 12 clients we spoke with said that some staff were abrupt, uncaring and unsupportive. We overheard one staff member speaking to a client on the phone in an abrupt manner.
- None of the clients we spoke with were given copies of their care plans or recovery plans.
- Feedback received from the people who used the service indicated that only 65% of people were happy with the service they had received.
- Six of the 12 clients we spoke with had not been given any options for their care and treatment. Two clients care records contained no evidence that options for care and treatment had been discussed with the respective clients.
- Three members of staff were unaware of the advocacy services available to clients.

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

- Staff supported clients in accessing housing and were encouraged to attend appointments with their GP for physical health care monitoring and treatment.
- There were effective systems in place to allow the people who used the service to provide their feedback. There was a feedback box in the reception area and the results of 143 feedback forms indicated that 84% of people would recommend the service to others and 88% of people thought staff were friendly.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service dealt with late or missed appointments effectively. The service treated all clients who were 10 minutes late consistently and clients knew what the expectations were. The service rang clients who had missed their appointments and alerted the police if there were concerns about the client's welfare.
- There were adequate rooms for consultations and interviews. Rooms were soundproofed, fitted with frosted glass to maintain clients' privacy and there were two separate areas for blood borne virus and drug and alcohol testing.
- Clients had access to information about harm reduction advice, mutual aid groups, helplines, safer drinking and injecting advice, medication and other topics. Leaflets and posters about these issues were on noticeboards or available as leaflets in the reception area.

Summary of this inspection

- The service was accessible for all the people who used the service. The building was single storey, floors were flat, which allowed for wheelchair access and there was a disabled toilet.
- The Addaction website had translation facilities that covered a wide range of languages and supportive software for people with dyslexia, low literacy, English as a second language and mild visual impairment. Clients had access to signers.
- The service had an effective complaints system. Clients knew how to make a complaint, staff assisted clients in making complaints and lessons learned from investigating complaints were used to improve practice.

However, we found the following areas the service needs to improve:

- Staff were unsure how to arrange for an interpreter to translate on behalf of a client.

Are services well-led?

We do not currently rate standalone substance misuse services.

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

- Staff did not have a good understanding of the Mental Capacity Act or apply it in practice, staff supervision and appraisals were not effectively recorded and some staff had not received supervision or appraisal.

However, we found the following areas of good practice:

- The service had improved information governance arrangements as there was now a designated printer for producing prescriptions in an office used only by the nursing team, which was locked when not in use, which prevented unauthorised persons gaining access to confidential information.
- Staff knew what the provider's visions and principles were, agreed with them and their objectives were centred around them.
- The provider used key performance indicators to monitor performance within the service, which were shared with the partner agency. The provider had a risk register for which staff could submit items to be included.
- There were sufficient numbers of experienced, skilled and qualified staff to safely deliver care and treatment, staff turnover and sickness absence was low and bank and agency staff were rarely used. There were effective systems for handling

Summary of this inspection

safeguarding issues, incidents and complaints and lessons learned were used to improve practice. Staff engaged in clinical audits and there were no bullying and harassment cases in the 12 months prior to our inspection.

- The results of an organisation wide staff survey in late 2017 indicated that colleagues respected each other and felt supported, could contribute ideas, felt their work was important and could see they made a difference to people's lives. Job satisfaction was high as staff enjoyed interacting with clients and the variety and challenge their roles offered.
- There were opportunities for staff to give feedback and reflective practices had been introduced so staff could review their experiences and share them with colleagues.
- The service contributed to the local controlled drugs information network. The network looked at trends within substance misuse services such as deaths and incidents.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider had a Mental Capacity Act policy, which was in-line with the Act and up to date. However, knowledge of the Mental Capacity Act within the service was poor. Only one of the seven clinical staff we spoke had a good overall understanding of the Act. The other staff we spoke with had a very limited knowledge or understanding of the Mental Capacity Act.

Staff spoke with the clinical lead if they had concerns about a client's mental capacity who made a referral to

local mental health services for a capacity assessment if necessary. If a client's capacity was lost temporarily due to being intoxicated, their appointment was reconvened at a later date.

The service did not monitor staff's compliance with the Mental Capacity Act. Only 62% of staff were trained in the Act despite the training being mandatory for all staff and there was a general lack of knowledge of the Act by clinical staff.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

Two cleaning staff performed cleaning duties each morning. Waste was collected every week by an external service for destruction. Doors to assessment rooms were fitted with frosted glass to maintain clients' dignity and privacy. However, we found hand sanitiser gels that were being used beyond their expiry date.

Health and safety related tests and reviews, including fire; electrical wiring, legionella and personal appliance testing were up to date. There was no gas supply at the service. The service completed a review of its environmental risk assessment on 22 February 2018 and all identified risks were rated as being low in nature. Regular checks of the environment took place and any repair work was identified, logged and actioned accordingly.

Clinic rooms contained appropriate equipment including blood pressure monitoring equipment, scales, electrocardiograms; resuscitation, blood monitoring and blood alcohol level testing which were calibrated and in working order. However, infection control was compromised because chairs in the main clinical room where examinations and venepuncture was conducted were covered in fabric material which was not wipeable.

Rooms within the service were fitted with alarms, which prompted a response from staff. A key fob was required to access areas only for use by staff such as the main office and reception office. Closed circuit television was also in operation at the service in the reception area.

On induction, all staff within the service had to familiarise themselves with a range of health and safety policies and

procedures such as fire and bomb incidents, managing violence and aggression, first aid and accident and illness. However, during our inspection, staff were unclear who the fire wardens and first aiders were within the service.

We spoke with 12 clients during our inspection visit who told us they felt safe whilst visiting the service.

Safe staffing

The team at the service comprised a registered manager, operations manager, clinical lead, seven clinical support workers, three non-medical prescribers and two administrators. The staff sickness absence rate for the previous 12 months was four per cent and the staff turnover rate was six per cent.

Bank and agency staff were rarely used by the service. In the 12 months prior to our inspection visit, agency staff had been used only for administrative purposes and for one temporary doctor at the service.

There were sufficient staff to cover the service. Appointments and staffing levels were pre-planned and the service had not cancelled any appointments in the 12 months prior to our inspection. If appointments needed to be rescheduled, they were done so within 24 hours so client' prescriptions were unaffected.

The service was providing care and treatment to 484 clients. The client to staff ratio at this time was 43 clients to a staff member.

The service used the average number of appointments to gauge the number of staff it needed to provide safe care and treatment. The clinical lead provided staff with advice around their caseloads and periodically reviewed the number of cases each staff member was carrying.

Staff received mandatory training in a variety of topics including blood borne viruses, clinical training, communication and social skills, harm reduction,

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safeguarding and mental health and wellbeing. The compliance figures for staff mandatory training were 100% except for equality and diversity, which was 80% and health and safety, which was only 47%.

Assessing and managing risk to clients and staff

We looked at 12 clients' care records during our inspection visit and found all contained up to date risk assessments. The risk assessment tool used was similar to those used by other care providers and covered health, relationships, risks to self and others, personal safety and childcare. Risk assessments were updated whenever the need arose or every six months as a minimum.

Risk management plans in five of these records were poor and provided insufficient mitigation for the risks identified. For example, risk management plans for incidents of self-harm or expressing suicidal thoughts only contained the words 'assures me won't do this again' or a reference to diagnosis of depression.

The service was able to deal with medical emergencies. Ten staff members were trained in basic life support and two staff members were trained in emergency first aid at work. There was an automatic external defibrillator and naloxone and adrenaline onsite. The service liaised with local mental health services if there were concerns about a client's mental health. During our previous inspection in November 2016, staff had neither been trained in the use of the automatic external defibrillator or received resuscitation training for four years. During this latest inspection, staff had completed basic life support training in January 2018.

The service's normal operating hours were 9am to 5pm but it opened until 8pm on Wednesdays and 9am to 1pm on Saturday mornings. For out of hours emergencies, clients needed to use the 999 emergency service.

The service had no waiting lists at the time of our inspection visit.

Staff were trained in safeguarding and reported safeguarding issues. The provider's safeguarding procedures were accessible to all staff. The service had a safeguarding lead who answered safeguarding queries and was responsible for sending safeguarding alerts to local safeguarding teams and safeguarding notifications to the Care Quality Commission. All staff were trained in safeguarding. Staff completed level three safeguarding training every three years and received annual e-learning in

safeguarding. Staff were able to give examples of the possible signs of abuse. Staff provided advice to clients to protect themselves from abuse and worked closely with multiagency support networks such as local refuges.

The service's medicines management arrangements were effective. A lockable refrigerator was available for the storage of vaccines, which staff checked each day, and the temperature was appropriate for storing medicines safely. Prescriptions were stored in a locked cabinet, which was only accessible to the nursing staff. The service kept emergency drugs, naloxone and adrenaline onsite and staff checked the expiry dates for these drugs. The provider's medicines related policies, procedures and guidance were correct and in-date. The service had its own controlled drugs officer.

There were two medication errors at the service within the 12 months prior to our inspection visit. One prescription had the wrong date and another had not been signed. The pharmacists returned the prescriptions to the service. The prescription details were recorded in the service's destruction book, which was countersigned by a nurse once the prescriptions were shredded. To prevent further errors, nurses and the clinical lead checked all prescriptions due to be issued at the end of each day for accuracy.

However, we found sharps bins that had not been signed and dated and alcohol hand sanitiser gels that were being used beyond their expiry date during our tour of the service.

Track record on safety

There were 22 serious incidents in the 12 months prior to our inspection visit reported by the service. These related to deaths of clients, pharmacy errors, clients that had been barred from pharmacies for inappropriate behaviour, overdoses, clients losing their prescriptions, violence and aggression, client conflicts and clients not adhering to supervised consumption arrangements. Serious incidents were discussed at weekly team meetings.

As a result of two prescriptions being incorrectly completed, the service had introduced checks of all prescriptions at the end of each day by nurses and the clinical lead before they were sent to pharmacy services.

Reporting incidents and learning from when things go wrong

Substance misuse services

Staff knew what incidents should be reported, how to report them and were expected to report all incidents they were involved in. The service had its own lead that was responsible for answering queries about incidents and ensuring they were reported. Reportable incidents included anything that could cause harm, stolen or missing prescriptions, safeguarding issues, accidents and confrontations. All incidents were logged on the provider's incident reporting system and reviewed by the provider's quality team. Actions were sent to be completed to the registered manager.

Staff received lessons learned from investigating incidents during team meetings, via email and during supervision. Staff were debriefed after serious events and reviews were conducted to ascertain what could have been done differently.

Duty of candour

The Duty of candour is a legal requirement introduced to ensure openness, honesty and transparency with people who use care services when things go wrong. It also requires care providers to offer an apology to those affected.

The service had a duty of candour policy and staff were aware of their responsibilities under it. The policy contained guidance on when duty of candour reports should be produced. No reports had been produced in the 12 months prior to our investigation.

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

Assessment of needs and planning of care

Addaction provided clinical interventions including substitute prescribing where appropriate and the local authority provided the comprehensive assessment, recovery coordination, psychosocial interventions and other wraparound support. The local authority partner agency undertook screening of clients for depression, anxiety and psychosis and also dealt with their social care needs during their initial assessment.

Addaction completed care plans after physical health checks had been undertaken by nursing staff. Any concerns over a client's physical health or deterioration were referred to their GP by staff. Nurses sent letters to clients' GPs detailing their care and treatment plan.

Care records did not contain the appropriate level of information about clients' care and treatment needs. We looked at 12 care records during our inspection. Four records had recovery plans that were not holistic; recovery orientated or did not contain clients' strengths and goals. These issues had been previously identified in our inspection in November 2016 and were also identified in the provider's internal audit in July 2017 but had not been addressed. In all 12 records, the client's motivation to change and evidence of any multidisciplinary team input into reviews of care and treatment were not recorded. Two care records contained limited information about physical health monitoring and a third record had no information about physical health monitoring at all.

Information about clients' care and treatment was stored securely. Paper records were kept in a locked cabinet for which only authorised Addaction staff had the key and electronic records required a username and password to access.

Best practice in treatment and care

The service's processes and procedures followed guidance from the National Institute for Health and Care Excellence, the Drug Misuse and Dependence: UK guidelines on clinical management and the British Association for Counselling and Therapy, Nursing and Midwifery Council.

Addaction provided clients with interventions around harm minimisation and motivational interviews. A clinical support worker ran a weekly alcohol group for clients misusing alcohol, which included advice about resisting triggers that could lead to drinking as well as other support.

Any activities around psychosocial intervention were conducted by the local authority partner agency.

The provider had undertaken audits of the service's medicines management arrangements and two overall audits of the whole service in the last 12 months. Staff at the service reviewed medical notes every six months. An example of changes made following an audit included the

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need to complete risk assessment forms on the provider's electronic care records system instead of paper. Findings from audits were shared with staff for best practice during team meetings, bulletins and e-mails.

Staff encouraged clients to lead healthier lifestyles. This included providing advice about smoking cessation, harm minimisation, eating regular healthy meals, the location of local foodbanks and advice about sleep.

Skilled staff to deliver care

Staff had the experience and qualifications for their roles. Length of service varied from recently recruited administrative staff to clinical staff who had worked in substance misuse for over 15 years. Training and qualifications within the team included annual Royal College of General Practitioners training in substance misuse, annual nursing and practice training and online courses in buprenorphine and methadone issues.

Staff had access to specific training in substance misuse, which included prescribing, harm minimisation, infection control, drug and alcohol awareness and blood borne viruses. Nurses renewed their registration to practice annually.

During our inspection in November 2016, patient group directions and nursing competency assessments had expired. However, during this latest inspection, patient group directions and competency assessments were in-date.

Staff had access to specialist training. Examples of specialist training that had been undertaken included Federation Drug and Alcohol Practitioner training, alcohol training, administration and finance.

Staff did not record supervisions and appraisals that had taken place effectively. The provider's expectations were that all staff be appraised annually and receive a minimum of 10 supervision sessions per year. Staff who spoke with us said they received supervision every six to eight weeks and were appraised annually. However, we looked at the supervision records of 12 staff members and six staff members' appraisal records and they did not contain records of supervision that had taken place. One staff member was not receiving any supervision or appraisals at the time of our inspection.

The multidisciplinary team comprised the registered manager, operations manager, clinical lead, nursing team,

clinical support workers and any external partners involved in the client's health and wellbeing including the police. The service run monthly huddles with local mental health services, which allowed them to share information and seek advice about mental health issues in relation to individual clients.

All staff received induction when they started working for the provider. The induction content included modules in health and safety, learning and development, whistleblowing, standards of behaviour and diversity.

The registered manager received team performance information each month, which included areas where performance needed to be improved.

Multidisciplinary and inter-agency team work

Multidisciplinary meetings were held monthly and team meetings were held weekly. The service shared information with external partners who did not routinely attend multidisciplinary meetings via fax, secure email, letters, telephone and reports. The service had its own GP liaison who contacted GPs every six to twelve weeks to share information about individual clients.

There were effective links with other services. The service had built up working relationships with local pharmacists, social services and children's and families services. A midwife visited the service each week to give support and advice to expectant mothers. The local authority partner agency managed any relationships with criminal justice services such as the police, prisons, probation, and services providing psychosocial interventions.

The service had access to electronic forms, which were used to refer clients to other care and support services easily.

Good practice in applying the MCA

The provider had a Mental Capacity Act policy, which was in line with the Act and up to date. Capacity assessments were conducted by the local mental health trust.

There were no systems in place to monitor staff's compliance with the Mental Capacity Act, which was having a negative impact upon the service. Staff had a poor knowledge of the Mental Capacity Act. One staff member knew it related to understanding and decisions but little else and another was only able to give limited information about best interests decisions once prompted. Only one of

Substance misuse services

the seven clinical staff we spoke with was able to demonstrate a good overall understanding of the Act. Only 62% of staff within the service had received training in the Mental Capacity Act and training in the Act despite the fact that it was mandatory for Addaction staff.

Equality and human rights

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

Eighty per cent of staff were trained in equality and diversity at the time of our inspection though this training did not cover human rights. It did cover the protected characteristics under the Equality Act 2010 and the inequalities faced by these groups within society.

The service was open to clients from all backgrounds and had an open referral system, which meant there were no barriers to treatment. Clients could be seen at home or at the service based on their individual needs.

However, we looked at 12 care records during our inspection visit and found no evidence that equality and diversity issues had been considered as part of the clients' care and treatment and only two records captured diversity information, which was limited. We spoke with 12 clients during our inspection visit and their cultural and diversity had not been explored by the service.

Management of transition arrangements, referral and discharge

Anyone could make a referral to the service. Referrals were initially received by the Local Authority partner agency who conducted risk assessments, health checks and drew up care and recovery plans. Clients were then transferred into the Addaction service within five working days.

The service had standard referral forms, which it used to refer clients for additional support, care and treatment where necessary.

The local authority dealt with discharge arrangements. Addaction did not provide an aftercare service for clients unless they required further help within six weeks of being discharged, in which case, their cases were reopened and their treatment recommenced.

Are substance misuse services caring?

Kindness, dignity, respect and support

We spoke with 12 clients during our inspection visit. All 12 clients told us that some staff were kind, caring, supportive, and respectful, treated them as individuals and understood their needs. However, nine of the 12 clients said that some staff members were abrupt, uncaring and unsupportive. We observed a face-to-face consultation with a client and listened to a phone call with another client and both clients were treated with compassion and respect by staff. However, we also overheard one staff member speaking to a client on the phone in an abrupt manner.

Clients were made aware of how information about their care and treatment was shared with other health professionals. There were no concerns raised by clients about any issues around confidentiality.

The involvement of clients in the care they receive

Following the initial assessment process, the partner agency arranged an appointment for the client to meet with a prescriber, during which their care and treatment was explained.

Staff provided clients with support in accessing housing and encouraged them to attend appointments with their GP for physical health care monitoring and treatment. Three members of staff were unaware of the advocacy services available to clients.

Six of the 12 clients we spoke with said they had not been given any options for their care and treatment. Two clients care records contained no evidence that options for care and treatment had been discussed with the respective clients. None of the clients we spoke with had been given copies of their care plans or recovery plans.

Although there were limited options available for clients if their current treatment programme was ineffective, the service did offer alternatives where possible. For example, the service had arranged for one client to undergo treatment in partnership with their GP to reduce their

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dosage of painkillers as an alternative to being prescribed buprenorphine. Clients could also access psychosocial interventions via the local authority partner agency. Three clients we spoke with said their family members were involved in decisions about their care and treatment.

There were systems in place to allow the people who used the service to provide their feedback. There was a feedback box in the reception area with forms that could be used by the people who used the service which were reviewed by the clinical lead. We saw the results of 143 feedback forms, which indicated that 65% of people were happy with the service they had received, 84% of people would recommend the service to others and 88% of people thought staff were friendly. There was a 'you said, we did' board in the reception area which included the feedback that had been provided and the action taken by the service in response.

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

Access and discharge

Referrals were received via the local authority partner agency that undertook risk assessments, health checks and drew up care and recovery plans. Clients were then referred to Addaction within five days. The local authority identified any high-risk clients such as expectant mothers, clients with mental health issues and Addaction prioritised these clients accordingly. There were no waiting lists at the time of our inspection.

As at 9 January 2018, the number of appointments, which were not attended by clients within the previous 12 months was 3636 and 50 clients had been discharged from the service. The service rang clients who had missed their appointments and tried to track them down. They also alerted the police if there were concerns about the client's welfare.

The service had improved the way it handled clients who turned up late for appointments. In the previous inspection in November 2016, late appointments were dealt with inconsistently with some clients being told to reschedule their appointment whilst others were seen. The service had since introduced a system by which if a client was 10 minutes late for their 30 minute appointment, they would

be treated as a 'did not attend' and would need to book a new appointment. However, if the client required a prescription or were classed as high-risk they would be seen for the remaining 20 minutes of their scheduled appointment.

Seven of the 12 clients who spoke with us said they sometimes had to wait up to 15 minutes to be seen because the service was behind with its appointments.

The facilities promote recovery, comfort, dignity and confidentiality

There were adequate rooms for consultations and interviews, which were soundproofed. There were two separate areas for blood borne virus and drug and alcohol testing.

Noticeboards in the reception area contained information about harm reduction advice, helplines and groups, advice on safer drinking and injecting, medication and other topics.

Meeting the needs of all clients

The service was accessible for all the people who used the service as it was a single storey building and the floors were flat, which allowed for wheelchair access and there was a disabled toilet.

A midwife from the local acute hospital visited the service each week to offer support and advice to expectant mothers. The service worked jointly with the midwife and addressed any safeguarding concerns around client's children.

There was a hepatitis C clinic on site. A specialist nurse attended the service weekly to promote and deliver treatment to clients who had tested positive for hepatitis C. The service delivered group work including an alcohol and parenting group and supported smoking cessation and held smoking cessation clinics.

The service referred any clients with mental health issues to local mental health services. There were monthly huddles at the service with local mental health services so information and advice was provided in relation to any mental health concerns about clients.

The Addaction website had translation facilities that covered a wide range of languages and supportive software, which added speech and translation options for people with dyslexia, low literacy, English as a second

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language and mild visual impairment. The service was able to arrange for clients to have access to a signer within 48 hours if required. Staff were unsure about how to arrange for an interpreter; however, it transpired that translations could be done over the phone if the client was at the service.

Listening to and learning from concerns and complaints

As at 13 February 2018, the service had received 12 complaints in the previous 12 months, none of which were upheld by the service or had been referred to the Ombudsman. The service had also received 54 compliments.

The people who used the service knew how to make a complaint. Information was posted on noticeboards in the reception area with details of how to make a complaint and staff gave advice verbally. There were feedback forms and boxes in the reception area, which were used to make complaints or give feedback on the service provided. Most of the clients we spoke with said if they had a complaint, they would feel confident raising with staff verbally.

The service's complaints procedure was accessible to all staff as it was on the intranet and pinned to a noticeboard in the main office. Staff received feedback on the outcome of investigations into complaints during team meetings and supervision. Lessons learned from investigating complaints were used to improve practice within the service.

The service had recently made changes to the way it corresponded with people who had made complaints, which involved sending a letter to all complainants to say their complaint was currently under investigation and a subsequent letter detailing the outcome of the investigation and its findings.

Are substance misuse services well-led?

Vision and values

The service's values were compassionate, professional and determined which staff were aware of, agreed and confirmed their objectives were based upon. The service also had the following five guiding principles and vision:

- Collaborative: to be outstanding team players and committed to a one team approach

- Ethical: to be open, honest and transparent and empowered by their integrity and principles
- Inspiring: to be exceptional communicators who empower clients and each other to reach their potential
- Resilient: to embody a positive, solution focused and 'can do' approach
- Self-challenging: to strive for personal excellence, outstanding service quality and continual service improvement

The service's definition of recovery was safe use, abstinence from illicit drugs and alcohol and making it safer for the individual, their family and the community.

Members of the provider's senior executive team had visited the service in the 12 months prior to our inspection. These included the chief executive officer, lead pharmacist, lead nurse, media team lead, the associate director and the human resources lead.

Good governance

The provider used key performance indicators to monitor performance within the service including harm reduction, successful treatment completions, waiting times and the length of time clients had been in treatment. The key performance indicators were shared with the partner agency and at the time of our inspection visit, the service was not on track to meet its operational expectations due to the relationship with the partner service, which had been raised with commissioners.

During our previous inspection in November 2016, clients' prescriptions were produced on a printer, which was accessible to all staff rather than only those permitted to issue prescriptions and placed client confidentiality at risk. During this latest inspection, this had been addressed as there was a designated printer for producing prescriptions, which was in an office used only by the nursing team was locked when not in use.

The compliance figures for staff mandatory training were 100% except for equality and diversity, which was 80% and health and safety, which was only 47%. Staff reported incidents and safeguarding issues and provided advice about how to make a complaint to the people who used the service. The service had a safeguarding lead that dealt with queries about incidents and safeguarding issues and

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raised safeguarding alerts when appropriate. Staff received feedback on lessons learned from investigating incidents, complaints and feedback from the people who used the service.

However, staff did not have a good understanding of the Mental Capacity Act, staff supervision and appraisals were not effectively recorded and one staff member received no supervision or appraisal. In a staff survey conducted in late 2017, staff indicated they wished to spend more time helping the people who used the service and less on administrative tasks.

The provider had a risk register for which staff could submit items to be included and a business continuity plan, which included contingencies for loss of information technology, adverse weather conditions and loss of premises.

The registered manager and operations manager both felt they had sufficient authority and administrative support to undertake their roles effectively.

Leadership, morale and staff engagement

The provider conducted a staff survey in late 2017, in which 71% of staff within the organisation participated. The results indicated that colleagues respected each other and felt supported, could contribute ideas, felt their work was important and could see they made a difference to people's lives. However, other results indicated that staff did not feel valued enough or suitably rewarded, felt the senior leadership was not visible enough and senior managers did not understand the front line work undertaken by staff. The senior leadership made a commitment to hold face-to-face feedback meetings to allow staff to explore local results in more detail, identify resolutions and senior staff to report back on ideas produced in these meetings.

The provider reported that as at 10 January 2018, the staff sickness absence figure for the previous 12 months was 4% and staff turnover was 6%. There were no bullying and harassment cases within the service within the 12 months prior to our inspection visit.

Job satisfaction within the service was high. Staff enjoyed interacting with clients and the variety and challenge their roles offered them. However, stress levels within the team were high and morale was low due to the amount of work and the current partnership model of the Hartlepool Action Recovery Treatment service. Managers measured job satisfaction, stress and morale during supervision, appraisals, reflective practice and staff feedback.

Staff knew how to use the provider's whistleblowing policy. The policy was accessible to all staff as it was on the provider's intranet and staff had received whistleblowing training during their induction. Staff felt they could raise concerns without fear of reprisals.

There were opportunities for staff to give feedback and input into service development. Staff member had provided feedback on their recent training and the registered manager's suggestion that reflective practices be introduced to allow staff to share their thoughts and experiences with colleagues had been agreed by senior managers and was implemented. Staff felt there were opportunities for leadership development.

Commitment to quality improvement and innovation

The service contributed to the local controlled drugs information network which looked at trends within substance misuse services such as deaths and incidents.

A midwife and hepatitis C nurse visited the service once a week to provide advice and support to expectant mothers and clients with a diagnosis of hepatitis C.

The service had recently introduced a system by which each client would be allocated a non-medical prescriber and two clinical support workers to provide care, support and treatment.

There were monthly huddles at the service with mental health services during which, advice and support available for clients with mental health issues could be discussed.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that systems are in place and operating effectively to ensure that all staff receive regularly supervision and appraisals and that any supervisions or appraisals are recorded.
- The registered manager must ensure that staff have a good knowledge of the Mental Capacity Act.
- The registered manager must ensure that all staff are aware of who the service's fire wardens and first aiders are.
- The registered manager must ensure that risk management plans are appropriately recorded and meet the needs of clients.
- The registered manager must ensure that care records contain appropriate information about multidisciplinary team input into reviews of care and treatment, motivation to change, equality and diversity considerations, harm minimisation and safety plans, physical health monitoring and that all recovery plans are holistic, recovery orientated and contain clients' strengths and goals.
- The registered manager must ensure that all clients are fully aware of their recovery and care plans.

- The registered manager must ensure that furnishings in the main clinic room comply with infection prevention procedures.

Action the provider **SHOULD** take to improve

- The registered manager should ensure that all clients are treated with kindness, dignity and respect and are fully supported throughout their care and treatment at all times.
- The registered manager should ensure that all staff know how to access an interpreter and which advocacy services are available to clients.
- The registered manager should ensure that systems are in place and operating effectively to ensure all mandatory training is completed.
- The registered manager should ensure that all treatment options available are discussed with clients and that the discussions are recorded in their care records.
- The registered manager should ensure that systems are in place to ensure that sharps bins are signed and dated by staff and hand sanitising gels are not being used beyond their expiry date.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 Person-centred care</p> <p>Recovery plans were not holistic; recovery orientated and did not contain clients' strengths and goals. This issue was identified during our inspection in November 2016 and Addaction's internal audit in July 2017.</p> <p>Care records did not contain appropriate information about multidisciplinary team input into reviews of care and treatment, motivation to change, equality and diversity considerations, harm minimisation and safety plans or physical health monitoring.</p> <p>Clients were not given copies of their recovery or care plans and there was no evidence in their care records that they had been offered them.</p> <p>Regulation 9 (3) (a)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Staff were unsure who the service's fire wardens and first aiders were.</p> <p>Regulation 12 (2) (b)</p> <p>Risk management plans were not appropriate to address and mitigate the issues identified.</p> <p>Regulation 12 (2) (a) (b)</p>

This section is primarily information for the provider

Requirement notices

Chairs in the main clinical room where examinations and venepuncture were conducted were covered in a fabric material rather than a wipeable material, which compromised infection control within the service.

Regulation 12 (2) (h)

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not have a good understanding of the Mental Capacity Act and only 62% of staff had been trained in the Mental Capacity Act despite the training being mandatory for all staff.

The clinical lead was not receiving supervision or appraisal and supervision and appraisals for other staff were not recorded effectively.

Regulation 18 (2) (a)