

Spectrum Community Health C.I.C.

# South Tyneside Adult Recovery Service

## Inspection report

Cookson House  
19 River Drive  
South Shields  
NE33 1TL  
Tel: 01919171160

Date of inspection visit: 12 & 13 July 2022  
Date of publication: 14/09/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

### We rated this location as good because:

- The service provided safe care. Clinical premises where clients were seen were safe, clean, well maintained and well located for the client base. There were no waiting lists within the service, so clients were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff were highly motivated, client-focussed, skilled, experienced and up to date with their mandatory training requirements. Staff received appraisals, supervision and a comprehensive induction programme. Morale was good, and staff supported and worked well with each other. There were many examples of mutual support and teamwork.
- Staff developed holistic, innovative and recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the individual needs of the clients. For example, harm reduction, community detoxification and substitute prescribing. Clients were offered hepatitis B and C testing on site.
- The teams included or had access to the full range of specialists required to meet the needs of the clients. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation with which they had developed strong working relationships.
- Staff treated clients with compassion and kindness, respected their privacy and dignity, and understood their individual needs. Clients we spoke with were very positive about the service, where they said they were well treated and felt safe. They actively involved clients and families and carers in care decisions and were aware of their roles and responsibilities under the Mental Capacity Act 2005.
- The service was well led, and the governance processes ensured that its procedures ran smoothly. Managers and staff worked well with commissioners and had robust alternative care pathways and referral systems to other services within the area to further develop good quality care and integration of services.

However:

- At the time of our inspection basic life support training for two out of four eligible staff had expired although they were booked on a course in the following weeks. At all times during this lapsed period at least one of compliant staff member was on shift.
- The Interim Speak Up Policy and Managing Safeguarding Allegations against staff Policy both had review dates which had expired at the time of our inspection.
- All incidents were reported on the lead providers system and classified as theirs, therefore it was unclear for audit purposes how senior Spectrum management had clear oversight over all medication and prescribing or connected incidents for the service without manually being alerted by management at the service. One Spectrum incident we reviewed had further follow up work completed however, this was not documented in the incident record and there was no paper trail available as evidence.
- Learning from incidents was not a standard monthly agenda item for discussion on team meeting minutes.

# Summary of findings

## Our judgements about each of the main services

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

# Summary of findings

## Contents

### Summary of this inspection

Background to South Tyneside Adult Recovery Service	5
Information about South Tyneside Adult Recovery Service	5

---

### Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

---

# Summary of this inspection

## Background to South Tyneside Adult Recovery Service

South Tyneside Adult Recovery Service provides community substance misuse support for adults in South Tyneside. Their services include substitute medication and support with detoxification from alcohol and/or drugs in the community, support to reduce the harm of drugs and/or alcohol and achieve a balanced approach to life. The service also provides support to families, group therapy sessions, health and wellbeing checks and vaccinations. South Tyneside Adult Recovery Service also supports clients going through the criminal justice system. The service operates from Cookson house in South Tyneside.

The local council had commissioned an integrated substance misuse service, combining services between two organisations. A non-profit organisation held the contract for care coordination within South Tyneside Adult Recovery service and provided psychosocial interventions. The clinical elements of the service had been subcontracted to Spectrum Community Health Community Interest Company (Spectrum). South Tyneside Adult recovery service was the overall name for the partnership between the two organisations.

This inspection was carried out on the clinical elements of the service, provided by Spectrum. The rating applied is specifically for the clinical care they provide for South Tyneside Adult Recovery Service.

Spectrum at South Tyneside Adult Recovery Service has been registered with the Care Quality Commission since 23 March 2020 to carry out the regulated activities as follows:

- diagnostic and screening procedures and
- treatment of disease, disorder or injury.

There was a registered manager for this service. This was the first inspection of this service.

## How we carried out this inspection

The team that inspected the service comprised of one CQC inspector and a specialist advisor.

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

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

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

# Summary of this inspection

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations, including stakeholders and commissioners for feedback.

During the inspection visit, the inspection team:

- Visited the main location in South Tyneside.
- Spoke with the registered manager of the service.
- Spoke with the regional director of operations.
- Spoke with the four other Spectrum staff members including non-medical prescribers, a trainee non-medical prescriber and an apprentice nurse.
- Spoke with the partnership organisation's registered manager, quality and performance manager, safeguarding lead and lead practitioner in criminal justice.
- Spoke with nine clients and three carers.
- Reviewed six client care and treatment records.
- Looked at the quality and safety of the environment.
- Observed a daily flash meeting, and a regional operations meeting.
- Observed how staff were interacting with clients.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

## Areas for improvement

### Action the provider **SHOULD** take to improve:

- The provider should ensure that staff are compliant with their basic life support training.
- The provider should ensure policies are reviewed in line with the specified period to ensure policies remain valid.
- The provider should ensure staff have a regular opportunity to discuss incidents and any learning from these.
- The provider should consider reviewing the current incident reporting system to ensure spectrum senior management have clear oversight of incidents within the service.

# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Community-based substance misuse services

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

## Are Community-based substance misuse services safe?

Good 

**We rated safe as good.**

### Safe and clean environment

**All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.**

The premises used were managed by a partner organisation who were also responsible for the maintenance, and security of the building. All appropriate risk assessments and safety certificates were in place and the service clearly identified their own fire wardens and first aiders.

All interview and clinic rooms had alarms and staff available to respond.

All areas were clean, well maintained, well-furnished and fit for purpose. Staff ensured cleaning records were up-to-date and the premises were clean. The provider employs the cleaning staff directly therefore there was easy access with cleaning staff and management should issues arise.

Staff followed infection control guidelines, including handwashing and took measures to reduce the risk of COVID-19 transmissions within the service. Staff adhered to social distancing Guideline. Staff wore and prompted visitors to wear appropriate personal protection equipment and also use hand sanitiser at the entrance to the unit.

Staff made sure equipment was well maintained, clean and in working order.

### Clinic room and equipment

**The service's clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.**

All clinic rooms had the necessary equipment for clients to have thorough physical examinations, including accessible treatment rooms. The service had equipment and medicines for dealing with emergency situations. The service kept



# Community-based substance misuse services

stocks of naloxone for use in the event of a client overdose. Naloxone is a medicine used to reverse the effects of an opioid overdose. There was also adrenaline stored in clinic rooms ready for people experiencing anaphylaxis. Emergency drugs and equipment were in date and checked regularly by staff. Checks of clinical fridges were carried out by Spectrum staff and records demonstrated that clinical fridges were in line with required temperatures. Clinical waste was stored and disposed of in line with the organisation's policy.

## Safe staffing

**The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.**

## Nursing staff

**The service had enough nursing and support staff to keep clients safe. The number and grade of staff matched the service's staffing plan.**

Managers reviewed staffing numbers regularly to assess if they were appropriate. The number and grade of staff matched the service's staffing plan with one part time senior clinical admin post being advertised at the time of our inspection.

The staffing establishment was 4.5 whole time staff comprising of the following:

- one doctor one session a week
- one full-time clinical lead nurse
- two band 6 non-medical prescribers (0.8 whole time equivalent)
- one band 5 health and wellbeing nurse (0.8 whole time equivalent)
- one full time senior clinical admin which had been split into two part time roles.

At the time of our inspection the service had one staff vacancy. This was for a band 6 non-medical prescriber. The service used the same band 6 agency nurse who very much part of the team and knew clients well. The service planned to continue to use the same agency nurse until the band 6 role was filled. The band 5 health and wellbeing nurse was training as a non-medical prescriber to replace the band 6 agency worker when qualified. A senior clinical administrator had already started her nurse apprenticeship to take over the band 5 health and wellbeing nurse role when qualified. The senior clinical administrator previously worked three days a week and this role was advertised at the time of our inspection.

Managers made sure agency staff had a full induction and understood the service before starting their shift. Agency staff usage was 12% of all staff hours at the service, which comprised of the band 6 non-medical prescriber. Bank staff were not used in this service.

Managers made arrangements to cover staff sickness and absence. Sickness levels were at 2% in the last year. Managers supported staff who needed time off for ill health.

All staff within the service carrying out regulated activities had up to date Disclosure and Barring Service checks in place to ensure they were suitable to work with vulnerable adults.

# Community-based substance misuse services

## Medical staff

The service had enough medical staff. A specialist doctor worked within the service who was easily accessible to staff and clients.

The service could get support from a psychiatrist quickly when they needed to. Spectrum had a consultant addictions psychiatrist as part of the executive team who also attended regional meetings, and complex case reviews. The service had forged links with the local mental health trust who could arrange for clients to receive support when necessary.

Staff worked closely with local GPs and wrote to a client's GP once they had started treatment to keep them updated.

The service did not use locums. They had processes in place to access doctors within other Spectrum services if needed.

## Mandatory training

Staff had completed and kept up to date with their mandatory training. The provider compliance target was 85% and all staff exceeded this. Mandatory training data was recorded on an electronic system which alerted staff and managers when training was expiring or not completed. Managers monitored mandatory training and alerted staff when they needed to update their training. Training data was also a standard agenda item at the monthly staff meeting, staff supervision meetings and staff received follow up emails as reminders to complete courses and ensure compliance.

The mandatory training programme was comprehensive and met the needs of clients and staff. Training included Mental Capacity Act, safeguarding adults, safeguarding children, preventing radicalisation, equality and diversity, information governance, and health and safety and welfare. Medical staff also completed basic life support training however, there had been issues locating courses for staff to attend since COVID-19. At the time of our inspection basic life support training for two out of four eligible staff had expired although they were booked on a course in the following weeks. At all times during this lapsed period at least one compliant staff member was on shift.

## Assessing and managing risk to clients and staff

**Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.**

## Assessment of client risk

The partner organisation was responsible for completing risk assessments for each client. Clinical staff contributed to clients' risk assessments where appropriate. We looked at six care records during our inspection and found risk assessments were in place, were regularly reviewed and were up to date.

Any clients that staff had concerns about were discussed within the multidisciplinary team at the morning meeting or as required. However, a new system for multidisciplinary meetings was being introduced at the time of the inspection comprising of two regular weekly meetings for more complex cases one with a focus on alcohol clients and the other opiate clients to discuss risk and agree a care and treatment plans as a multidisciplinary team.

## Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. Staff were able to identify the signs that clients' health may have deteriorated and respond accordingly.

# Community-based substance misuse services

Staff made clients aware of the risks of continued substance misuse and harm minimisation. We saw evidence in care records that harm minimisation advice was provided to clients. Staff offered all clients naloxone to minimise the risk of death following an overdose and the partner organisation offered a needle exchange service for clients.

There were no waiting lists within the service despite the restrictions and pressures caused by the COVID-19 pandemic.

Clients had plans in place for unexpected exit from treatment and there were protocols in place for dealing with this. Staff made numerous attempts to contact the client, and if unsuccessful followed individualised client plans to re-establish contact. Examples included contacting pharmacies, families and carers, their GP, probation services, social care and if there were serious concerns, the service arranged for the police to undertake welfare checks.

The service had processes in place for what to do when there were suspicions or there was evidence that clients had passed their substitute medicine to a third-party for illicit purposes (an act commonly known as diversion). This included testing clients to ensure they were complying with their medicine, discussing possible diversion with the client and placing the client back on supervised consumption when necessary.

The service had effective lone working processes in place. Staff followed clear personal safety protocols, including for lone working however, there were no recent occurrences of staff working alone.

## Safeguarding

**Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.**

Spectrum had made no safeguarding referrals to the local authority in the last 12 months as safeguarding referrals were usually made by the partner organisation. Spectrum worked collaboratively with the partner organisation to ensure clients were safeguarded where appropriate. We saw good examples of joint working within their incident reporting system.

All staff had completed mandatory training in equality, diversity and human rights, safeguarding of adults and safeguarding of children. Staff knew how to recognise adults and children at risk of or suffering harm and knew how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Spectrum had a safeguarding lead within the team who provided training and support to staff across all locations. The care plans we reviewed evidenced links with the local authority and social workers, where applicable, and good information sharing with external agencies.

At the time of our inspection safeguarding training was at 100% compliance

There had been no serious case reviews in the 12 months prior to the inspection.

## Staff access to essential information

**Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**

Client notes were comprehensive, up to date and all staff could access them easily. Records were stored securely and accessed using a password protected system.

# Community-based substance misuse services

## Medicines management

**The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.**

Staff followed systems and processes to prescribe and administer medicines safely. Staff completed medicines records accurately and kept them up to date.

Staff stored and managed all medicines and prescribing documents safely. The provider did not store controlled drugs on site. Prescriptions were written by the doctor and then sent to the pharmacy for clients to collect. Naloxone, anaphylaxis treatment and hepatitis B vaccinations were stored on site and staff completed regular audits which were recorded on the online system.

All medication was in date and stored safely at the time of the inspection.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines.

Staff reviewed the effects of each client's medicines on their physical health and ensured people's behaviour was not controlled by excessive and inappropriate use of medicines according to National Institute for Health and Care Excellence guidance. Clients had milestone appointments every 12 weeks, this was attended by the non-medical prescriber, the client and the recovery worker, during which their medication was reviewed. Any complex cases such as those with existing serious health concerns and pregnant clients were also discussed in a multidisciplinary meeting attended by the Doctor.

## Track record on safety

**The service had a good track record on safety.**

The provider had a policy for managers and staff to follow if serious incidents occurred, however there had not been any in the twelve months prior to the inspection.

Managers debriefed and supported staff after any serious incidents. Staff told us that meetings were arranged at short notice if needed to support staff and share any immediate learning.

## Reporting incidents and learning from when things go wrong

**The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.**

Staff knew what incidents to report and how to report them. These included client deaths, safeguarding issues, prescribing issues, concerns about clients' welfare and any concerns about mental health or mental capacity. The service had an in-house reporting system which both partnership organisations had access to.

The partner organisation was responsible overseeing the incidents reported and ensured each incident was highlighted to the appropriate staff expertise and grade for monitoring and oversight.

The partnership had 17 incidents between 22 April and 20 June 2022. All incidents were classified as the partner organisations' incidents. There were categories such as crisis management, deaths, information management, challenging behaviour and medication and prescribing. There were three incidents categorised as medication and

# Community-based substance misuse services

prescribing incidents. Upon further investigation it was clear both the partner organisation and Spectrum were aware of these three incidents. Further work had been completed by Spectrum as a result of the incidents however, this had not been recorded in the incident record and there was no paper trail. It was also unclear for audit purposes how senior Spectrum management had clear oversight over the medication and prescribing incidents for the service including any establishing trends unless manually added to the record by the service management.

The service had no never events. Managers shared learning with their staff about never events that happened elsewhere via daily and monthly team meetings.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong. The service had not had any incidents that met the duty of candour threshold in the last 12 months.

Staff received feedback from investigations of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to client care. Guidance and learning from incidents were issued to staff online group support platforms, supervision sessions and the learning loop update. The learning loop was a staff bulletin developed by the partner organisation and shared quarterly with Spectrum staff to summarise any incidents within both services, including details of what action had been taken and any changes or improvements made. It also included learning from case audits, feedback about the service and information from internal or external inspections.

Staff told us they learned from safety alerts and incidents to improve practice. Where medication incidents occurred, these were recorded on the incident reporting system reviewed, and the learning circulated to the wider team to improve practice. However, we found some actions from an incident were not recorded on the incident record and the discussion of incidents and learning was not a standard agenda item for monthly team meetings. At the time of inspection, the service had a new clinical lead nurse, who had a proposal in place to change the Spectrum review of incidents, particularly the prescribing and medication incidents to monthly meetings with a quality and safety lead and the staff team.

There was evidence that changes had been made as a result of feedback. For example, there had been a prescription error as a result of a prison discharge. The process had been changed to ensure that no medication is prescribed until the written paperwork is received, checked, verified and signed off by the service. However, we noted that the in the four sets of team meeting minutes reviewed just one had learning from incidents as an agenda item for discussion. This agenda item referred to the partnership learning loop information released quarterly, therefore records did not show learning from incidents was discussed regularly.

## Are Community-based substance misuse services effective?

Good 

**We rated effective as good.**

### Assessment of needs and planning of care

**Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.**

# Community-based substance misuse services

The client's triage, comprehensive mental health assessment and full physical health assessment were completed by the partnership organisation. Spectrum staff then followed this up with a wellbeing check and prescription appointment. The service aimed to provide clients with a prescription in less than 21 days and the service was meeting this target at the time of our inspection. Spectrum worked closely with the partner organisation to contribute to client care records, where appropriate. All the care records we looked at included comprehensive risk assessments that were regularly updated.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. We saw evidence in care records that non-medical prescribers carried out ongoing reviews of clients' physical health. The checks included looking at presentation, diagnosis, prescribed medicines (both substitute medicine prescribed by the service and medicines prescribed by GP's), use of drugs and alcohol, physical and pregnancy-related issues.

## Best practice in treatment and care

**Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.**

The number of adult clients who had successfully completed their care and treatment in the combined services last quarter was 82 against a target of 83 clients, this equates to 12% of clients in the service. Clients were encouraged to access the service again if they needed it with the acceptance that relapse could happen.

Staff provided a range of care and treatment suitable for the clients in the service in line with best practice and national guidance from relevant bodies e.g. National Institute for Health and Care Excellence. These included substitute prescribing, alcohol detox, drug misuse prevention, needle and syringe programmes, hepatitis B and C testing, alcohol reduction and opiate detoxification. Any change in guidance was cascaded from Spectrum's medicine's management and governance team.

We saw evidence in clients' care records that staff routinely offered clients blood borne virus testing and treated viruses accordingly.

Staff made sure clients had support for their physical health needs, either from their GP or community services. The service considered clients' healthcare needs at the wellbeing checks and during medical reviews or milestone appointments. This included testing, vaccinating and referral for treatment for blood borne viruses with shared follow up monitoring. Local nurses attended monthly to provide hepatitis C treatment to clients on site.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. Clients were encouraged to take part in exercise, smoking cessation and group work to support their recovery.

Staff used recognised rating scales to assess and record severity and outcomes. Staff used red, amber and green ratings to denote the status and current risks of clients. Staff also used the recognised treatment outcome profiles tool to monitor clients' substance use, injecting risk behaviours, criminal activity and health and social functioning.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Medicines management checks were carried out monthly, these included; prescription security management medication administration, clinical stock checks, safe storage and clinical equipment checks. Results were retained electronically and discussed at team meetings. Managers used results from audits to make improvements.

# Community-based substance misuse services

Staff used technology to support clients. This included the use of online meeting platforms and phone-based appointments, which had been a response to COVID -19 and preferred by many clients. Clients were also signposted to online recovery groups to access online counselling.

## Skilled staff to deliver care

**The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

The service had access to a full range of specialists to meet the needs of the clients. Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care.

Managers gave each new member of staff a full induction to the service before they started work. The induction was documented in an induction log and included all mandatory training requirements and shadowing opportunities of different roles within the service.

Managers supported staff through regular, constructive appraisals of their work. At the time of our inspection, all staff eligible for an annual appraisal had received one in the last 12 months. Managers supported staff through regular, constructive management and clinical supervision of their work. The provider's target for supervision compliance was every 12 weeks. However, the service had exceeded this target as staff received formal supervision every four to six weeks as well as some ad hoc supervision when requested, some supervision in team meetings and weekly reflective practice sessions. The service also offered online group support forums which were always accessible for staff.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Two staff were undergoing training at the service, one to qualify as a non-medical prescriber and the other as a registered general nurse. Staff said they were fully supported by management during this process.

Managers made sure staff received any specialist training for their role. For example, Buvidal titration training for staff as the treatment was introduced as part of the service.

Managers recognised poor performance, could identify the reasons and dealt with these. The provider had a performance management policy in place which included a process for addressing staff performance issues.

## Multidisciplinary and interagency teamwork

**Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.**

Managers made sure staff attended regular team meetings or gave information from those they could not attend. The service had monthly team meetings.

The multidisciplinary team held regular meetings to discuss clients and improve their care. There was a 'flash' meeting held daily for all staff from both organisations to discuss client risk or concerns, caseload, outstanding actions, any prescriptions held, hospital admissions and prison releases. The minutes from the flash meeting were available shortly



# Community-based substance misuse services

afterwards and noted all prescribing appointments for the day and the name of the relevant recovery worker should they be attending also. There were also more in-depth multidisciplinary meetings held on when needed. At the time of our inspection the service was introducing two regular weekly meetings with the required professionals and representatives from external agencies, if required, to discuss more complex client cases.

Recovery plans included clear care pathways to other supporting services. Staff worked with health, social care and other agencies to plan integrated and coordinated pathways of care to meet the needs of different groups.

Staff had effective working relationships with other internal teams in the organisation and external services such as safeguarding teams, the local mental health trust, the acute hospital, GP's, pharmacies, adult social care, housing and the prison service. For example, we saw cases of effective joint working with the local mental health trust for clients with a dual diagnosis.

## Good practice in applying the Mental Capacity Act

**Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.**

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. All staff within the service had completed their Mental Capacity Act training.

The provider had a clear policy on the Mental Capacity Act, which staff could describe and knew how to access on the providers intranet. Staff knew where to get accurate advice on Mental Capacity Act. The clinical lead was a registered mental health nurse, the team had access to a psychiatrist employed by the organisation and the service had close links with the local mental health services.

Staff within the service assessed capacity at each client's appointment and recorded this within their care record. Consent to treatment forms had been signed and documented in all six records we reviewed.

When staff assessed clients as not having capacity, they were aware of the protocols and processes in place to follow and considered the client's wishes, feelings, culture and history.

The service monitored how well it followed the Mental Capacity Act and made changes to practice when necessary.

## Are Community-based substance misuse services caring?

**We rated caring as good.**

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

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



# Community-based substance misuse services

We spoke with nine clients throughout the inspection who were very positive about the staff and the care they received. Clients said staff treated them well and they felt safe. They said staff developed good relationships as they took time to understand client's individual needs. Clients we spoke with described staff as 'lovely', absolutely brilliant', 'never once let me down' and 'great, very caring; they helped me through a really difficult time'.

During our inspection, we saw that staff interacted with clients in a kind, caring and compassionate manner. Staff were discreet, respectful, and responsive when caring for clients. They gave clients help, emotional support and advice when they needed it. We observed and heard positive interactions between clients and staff. There were always staff in communal areas to support clients. We saw staff directed clients to other services and supported them to access those services. These included housing, mental health and primary care services. Staff we spoke with knew clients well and constantly considered and regularly corroborated with other staff for ways as to how best to improve the client's care provision for a more positive outcome.

Clients said they were fully involved in their care and staff supported clients to understand and manage their own care treatment or condition.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff. Most clients we spoke with said they were comfortable to raise issues with their recovery worker or other staff known to them and they were confident the issue would be resolved.

Staff followed policy to keep client information confidential.

## Involvement in care

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

## Involvement of clients

The partner organisation was responsible for creating client care plans. We saw evidence in all six care plans we reviewed that staff involved clients in their treatment plans and made sure clients understood their care and treatment.

Staff found ways to communicate with clients who had communication difficulties. Staff could produce leaflets in different languages using online translation services, in braille and easy read. Staff told us they could arrange for clients to be supported by signers and translators and independent advocates quickly.

Staff made sure clients could access advocacy services.

Clients could give feedback on the service and their treatment and staff supported them to do this. The service overall had an annual survey which was sent to clients to gather feedback and there was a formal complaints process in place. We saw evidence of changes being made in the service from client feedback. The service has introduced a handheld electrocardiogram to take essential readings needed from clients prior to prescribing certain medication rather than needing to visit their GP for this result. This had ensured a much faster and convenient service for clients.

The service had also introduced a system for confidential online consultations with clinical staff, linked securely to online records system. This meant that some clients did not always need to attend consultations in person.

# Community-based substance misuse services

## Involvement of families and carers

Staff supported, informed and involved families or carers where consent had been given. We saw evidence in records of where family members or carers were involved, and important contact numbers were contained within client records. Staff could provide examples of when they had supported client's families and provided information to enable them to understand the client's circumstances better, which had led to positive outcomes. We also spoke with three carers of clients using the service who told us they felt supported by staff at the service.

Staff helped families to give feedback on the service and were offered the same mechanisms to feedback as the clients.

## Are Community-based substance misuse services responsive?

Good 

**We rated responsive as good.**

## Access and waiting times

**The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.**

The service had clear access criteria that had been agreed with key stakeholders and other relevant services. Clients could self-refer or be referred by a third party and all referrals were assessed. There was no waiting list at the service at the time of our inspection. Staff saw urgent referrals quickly and non-urgent referrals within the service's target time.

People could access services and appointments in a way and at a time that suited them. Appointments ran on time and staff informed clients when they did not. Clients who are unable to attend the recovery centre in person, due to physical or mental health issues were offered home visits or visits at alternative locations.

The service had processes in place for when clients arrived late or failed to attend their appointments which were fair and reasonable and did not place the client at risk. Staff made efforts to see clients, even when they arrived late. If the clinician was not available, the client's recovery coordinator would see the client.

Staff tried to contact people who did not attend appointments and offered support. Staff were proactive in their attempts to re-engage with clients who had failed to attend their appointments and there was a clear 'did not attend' process in place that staff could follow which advised them of who they needed to contact such as friends, families, pharmacies and the police.

No appointments had been cancelled in the 12 months prior to our inspection as a result of staff shortages. Staff we spoke with said that they would never refuse to see a client and if there were staff shortages on a site, managers would redeploy staff from other sites to cover.

Staff supported clients when they were referred, transferred between services, or needed physical health care. We saw evidence in clients' care records that staff had supported them to access mental health services, support groups and social care including housing.

## The facilities promote comfort, dignity and privacy

**The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.**

# Community-based substance misuse services

The service had a full range of rooms and equipment to support treatment and care. These included a reception area, fully equipped clinic rooms, one to one rooms for client appointments and a larger room suitable for team meetings.

Interview rooms in the service had sound proofing to protect privacy and confidentiality.

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

**The service met the needs of all clients, including those with a protected characteristic or with communication support needs.**

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. The service was located on the ground floor and had accessible rooms and facilities.

Staff made sure clients could access information on treatment, local services, their rights and how to complain.

The service provided information in a variety of accessible formats so the clients could understand more easily. These included picture format and easy read, however the premises did not have a hearing loop.

The service had information leaflets available in languages spoken by the clients and local community. There was also access to a telephone interpreters service.

Managers made sure staff and clients could access interpreters or signers when needed.

## Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

Clients, relatives and carers knew how to complain or raise concerns. There were posters on the noticeboard which informed people how to make a complaint and comment cards available for completion and to place on the communal feedback tree in the reception area. The clients and carers we spoke with said they would raise any issues directly with the staff known to them in the first instance.

Staff understood the policy on complaints and knew how to handle them. Staff protected clients who raised concerns or complaints from discrimination and harassment. Where possible, complaints and concerns about staff were dealt with through discussion between the associated parties. Clients received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes. There had been two complaints within the last 12 months for the service, one of which was ongoing and the other was not upheld following an investigation.

Managers shared feedback from complaints with staff and learning was used to improve the service. The service used compliments to learn, celebrate success and improve the quality of care. Overall partnership compliments totalled 70 in the last year.

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

# Community-based substance misuse services

Good 

**We rated well-led as good.**

## Leadership

**Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.**

Leaders provided clinical leadership. Managers and medical staff provided day to day leadership in relation to prescribing, physical and mental health.

Leaders had the skills, knowledge and experience to perform their roles. Staff felt supported and the team worked well together. The manager had a good understanding of the service and the issues faced by the client group. The service had adapted well to changes in the last two years due to COVID-19. All staff we spoke with were complimentary about the leadership and support provided particularly by the service manager.

The provider had a clear definition of recovery and this was shared and understood by all staff.

Leaders were visible in the service and approachable for clients and staff. Senior managers visited the team, were known to staff and provided monthly online meetings to all staff to give them the opportunity to raise any issues or concerns.

## Vision and strategy

**Staff knew and understood the service's vision and values and how they (were) applied to the work of their team.**

Staff knew and understood the vision and values of the team and organisation and what their role was in achieving them.

All staff had a job description.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.

## Culture

**Staff felt respected, supported and valued. They reported that the service promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.**

Staff felt respected, supported and valued. They felt proud to work in the service, satisfied in their roles and felt part of the organisation's future direction. Staff were motivated, friendly and focused on the needs of each individual client receiving care. Throughout our inspection, we observed good relationships between staff and positive attitudes towards each other and their work as a team, which evidenced there was a happy and encouraging culture within the service.

# Community-based substance misuse services

The service promoted equality and diversity in daily work and provided opportunities for career progression. Staff appraisals included conversations about career development and how it could be supported. We saw several examples of additional training staff were involved in. The service had an open culture where clients, their families and staff could raise concerns without fear. We saw the manager operated an open-door policy for staff, clients and families.

Leaders had worked hard to deliver a quality service and had embedded and promoted a culture which focused on a positive client experience. Staff felt motivated to deliver high quality care and treatment. There was strong collaboration, and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. Staff told us they were confident managers would deal with any difficulties appropriately as they arose.

Managers monitored staff morale, job satisfaction and sense of empowerment. Staff told us that managers encouraged and supported people in their requests for flexible working arrangements as they recognised how these benefited staff health and wellbeing. Staff had access to support for their own physical and emotional health needs through an occupational health service.

The provider had staff award and recognition schemes and locally staff enjoyed team away days and social events as recognition for the work they did. One staff member had recently been thanked openly by a director for their work and commitment.

The provider had an equality and diversity policy in place and staff received unconscious bias training. All policies and procedures had been subject to equality impact assessments to ensure they did not place vulnerable groups or people with protected characteristics under the Equality Act at a disadvantage. There was a whistle blowing policy in place that was accessible to all staff and support for staff from the freedom to speak up guardian within the service.

## Governance

**Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.**

Governance systems, policies, procedures and protocols were reviewed and reflected best practice. However, we found the Interim Speak up Policy and Managing safeguarding Allegations against staff Policy were past their review dates. The service have since extended these dates to allow for time to adapt the policies in line with new guidance recently released.

There were systems and procedures in place to ensure that the service was safe, clean and well equipped, that there were enough staff, that staff were trained and supervised, and had the skills and experience appropriate for the client group to whom they were delivering care to. Clients were assessed and treated well, developing key relationships for their recovery. Client feedback was positive, and clients commented how supportive and fundamental staff were in their recovery.

Processes ensured that clients risks were managed and that successful discharge from treatment were well planned.

Spectrum and the partner organisation had integrated service governance and clinical governance board meetings in place. In which safeguarding, incidents, information governance, service risk, complaints, practice and learning, performance and service quality were all discussed. Staff had implemented recommendations from these discussions and investigations, at the service level.

# Community-based substance misuse services

Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the clients. Staff and managers reported good links with other local services, safeguarding teams and the local commissioners.

## Management of risk, issues and performance

### **Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

There were clear quality assurance management and performance frameworks in place that were integrated across all organisational policies and procedures.

National and local risk registers were in place and reviewed at service board level. Managers discussed the risk register in team meetings and took any new concerns from staff to the service board level meetings for discussion. Staff told us they could escalate concerns when needed. Staff concerns matched those on the risk register.

The service had plans for emergencies such as adverse weather conditions, loss of IT services, pandemics and other issues that could negatively impact on service delivery. A business continuity plan was in place for the service.

Managers monitored staff sickness and absence rates and ensured there was enough cover within the service to meet the clients' needs.

## Information management

### **Staff collected analysed data about outcomes and performance.**

The service used systems to collect data that were not over-burdensome for frontline staff.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.

Information governance systems included confidentiality of client records. Staff ensured the service confidentiality agreements were clearly explained to clients in relation to the sharing of their information and data. Confirmation of clients' confidentiality agreements were recorded in all client records reviewed.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care. Information was in an accessible format, and was timely, accurate and identified areas for improvement.

All information needed to deliver care was stored securely and available in an accessible form when they needed it.

The service had developed information-sharing processes and joint-working arrangements with other services where appropriate to do so.