

Addaction - Herefordshire

Quality Report

6 Bridge Street, Hereford, HR4 9DF

Tel: 01432 802487

Website: www.addaction.org.uk/services/addaction-herefordshire

Date of inspection visit: 05 December 2018

Date of publication: 23/01/2019

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

We rated Addaction Herefordshire as good because:

- The service provided safe care. Premises where clients were seen were safe and clean. Staff completed risk assessments for clients in a timely way and updated these regularly. Clients had risk management plans which they had been involved in developing. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They

provided a range of treatments suitable to the needs of the clients. Staff followed national guidance when prescribing medication and this was reviewed regularly.

- The teams included or had access to the full range of staff required to meet the needs of the clients. Managers ensured that staff received training, supervision and appraisal. Staff worked well together as a multi-disciplinary team and with relevant services outside the organisation.

Summary of findings

- Staff treated clients with respect, compassion and kindness and understood the individual needs of clients. They were non-judgemental in their approach to clients. They actively involved clients and families and carers in care decisions.
- The service was easy to access. Staff assessed and treated people who required urgent care promptly. The service provided a range of rooms for clients to use which were bright and pleasant. Clients could use computers to seek out work opportunities or access advice and staff gave out food parcels to those in need.
- The service was well led and the governance processes ensured that procedures relating to the work of the service ran smoothly.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	see detailed findings

Summary of findings

Contents

Summary of this inspection

	Page
Background to Addaction - Hereford	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	11
---	----

Good 

Addaction - Herefordshire

Services we looked at

Substance misuse services

Summary of this inspection

Background to Addaction - Hereford

Addaction are a national charity who provide a range of services. They currently deliver 81 services across England and Scotland. They work with adults and young people in community settings, prisons and residential rehabilitation.

Addaction Herefordshire offers information, advice and support for people with drug and alcohol issues every weekday, and on alternative Saturdays. There is a young people's service for those aged 11+. The service is recovery-focused and has bases in Hereford as well as outreach via partner organisations in Leominster, Ross on Wye and Ledbury. They aim to support people to overcome their issues and develop the skills necessary to go on to live a fulfilling life in recovery. They also support the families of people with substance misuse issues.

The service provides a range of support including a needle exchange, health promotion, blood borne virus testing, vaccinations for hepatitis, key work, group work and a drop in. The service is commissioned through the local authority and is free for people to use.

Addaction Hereford has a registered manager.

They were previously inspected in December 2016 with a follow up focussed inspection in July 2017. At that time Leominster was registered as a separate location and was also inspected. This location has since been deregistered and now comes under the service in Hereford. The services were not rated as the Care Quality Commission has only rated substance misuse services since July 2018.

Our inspection team

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

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited the Hereford site of this service, looked at the quality of the environment and observed how staff were caring for clients
- spoke with six clients who were using the service
- spoke with the registered manager for the service
- spoke with 10 other staff members; including doctors, team leaders, recovery workers, administrators and a volunteer
- attended and observed one group meeting and the reception area
- looked at six care and treatment records of clients
- looked at eight personnel files and the recruitment process for new staff

Summary of this inspection

- carried out a specific check of the medication management; and
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

The six clients we spoke with all stated that the service had been life changing for them. They spoke about staff who were kind, caring, considerate and non-judgemental and would always do what they could to offer help and

support. They said that the location of the service wasn't easy to find but they received a warm welcome as soon as they entered the building and were always offered a hot drink.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- All clinical premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received training to keep people safe from avoidable harm. 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.
- Staff assessed and managed risks to clients and themselves. They developed risk management plans for all clients and responded promptly to sudden deterioration in a client's health. Staff followed good personal safety protocols.
- Staff followed best practice when storing, dispensing, and recording the use of medicines. Staff regularly reviewed the effects of medications on each client's physical health.
- 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.

Good



Are services effective?

We rated effective as good because:

- Staff assessed the needs of all clients during their first visit to the service. They developed individual recovery plans and updated them when needed. Recovery plans were detailed, reflected the assessed needs, were personalised, holistic and recovery-oriented and staff updated them when appropriate.
- Staff provided a range of care and treatment interventions suitable for the client group. These followed national guidance for the treatment of substance misuse.
- The service included a full range of specialists required to meet the needs of clients under their care. Managers made sure they

Good



Summary of this inspection

had staff with a range of skills need to provide high quality care. They supported staff with appraisals, supervision, opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

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

Are services caring?

We rated caring good because:

- Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.
- Staff involved clients in recovery planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to advocates when needed.
- Staff informed and involved families and carers appropriately. The service provided support to families and carers so that they could understand the treatment a client was receiving.

Good



Are services responsive?

We rated responsive as good because:

- The service was easy to access. Referral criteria did not exclude people who would have benefitted from care. Staff assessed and treated people who required urgent care promptly, clients could be seen on the day they contacted the service by a duty worker. Staff followed up people who missed appointments.
- The service had a warm and welcoming reception area where clients were greeted by friendly staff who offered them a drink while they waited. Clients had contributed to the choice of furnishings in the reception area which was bright, open and welcoming. Staff used donations from local shops to provide food and personal care items to clients in need.
- The teams met the needs of all people who use the service – including those with a protected characteristic. Staff helped clients with communication, advocacy and cultural support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Good



Summary of this inspection

Are services well-led?

We rated well-led as good because:

- 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.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff understood and discharged their roles and responsibilities under the Mental Capacity Act 2005. They received training and 93% of staff had completed this. Staff knew where to go to seek advice and guidance if they needed it. Staff gave examples of supporting clients during mental capacity assessments and how to support a client who lacked capacity to make decisions about their treatment.

Staff working with young people understood Gillick competence which is the term used to decide whether a child (under 16) could consent to their own medical treatment without parental consent.

Substance misuse services

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

Are substance misuse services safe?

Good 

Safe and clean environment

Safety of the facility layout

Addaction Hereford had a range of rooms available to for staff to see clients. These included rooms for one to one meetings, group rooms, a clinic room and a needle exchange. They had space available nearby in the community for those that needed disabled access for groups and as Herefordshire was a rural county, they had staff based in other sites across the county to make access as easy as possible for people to use the service.

The service had health and safety records which were up to date and a fire risk assessment. Staff carried personal alarms and the reception had a member of staff on duty and a volunteer available so that clients were always supervised.

Maintenance, cleanliness and infection control

The service was clean and well maintained. They had provided new chairs in the waiting area but when clients fed back that they were uncomfortable these were replaced.

Staff adhered to infection control principles. This included the disposal of clinical waste. However, we found the bins for disposal of sanitary waste and paper towels had lids which you had to touch when using them This was raised at the time of the inspection and the manager organised for these to be change while we were on site.

Staff ensured clinic rooms and needle exchanges were clean, tidy and equipment was up to date and checked regularly. Fridge and room temperatures were monitored regularly and concerns raised as incidents. The service did not keep medication on site other than naloxone and vaccinations and these were stored appropriately at the correct temperature.

Safe staffing

At the time of the inspection the service had a total of 576 clients accessing support. Of these, 127 received a service in Ross on Wye and Ledbury, 116 in Leominster and 333 in Hereford city centre. Clients attended the service for a variety of reasons including 350 accessed treatment for opiate use, 48 for non-opiate use and 138 for support around the use of alcohol. Another 40 clients regularly used the needle exchange.

The service had enough staff to meet the needs of the service users. Two staff stated that the service did not always provide cover for absence, but we did not see evidence of this. Managers had plans in place for staff absence and issues such as adverse weather conditions, so the service could operate appropriately. The service provided a range of staff including team leaders, recovery workers including those for young people and the criminal justice system, a doctor and non-medical prescribers. Staff had a mixed caseload of between 60- 65 clients depending on the geographical area they worked in. the service used a case management tool to ensure caseloads were manageable and staff received case management supervision monthly.

The service had vacancies for one non-medical prescriber to cover maternity leave, and one full time healthcare

Substance misuse services

assistant at the time of the inspection. The service did not use agency staff. Managers constantly reviewed staffing levels to ensure they could meet the needs of clients within the budget set by commissioners.

Staff received mandatory training in a range of formats including e learning and face to face training. This included health and safety and lone working training courses. At the time of the inspection 100% of staff had completed their mandatory training. Staff had alarm call buttons for use in the building and access to the organisations lone working policy. Most appointments took place in the sites provided by Addaction and home visits rarely happened. Protocols were in place if this was needed to ensure the safety of staff. Staff demonstrated that they understood the issues of safety when lone working and how to use the policy.

All staff were required to complete training in the Mental Capacity Act 2005. At the time of the inspection 100% had completed this and all staff we spoke with demonstrated an understanding of how this related to the clients.

Assessing and managing risk to patients and staff

Assessment of patient/service user risk

We looked at six sets of client records. Staff regularly reviewed risk assessments and risk management plans. We saw this had been completed in five out of the six records. One set of records showed a risk alert had not been put on the records although details were in the notes and suicidal ideation had not been written in enough detail. We spoke to the manager who identified the staff member was not currently at work. They had already started reviewing the cases for this staff member and were aware that not all records had been updated to the standard expected by the service. The other records showed a good knowledge of a client's history and other potential risks including safeguarding for those clients who lived with children.

Staff recognised and responded to warning signs and deterioration of a client's health and recorded this in the notes. This could relate to increased use of substances, missed appointments and issues with physical health.

Management of patient/service user risk

Staff made sure clients were aware of the risks of continued substance misuse and discussed harm minimisation as part of a client's assessment. The information was recorded in recovery plans. Staff offered clients blood borne virus testing and gave vouchers as an incentive for clients to

have vaccinations such as those for hepatitis B. Harm minimisation was discussed at all appointments and clients were offered naloxone and training on how to use this. Harm minimisation aims to address alcohol and other drug issues by reducing the harmful effects of alcohol and other drugs on individuals.

Staff knew how to recognise and respond to changing risks for clients and these were discussed in the daily flash meeting that was held both in Hereford and the site in Leominster. These meetings allowed staff to discuss issues such as risk for clients, safeguarding, staffing cover, lone working arrangements for the day and any other issues that might affect clients support. All staff including those on reception attended this meeting.

Staff could arrange to see clients should their health deteriorate and this would be through the duty system and open-door policy that Addaction Herefordshire operated. Staff ensured prescriptions were sent to local pharmacies or collected by the client from the service. Staff had formed close working relationships with the pharmacies so that they would be informed if the client did not collect their prescription as normal or they had a specific concern about a client. Records showed evidence that risks had been shared with GP and community mental health crisis teams where appropriate.

Staff implemented a smoke free policy and gave guidance to clients who requested this however smoking cessation was not routinely discussed with clients.

Safeguarding

Staff gave examples of how they could protect clients from harassment and discrimination. This included for those characteristics protected under the Equality Act 2010 such as age, disability, race, and religion or belief. Staff demonstrated that they were non-judgemental in the support they provided and clients we spoke with confirmed this was the case.

Staff worked effectively across the teams and with external providers to ensure information about vulnerable clients was shared appropriately. This included the safeguarding team at the local authority and the multi-agency safeguarding hub for children. Staff knew what safeguarding was and how to report this in the correct way. All staff had received training in safeguarding for vulnerable adults and children. Staff regularly attended the local multi-agency risk assessment conference which involved a

Substance misuse services

range of professionals including the police and safeguarding. The role of this meeting was to discuss those individuals at high risk from domestic violence. Staff recorded safeguarding concerns appropriately in clients records and ensured that this was updated regularly. Staff discussed safeguarding concerns at the daily team meeting to ensure all staff had been updated. We saw staff had taken appropriate action where couples were being supported and there was a safeguarding risk to ensure clients were protected while receiving the support they needed. Staff met with young people who received a service in schools and community settings so that they did not visit the office locations.

Staff access to essential information

Staff used a secure electronic system for clients' information. Staff used the system well although some stated that it was not as easy to use as it could be. Individual alerts for risk could easily be seen on the front of the system. Key risks such as safeguarding had been clearly flagged up on five out of the six records we reviewed. Staff on the duty rota completed paper forms and then scanned them in to the system. They stated that the large amount of paperwork to complete meant it wasn't always possible to see all clients who were waiting. Managers confirmed they were aware of the concern and had been working to try and reduce the number of forms being used.

Medication Management

The service had effective policies and procedures in place relating to the management of medication. The doctor and non-medical prescribers had responsibility for prescribing and monitoring clients physical health in relation to the treatment they received including community detoxification. All treatment was reviewed and prescribed following guidance from the National Institute for Health and Care Excellence and we saw prescribing rationale was recorded in client records. They used this alongside the orange book Drug misuse and dependence: UK guidelines on clinical management. Medication other than naloxone and vaccinations was not kept or dispensed from the service.

Naloxone was available to clients who received training on how to use this. Staff who had been trained had asked to carry naloxone on them at all time. Managers had agreed to this and the naloxone was signed out to staff in the same way as it was to clients. The service had trained street

pastors to use naloxone. Street pastors were volunteers connected to the local churches who worked in Hereford city centre on Friday and Saturday evenings to support people in need.

Track record on safety

The service had reported four deaths in the six months from June 2018 to October 2018. All deaths had been reviewed and discussed at local governance meetings and within Addaction nationally. A suicide had generated a significant amount of learning across all agencies involved including Addaction Herefordshire. Multi-agency meetings had been attended and reports prepared for the Coroner's court. Although staff had acted appropriately the service felt recording of concerns around suicidal ideation could be improved and had arranged for all staff to attend suicide prevention training in February 2019.

Reporting incidents and learning from when things go wrong

All staff knew which incidents to report and how to do this on the electronic system. In the six months from June 2019 to October 2019 staff had recorded 52 incidents. These included theft or loss of prescription, verbal aggression, prescribing errors and accidental injury. Staff understood the importance of being open and honest with clients when things went wrong and this was recorded in client records. Learning from incidents was shared across the service locally through supervision, team meetings and the daily flash meetings. Addaction shared learning nationally so that staff could use this to improve their own practice.

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

Good 

Assessment of needs and planning of care

The inspection team examined six sets of care records. All records were holistic and recovery focussed and showed that discussions about group work and mutual aid had taken place. They included a full history for each client and were completed when the client came for their first appointment and amended in subsequent meetings. They included a risk management plan and discharge plan so that clients understood their goals and progress within the

Substance misuse services

service and what would happen if they left the service before treatment was completed. All records had been completed with the client and it was clear they had contributed to the care plans.

Best practice in treatment and care

The records demonstrated that a range of care and treatment was offered to clients which was individualised and suitable for their needs. These interventions were in line with guidance from the National Institute for Health and Care Excellence. This included the completion of the severity of alcohol dependence questionnaire and the alcohol use disorder identification test.

Medication was prescribed in line with National Institute for Health and Care Excellence including methadone for the management of opioid dependence. Staff arranged for clients to have tests that they would need such as an electrocardiogram to monitor their heart if prescribed over 100ml of methadone. This would monitor their heart for any abnormalities and was in line with DH, 2007; Guidance for the use of substitute prescribing in the treatment of opioid dependence in primary care, Royal College of General Practitioners, 2011.

Staff routinely offered blood borne virus testing to clients. This was in line with best practice guidance (DH 2007). This had been recorded in the records we reviewed and included information and support to clients who had a positive test result.

Staff supported clients to live healthier lifestyles and guidance and information formed part of each appointment and within group work. The reception area had a range of leaflets to ensure clients had the information they needed and staff could refer to other services as they needed to.

The service had an area with computers for clients to use. Staff were available to support clients to use this for a range of things including accessing self-help tools.

Staff supported clients to access other services including dental health care and support for those diagnosed with a blood borne virus.

Staff worked with clients to review their recovery plans. They recorded outcomes for clients using the treatment outcome profile. They took the first recording when a client entered the service and then reviewed this regularly during

the length of the treatment and again when a client was discharged. This supported clients to see the progress they had made and continued to support them to think about the goals that had been set.

Monitoring and comparing treatment outcomes

Staff provided information to Public Health England through the national drug monitoring system. This helped staff to compare progress with other areas in the country with a similar demographic and to look at areas for improvement. Addaction Herefordshire had shown consistently good figures compared with the national average apart from clients who had long term drug use and had a maintenance prescription. Herefordshire was above the national average for this and managers were looking at ways to manage this cohort of clients who had been on a maintenance dose for many years more effectively. In the Hereford office, a board in the team office displayed targets that had been met and those for the next month to help staff understand the information requested both nationally and by the commissioners of the service locally.

Skilled staff to deliver care

Managers provided staff with a range of learning to meet their needs. The service provided all staff with an induction and expected staff to complete mandatory training as part of this. Following this one to one sessions were used to support staff to identify training relevant to their current post.

The service followed a robust recruitment process which followed the policies set out by Addaction nationally. This included the recruitment to posts that were advertised internally or were for secondment positions. We reviewed this process during the inspection and found that the policy had been followed. We reviewed eight personnel files which showed that recruitment processes had been followed in accordance with the organisations policies.

Managers ensured staff received an annual appraisal which included career development. Regular supervisions took place which included management, caseload and peer supervision.

Managers gave examples of poor staff performance and how this had been managed locally and with support from the national human resources team.

Substance misuse services

The service recruited volunteers who had been previous users of the service. They had been through a proper recruitment process and were trained and supported to take on roles such as supporting groups and meeting and greeting clients when they came in to reception.

Multi-disciplinary and inter-agency team work

The staff team had the right skills and qualifications to support clients using the service. This included doctors, non-medical prescribers who were nurses, team leaders, recovery workers and healthcare assistants. The service also provided support to clients within the criminal justice system and young people. We saw from the client records that a multi-disciplinary approach had been taken to support clients and this was recorded appropriately.

All except one client we spoke with knew who their key worker was. We asked managers to clarify this with the client and this was resolved while we were on site.

All staff were involved in the monitoring and improving of outcomes for clients. Discussions took place in regular daily flash meetings and monthly team meetings and minutes were available for those staff unable to attend. Agenda items included staffing, safeguarding, policy and procedure updates and client feedback.

Client records showed clear care pathways which included other services such as community mental health services and safeguarding at the local authority. This considered the needs of the client and other family members especially if children lived within the household. The service had developed a pathway with the mental health trust and where possible worked with them to support clients.

Staff discharged clients when care and treatment was no longer required. Clients who had attended a 12-week group programme received a graduation certificate and this was presented to them in a meeting with previous clients who had also successfully completed the programme. Staff encouraged clients to continue to meet outside of the programme and in the community to form mutual aid groups and stronger support networks outside of the service. Clients could drop in to the service when they needed to even if they had been discharged so that they always had somewhere to go at difficult times. Staff also linked clients to other services such as housing and the Hereford service users group.

Good practice in applying the Mental Capacity Act

Staff completed training in the Mental Capacity Act and were competent in applying this to the clients they supported. They could seek guidance from managers, team leaders and the doctor. Staff knew who to contact in external organisations if they felt a client lacked capacity and gave examples of supporting clients during capacity assessments with mental health professionals.

Of the client records we looked at one did not have an up-to-date capacity to consent to share information form but all other information about capacity was recorded appropriately.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with dignity and respect. They took a non-judgemental approach to the support they provided and the clients we spoke with all mentioned this and the fact that staff were caring, kind and supportive.

Staff stated they could raise concerns about disrespectful, discriminatory or abusive behaviour towards clients and would feel listened to and taken seriously.

All clients we spoke with said they had been supported to understand their care, treatment and manage their condition and could ask about this whenever they needed to.

Clients said that staff supported them to access other services appropriate to their needs such as housing and advice and would support them with appointments if they needed this.

The service had clear policies on confidentiality and staff understood how to use this particularly if a client was at significant risk of harm. Staff explained about confidentiality during the initial assessment when clients first visited the service.

Involvement in care

Involvement of patients/service users

Staff communicated well with clients to ensure they understood their care and treatment. Leaflets and

Substance misuse services

information about the service was available in a range of languages, particularly in Polish to meet the needs of the large Polish community living in Hereford. The service displayed information for veterans as many ex-military personnel lived in the area. Staff could make adjustments for clients with specific communication needs including those with a learning disability or deafness.

Clients could access independent advocacy services and information about this was available on the noticeboards and on the television screen in reception. Staff signposted clients to other service user organisations locally for support.

Each client had their own recovery and risk management plan that they had worked on with a member of staff. The plans were holistic and included the clients' personal preferences, recovery capital and goals. This included signposting to other organisations including alcoholics anonymous, narcotics anonymous and other self-help groups. Staff ensured that clients and their families and carers had all the information they needed to be able to make informed decisions about their care and were as involved as they wanted to be in the development of these documents.

Involvement of families and carers

Families and carers were encouraged to come to the service for support and could give feedback through staff and by completing surveys.

Carers were provided with information and the care of their family member was shared with them if the client had given permission. In Leominster, staff had encouraged carers to come to an informal arts group with clients and this had given them much needed support from other people in a similar situation in a relaxed and safe environment

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Good 

Access, waiting times and discharge

The service accepted clients from across Herefordshire. They provided support in Hereford, Leominster, Ross on Wye and Ledbury so that clients had a range of options for accessing the service. The service operated on Monday to Fridays between 9am and 5pm except on Tuesdays when they remained open until 8pm. They also opened on alternate Saturdays between 10am and 1pm.

The service operated a duty system so that clients could be seen on the day they came in, although on busy days a client would have to wait or come back the following day. Urgent referrals were always seen on the day. Referrals from third parties such as GPs were contacted on the day the referral came in and could be seen that same day or at a time convenient for the client. The service did not have waiting lists and clients received support from the first point of contact. Clients who needed to be seen by the doctor or non-medical prescriber were referred to the next available clinic. The doctor held clinics twice a week and non-medical prescribers three times a week. Young people were seen in community settings which were more appropriate for their needs such as schools or at home.

If a client required additional support such as from mental health services staff would make referrals and follow this up to ensure a client was receiving appropriate care and treatment.

The service had clear pathways for clients which were displayed in the reception area and explained during the first appointment however staff could be flexible to meet the individual needs of clients to ensure they received treatment promptly. This could include a home visit or an appointment within another setting in the community.

Addaction had a policy for staff to follow if clients did not attend their appointments. This included contacting the pharmacy the client used, using emergency contact details and if more than two appointments were missed the client's prescription would be suspended. The service had 23% average for the number of clients who missed appointments from May 2018 to October 2018.

Discharge and transfers of care

Recovery and risk management plans reflected the diverse and complex needs of clients. They included clear pathways to other supporting services such as housing, debt advice and mental health services.

Substance misuse services

The service had documented referral criteria which had been developed with commissioners from the local authority who funded the service.

Staff planned for clients' discharge and a plan was put in place from the start of the support being offered. Clients told us they were clear about their goals and next steps and felt able to come back to the service whenever they needed to for support, guidance and so that they did not become isolated.

The facilities promote comfort, dignity and privacy

The service had disabled access and used a portable ramp so that clients could access the Hereford site and use rooms downstairs. The other sites had full disabled access including a lift at Leominster. In Hereford the rooms used for groups were upstairs and not accessible so staff used local community based rooms across the road from the office so that everyone who needed to could attend. All rooms had adequate soundproofing and clients could be seen in private.

The reception area in Hereford was very welcoming for clients. They front door was unlocked and clients were greeted warmly by staff who knew their preferences for a hot drink which was provided straight away. A volunteer was often available to sit and chat to clients while they waited. The service provided a television screen which showed details of the treatment pathway, contact details for other services such as alcoholics anonymous, advocacy, narcotics anonymous and the timetable for groups. There was a library area where clients could choose books to borrow and take away with them.

Patients'/services users' engagement with the wider community

Staff worked with clients and their families to help them keep in contact and to maintain relationships. Clients were encouraged to build on the friendships that had developed through the 12-week group programmes and to continue with these in the community to form mutual aid groups.

The service provided an area where clients could access computers to search for work and access information on a range of services including education. Staff were available to support clients if they needed this.

Meeting the needs of all people who use the service

Staff understood the potential issues that might arise for clients living within Herefordshire. They provided information in Polish for the large Polish community who lived in the area and had information for military veterans who had settled locally. They showed a good understanding of issues relating to living in a rural county with limited access to public transport and made sure the locations they worked from were centrally located for clients to be able to get to them. Staff had developed links with organisations who provided additional support for issues such as domestic violence so that they could refer clients to these services.

During the inspection one client stated that they had brought in a friend who couldn't be seen by the duty worker on the day as they were busy and one member of staff stated this could be an issue at busy times. Managers were aware of the issue and were considering other options to be used alongside the duty system.

Staff had access to interpreters through Addaction and signers for deaf people. The Addaction website offered a translation service so that clients could access information in a range of languages.

Listening to and learning from concerns and complaints

Staff ensured that clients knew how to complain and reassured them that this would not affect their treatment or use of the service. For the 12 months from September 2017 until August 2018 the service had received three complaints. The service used Addaction's policy and procedure for managing complaints and these were investigated by managers in the service. A complaints report was submitted to the clinical governance group monthly and the minutes from this would be reviewed at board level. Learning from complaints was shared with staff by managers in team meetings and where the complaint concerned an individual member of staff this would be reviewed in one to one meetings.

Clients could easily access information on how to complain as this was available throughout the service.

Are substance misuse services well-led?

Substance misuse services

Leadership

Managers had the skills, knowledge and experience to perform their roles. They demonstrated a good understanding of the clients the service supported and the difficulties that staff sometimes faced. They talked with confidence about the service and the standards expected in the level of care staff were delivering.

The organisation had a clear focus on recovery and pathways for this were clearly displayed around the building. Managers shared this with staff and ensured they understood the remit of the service.

The manager and team leaders had a visible presence in the service and staff could approach them at any time for advice, guidance and emotional support if they needed it.

Vision and strategy

Staff understood Addaction's values which were to be compassionate, determined and professional. They strive to empower people to be successful, to make positive changes and to take back control over their lives. Staff demonstrated this through the care and support they provided to clients and their families.

All staff had a job description and knew what their role was within the organisation and the boundaries of that role when working with clients.

Managers gave staff the opportunity to contribute to discussions about the strategy of the service and especially when changes had been made. Due to a reduction in the budget the service had been restructured and staff had been consulted about the changes that needed to be made to ensure they could still provide a good quality service to clients. This had ensured staff understood about the budgets they needed to work to while still meeting the key performance indicators that had been set by commissioners. Some staff had raised a concern about a lack of communication and to improve this the manager and team leaders held a monthly coffee morning for staff to drop in and raise concerns. The manager, contracts manager and operational manager also provided this opportunity quarterly to give staff access to senior management within Addaction.

Culture

Most staff we spoke with felt respected, supported and valued. Two reported that they felt under pressure due to

staff leaving and changes in working practices due to budget cuts. Another said that the level of support they received was good and they could approach managers as they needed to. All staff we spoke with were positive about the support they provided to clients and were passionate about the work they were doing.

Staff stated that they supported each other as the work could be stressful and that at times morale was not as good as it could be. All staff received an annual appraisal which included conversations about career progression, but staff stated there was not much opportunity for this in Hereford due to the team being well established. Two staff members had queried how recruitment had taken place and whether this was in line with equal opportunities, but we found that managers had followed the process set out by Addaction. Managers stated that staff had left for a variety of reasons including career progression and improved pay conditions.

The service followed Addaction's policy on bullying and harassment and responded to any reported cases promptly.

Addaction provided additional support for staff who needed it through their welfare service and staff could access this as they needed it.

Governance

Overall governance within the service was good. The service was well organised and premises met the needs of the clients well. Staff received regular supervision and had the opportunity to meet with managers when they needed to. Staff completed mandatory training and had the opportunity to do other training as they needed it. Staff adhered to the principles of the Mental Capacity Act and had a good knowledge of safeguarding for both adults and children. We saw that learning had taken place following incidents and the deaths of clients and that staff received good levels of support during the investigations that took place following these incidents.

Managers used the policies, procedures and protocols set out by Addaction which had been regularly reviewed.

The service had taken part in a range of audits and used a case management tool kit to audit client records. This had helped to improve the standard of the records and the amount of detail recorded by staff.

Substance misuse services

Staff submitted data as required to public health England and the commissioners of the service. This ensured they could map progress of the service and meet their key performance indicators.

Staff understood the need to build strong team relationships and good working practices with external providers to ensure that clients received the best possible service.

Addaction had a policy for staff to disclose information and raise concerns anonymously and staff knew about this and said they would use it if they didn't feel their concerns had been listened to by managers.

Management of risk, issues and performance

Addaction had quality assurance management and performance frameworks in place which covered the whole organisation. Managers from Addaction Herefordshire could feed in to the frameworks through senior managers and national governance meetings.

Managers had a risk register locally which then formed part of the national risk register for the organisation. Staff felt confident that they could add items to this if they needed to. Concerns could relate to issues such as staffing and budget cuts.

The service had a plan for emergencies including adverse weather. If the office had to be closed the website gave clear information about how clients could access support if they needed it.

Staff sickness levels for the 12 months from August 2017 to August 2018 was just over 1%. Managers worked with staff to ensure that any prolonged period of sickness was monitored and the staff member received the support needed to return to work.

Management of the budgets which had been reduced was an ongoing concern for the service. They had restructured and adapted their ways of working to ensure that the cuts did not impact on the level of support clients received.

Information management

Staff had access to equipment and technology they needed to do their work. The service collected data for both their own use to develop the service and to add to the national recording for substance misuse services. The use of data was explained to clients on entry in to the service and all details were anonymised. Computer systems worked well

and staff had access to laptops. Policies were in place to ensure clients information remained confidential and this was stored securely on an electronic system. The service had a lead administrator who supported staff with IT issues.

Managers had a dashboard which gave them an overview of the performance of the service and the staff. Information was easy to access in a timely manner and accurate. It helped managers to identify areas for improvement which was discussed in the regular managers meetings.

The service had developed information sharing protocols with external organisations including the local authority, probation and mental health services. Managers understood the importance of confidentiality agreements when sharing information and data.

Engagement

Staff, clients and carers had access to up-to-date information about the work of the service. This could be accessed through Addaction's website, via leaflets and posters. Staff received newsletters and had a staff intranet they could use.

Clients and carers could give feedback on the service they received. Feedback forms and boxes were available in reception areas and they could speak to managers on request.

Managers engaged with other organisations such as commissioners, local GPs, pharmacists and the probation service. They had worked to improve relationships with mental health services and had developed a pathway with them so that it was easier for clients to access the support they needed.

The service had built good relationships with local branches of a national supermarket and a national bakery. Both provided the service with food and the supermarket gave products for personal care which staff could give out to clients in need. The area of the service where this was displayed was attractive and showed a great deal of respect for how someone might feel in having to ask for this type of help. Staff could then refer clients to the local food bank if they required further assistance.

Leadership, continuous improvement and innovation

Substance misuse services

The service was continually assessing the impact of changes that had been made to ensure that they were still providing a good quality service to clients while working within the budgets they had been set.

Individual staff objectives reflected the organisations values and had a focus on improvement, development and learning.