

Brighton Oasis Project

Quality Report

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Date of inspection visit: 25 June 2019
Date of publication: 05/09/2019

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?

Outstanding 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Overall summary

We rated Brighton Oasis Project as Good because:

- People's individual needs and preferences were central to the delivery of services. People could access services and appointments in a way and at a time that suited them. Staff had alternative pathways for people whose needs it could not meet. The provider ran a separate therapeutic counselling service for the children affected by family drug/alcohol use in treatment. The provider operated a separate creche for the children of parents in treatment. Staff were proactive in their attempts to re-engage clients who missed appointments or stopped the programme before completion. The service was flexible and innovative in meeting the needs of all clients, including those with a protected characteristic or with communication support needs.
- Staff treated clients with kindness, compassion, dignity and respect. Feedback from clients confirmed that staff treated them well and offered them personalised care. Clients were involved in their care planning and encouraged to give feedback about the service. Staff were able to offer support to the children of clients. The service offered clients sanitary products, contraception and essential toiletries. The service organised a ceremony for those clients who completed structured programmes.
- The service provided safe care. The premises where clients were seen were safe and clean. 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 female clients undergoing treatment for alcohol and drug addictions and in line with national guidance about best practice. Clients' physical health was monitored throughout their treatment. Clients gave their consent to treatment and had been given enough information about treatment options and risks. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff had the knowledge and ability to monitor and recognise the signs of deterioration in clients' physical and mental health during treatment and how to seek or provide help. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- Clients' notes did not clearly document whether clients had received a copy of their care plan.

Summary of findings

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Good 

Brighton Oasis Project

Services we looked at

Community - based substance misuse services

Summary of this inspection

Background to Brighton Oasis Project

Brighton Oasis Project is a drug and alcohol charity. It became a registered provider for community-based drug and alcohol services in Brighton and Hove on 12 March 2014.

Brighton Oasis Project is one of a number of organisations that work together to provide drug and alcohol treatment and recovery services to people living in Brighton and Hove and East Sussex. Within the partnership, the role of Oasis Project is to coordinate the care and treatment of female only clients referred to the service, and to provide psychosocial interventions for clients with substance misuse issues. Other organisations within the partnership provide different roles such as the provision of medical assessments and community and inpatient detox services. Within this report these partnership organisations working with Brighton Oasis Project are referred to as 'another provider'.

The service offers a range of harm minimisation services, such as needle exchange, overdose prevention, advice, and screening for blood borne viruses, and structured one-to-one and group work.

The service is registered for the following activities: Treatment of disease, disorder and injury. There was a registered manager in post at the time of the inspection.

We previously inspected this service in November 2016. Substance misuse services were not rated at that time.

Following the November 2016 inspection, we told the service it must take the following actions to make improvements:

- The provider must ensure appropriate pre-employment checks are undertaken and verified before staff are employed in the service to ensure care and treatment is provided by suitable staff.

- The provider must ensure that risks to staff of not using personal alarms is assessed and reviewed.
- The provider must ensure that the risks of cross-contamination and cross-infection in the use of the toilet area for drug test screening is assessed and reviewed.
- The provider must ensure that records of incidents and reportable events are maintained and monitored.
- We also told the provider that it should take the following actions to improve:
- The provider should ensure that staff have adequate guidance and are trained on the principles of the Mental Capacity Act 2005 so that they could adequately support a client who may lack capacity.
- The provider should ensure that arrangements are made on the ground floor to maintain client confidentiality.

We issued the provider with the following requirement notices under the Health and Social Care Act (Regulated Activities) Regulations 2014: Regulation 17 Good governance Regulation 19 Fit and proper persons employed.

In July 2017 we completed a focussed inspection and determined that the provider had carried out sufficient improvements to meet the requirements of the regulations they had breached in November 2016.

During our inspection in June 2019 we determined that the provider had maintained the improvements made to the service and had also made a number of additional improvements.

Our inspection team

The team that inspected the service comprised one CQC inspector, an assistant inspector and a specialist advisor with experience working in substance misuse services.

Summary of this inspection

Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services.

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 and asked other organisations for information.

During the inspection visit, the inspection team:

- visited the registered location, looked at the quality of the physical environment, and observed how staff were supporting clients
- spoke with four clients who were using the service
- spoke with a peer mentor
- spoke with the registered manager
- spoke with four other staff members
- observed a group therapy session
- collected feedback from nine clients using comment cards
- looked at six clients' care and treatment records
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients only had positive things to say about the service. They valued the safe space that was provided. All clients described the staff as helpful and professional. Clients said that staff went the extra mile to make sure the client voice was heard within meetings and clients felt listened to by all the staff. Clients said that all conversations were

treated with confidentiality and staff had a non-judgemental attitude. Clients said that staff supported them to achieve their goals and make plans for the future. Clients valued the extra services provided by the service, such as yoga, acupuncture, mindfulness and the free crèche.

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 premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Staff adhered to infection control principles, including hand washing and the disposal of clinical waste.
- 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.
- Comprehensive risk assessments were undertaken at the start of treatment. 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.
- 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 kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service had a good track record on safety. 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?

Are services effective?

We rated effective as **good** because:

- 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.

Good



Summary of this inspection

- 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.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- 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.
- Staff from different disciplines worked together as a team to benefit clients. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff supported clients to make decisions on their care for themselves. Staff had completed their Mental Capacity Act (MCA) training. Staff were able to explain how they supported clients with impaired capacity. Staff knew where to seek support if needed.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe. All staff received regular supervision and staff received appropriate appraisals.

Are services caring?

We rated caring as **good** because:

- Staff treated clients with kindness, compassion, dignity and respect. Feedback from clients confirmed that staff treated them well and offered them personalised care.
- The service offered clients sanitary products, contraception and essential toiletries.
- The service organised a ceremony for those clients who completed structured programmes. Each client was given a certificate of achievement and a bouquet of flowers.
- Staff involved clients in decisions about their care and treatment and had a high level of understanding of individual clients' needs.
- The service sought client feedback in several ways.

Good



Summary of this inspection

However:

- It was not always clear whether the client had received a copy of their care plan.

Are services responsive?

We rated responsive as **outstanding** because:

- People's individual needs and preferences were central to the delivery of services. People could access services and appointments in a way and at a time that suited them. The service were flexible in their approach and offered open access appointments two days a week. New clients could be seen on the same day, if there was capacity or an appointment would be made for the next available time.
- The service provided integrated person-centred pathways of care that involved other service providers. Another organisation within the partnership could assess clients on admission to the service. Clients with complex needs and who were less likely to engage with services were enabled to access the service through outreach work.
- Staff were proactive in their attempts to re-engage clients who missed appointments or stopped the programme before completion. Staff worked to maximise client engagement within the service. Whilst group and one to one interventions were arranged on set days, staff tried to be flexible, particularly for people with complex needs or those who had difficulty engaging with the services.
- Facilities and premises met the needs of a range of people who used the service. The provider operated a separate crèche for any child affected by family drug/alcohol use and the provider ran a separate therapeutic counselling service for the children of parents in treatment, called Young Oasis.
- Staff ensured that clients had access to education and work opportunities, when they were ready to benefit from them. The service had access to an education and work pilot programme, led by another organisation, to which clients could be referred. There was a range of rooms for meetings, one to one sessions and group sessions. All rooms were quiet and private.
- External consultants were brought in to facilitate groups on sleep hygiene and other aspects of wellbeing. Clients were also consulted on the re-design of their client rights and responsibilities charter.

Outstanding



Summary of this inspection

- The service treated concerns and complaints seriously, investigated them thoroughly and learned lessons from the results, and shared these with the whole team and the wider service. The service could demonstrate where improvements were made as a result of learning from reviews.
- The service was flexible and innovative in meeting the needs of all clients, including those with a protected characteristic or with communication support needs. It had a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which is accessible and promotes equality. This includes people with protected characteristics under the Equality Act and the LGBT plus community. The service monitored the characteristics of clients who used the service and matched this against the local demographic. The provider worked with local organisations and events to reach a diverse variety of ethnic groups.

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.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work. Staff felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively and that performance and risks were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance.
- The provider sought continuous learning and improvement by working with independent organisations to produce audits on the service environment and service user consultation to inform the changes needed to the service.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Of the staff employed by the service, 12 out of 14 had received training in the Mental Capacity Act 2005 and the two remaining were booked onto training. Staff were able






to describe how the Act applied in practice within their client group. For example, that client's capacity might fluctuate due to episodes of poor mental health or intoxication from substances.

Overview of ratings

Our ratings for this location are:

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

Community-based substance misuse services

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

Are community-based substance misuse services safe?

Good 

Safe and clean environment

- Brighton Oasis Project was arranged over four floors in a terraced building, with two rooms on each floor which were accessed by a narrow staircase. Clients with accessibility needs could be seen at another site, a short distance away or appointments could be made at the client's home. There was a range of rooms on all floors that staff could use to provide individual or group sessions with clients. The office and therapy rooms were clean, tidy and in good condition.
- The ground floor had a large area that always had a visible staff presence. Clients had a sofa in the waiting area and had access to toilets. Staff used the toilet area to complete urine drug screens of clients, to test for substance use, pregnancy and client self-tests for sexually transmitted infections. Staff adhered to infection control principles, including hand washing and disposal of clinical waste, for which the service had a contract with a suitable provider. The service had a separate bin for the appropriate disposal of needles, locked away on the ground floor.
- Although staff did not have personal safety alarms or security alarms in each interview room, there were robust security procedure in place to manage the safety of staff and clients from violence and aggression. Each client was greeted at the door by a member of the team. The reception area overlooks the front of the building

and corridor, to perform a visual check. The reception staff ensured the client signed in, notified the Care Co-ordinator and has an overview of which rooms are in use by whom. Staff communicate with each other prior to entering a 1-1 meeting with a client, so colleagues were aware of who they were with and how long they were expecting to be with the client. Rooms where clients are seen on a one to one basis have scope for brief visual checks to be made through a window in the door. All front-line staff completed mandatory training in managing violence and aggression and the provider had a policy in place to guide staff. Staff told us that incidents of aggression towards staff were exceptionally rare.

- The service had up to date Health and Safety and fire risk assessments in place, which were reviewed regularly. The health and safety subgroup meet every six months to discuss environmental risk. The service had a health and safety lead.
- The service had an up to date risk register that was reviewed annually.

Safe staffing

- The service had enough skilled staff to deliver the service. The service assessed the needs of the client group to ensure sufficient staffing and would recruit if necessary.
- Caseloads across the services averaged 31 per care co-ordinator, which staff told us was high as they found it difficult to complete client notes comprehensively. Caseloads included clients who attended groups and one to one sessions. Caseloads were monitored through monthly supervision with managers. Managers we spoke with told us they supported staff to work as

Community-based substance misuse services

efficiently as possible, and they were working with partner agencies to transfer clients when they no longer needed their support. Appointments with clients finished at 4pm each day, to give care co-ordinators an hour of administrative time to ensure records were maintained.

- During the 12-month period March 2018 to March 2019, staff sickness for the service was low and staff turnover was high with six out of 14 staff members leaving in the last 12 months. At the time of inspection the service was fully staffed. The service did not use any bank or agency staff.
- Daily activities and one to one sessions were arranged in advance. Staff had a daily morning meeting, where staffing levels were discussed. Annual leave and vacancy cover were arranged in advance. Staff and clients told us that activities were rarely cancelled due to staff shortages.
- Care co-ordinators could make appointments for clients with the medical staff provided by the partnership, if necessary.
- The provider had an effective lone working policy, with measures in place following risk assessments of individual situations. Safety measures may include a check in phone call with an on call manager or attending with an extra member of staff. Lone working practices were reviewed within supervision.
- The service used peer mentors and volunteers to support clients in their recovery. Peer mentors were people who had lived experience of recovery and were drug and alcohol free. All peer mentors and volunteers completed training to enable them to support clients in recovery in groups or individual sessions and received ongoing supervision in their role.
- All staff including peer mentors and volunteers had appropriate references and current disclosure and barring services (DBS) checks in place. DBS checks provided information to approve people to work with vulnerable adults and children.
- Staff had completed mandatory training. The service had a list of eight training modules that it categorised as

mandatory for all staff. This included children and adult safeguarding, health and safety, equality and diversity, the Mental Capacity Act and domestic violence awareness.

Assessing and managing risk to patients and staff

- The care records reviewed included clients' individual risk assessments. All risk assessments and risk management plans we looked at were up to date. Risk assessments were reviewed every three months or more frequently if necessary.
- The initial assessment conducted with each client included a section on different risks, such as whether a client was a sex worker or affected by domestic abuse. Alerts flagged on the electronic database if a client was known to have a history of violence, whether as the perpetrator or a victim. The provider used the domestic abuse, stalking and harassment and honour based violence (DASH) risk assessment tool for clients with further identified risk. The service supported victims and perpetrators of domestic violence as members of multi-agency panels, sharing information about clients that enabled other services to monitor and manage risk.
- Clients were made aware of the risks of continued substance misuse and given information about harm minimisation. This was documented in the thorough client notes but not always in recovery plans and risk assessments. Recovery plans were focused on key themes identified by clients not necessarily all elements of recovery, such as preparing for a life without substances such as education, training and employment.
- Staff asked clients to provide drug or alcohol screening during their initial assessment. Clients were also offered self-testing for sexually transmitted infections and blood borne virus screening if identified as at risk. The partnership had a dedicated member of staff who was responsible for providing clients with advice around blood borne viruses, and liaising with hospitals around the treatment of hepatitis B and C.
- If a client required pharmacological treatment, for example, opioid substitution therapy (OST), a full medical assessment was conducted by another provider within the partnership. Physical health screening was completed as part of the initial full assessment by a nurse or doctor within the partnership.

Community-based substance misuse services

This covered information such as the client's Hepatitis status and smoking. On review of the records, the summary showed that some medical reviews some were out of date. Another provider had a clear escalation process in place. It is the responsibility of another provider to book and conduct medical reviews. Staff at Brighton Oasis Project provided us with information about them sending email reminders to the responsible provider and followed up regularly to ensure medical reviews were undertaken in a timely.

- Comprehensive and detailed information about each client was contained within the ongoing electronic case notes and staff we spoke with demonstrated a thorough understanding of their clients.
- Brighton Oasis Project was a smoke free site. Smoking cessation advice was available to clients on request.
- Staff provided safe storage boxes to hold medicine securely in clients' homes if there were any children living in the property.

Safeguarding

- All staff had completed safeguarding vulnerable adult training and 72% of staff had completed the safeguarding children course. Staff who had not completed the training had been booked on to this training.
- Staff we spoke with could give examples of how to protect clients from harassment and discrimination. Staff understood the provider's policy and guidance on how to raise a safeguarding referral. The service had a safeguarding flowchart visibly displayed in the office areas for staff to refer to. Staff had a strong focus on supporting clients to feel safe and safeguard their children from abuse.
- The service had a safeguarding lead.
- The client waiting area had safeguarding information leaflets available for clients to refer to if needed.
- Staff worked effectively within the Oasis team, the wider partnership and with external bodies, such as the police and local safeguarding authorities to promote the safety of their clients and client families. Staff proactively engaged in safeguarding activities (both children and vulnerable adults) to support clients. For example, when clients had children with child protection plans, and

referrals were routinely made to adult's and children's social care around safeguarding. The service operated a dedicated treatment programme (Parenting Our Children Addressing Risk – POCAR) for clients with social services input.

- The provider had a policy in place that the building was women only. This was covered by the Equality Act 2010 schedule 3, part 7 (27) relating to single sex services, where by a provider can deliver service to a single sex if it is a proportionate means of achieving a legitimate aim. Male clients were able to self-refer to another organisation and children were able to attend a creche at another location. There were comprehensive children and adults at risk safeguarding protocols which were in line with national guidance.

Staff access to essential information

- Staff stored information relevant to the clients and the running of the service on the providers electronic recording system. Staff uploaded all relevant documentation to make sure that it was easily accessible. Staff destroyed paper copies once they had been scanned onto the system.
- Client information was available to staff who had password protected access to the system.

Track record on safety

- In the 12 month period July 2018 to June 2019, the Brighton Oasis Project reported seven serious incidents, all were about clients deaths. Each incident was reported to the appropriate external bodies and was appropriately investigated by the organisation as part of their clinical governance processes.

Reporting incidents and learning from when things go wrong

- The provider had an effective process in place for managing incidents.
- All staff were responsible for reporting incidents on their electronic database. Staff we spoke with were confident in identifying events that constitute an incident, such as violence and aggression.
- The management team investigated all incidents, reviewed them and action plans in their monthly incident review groups. They reported all serious incidents at a partnership meeting, within another

Community-based substance misuse services

organisation, on an ongoing basis. Learning was shared across the service at daily morning meetings and at service team meetings. Learning was shared across the partnership in monthly partnership learning meetings and in weekly multidisciplinary meetings.

- The team had an informal de-brief with team leaders after serious incidents. Emphasis was put on the importance of debriefing new members of staff who may not have experienced incidents before. The morning meeting provided a platform for support after incidents.

Duty of Candour

- The service had a duty of candour policy in place. Staff were open and honest with clients and offered an apology when things went wrong. We saw evidence in complaints and incident reports of staff being transparent and accountable to clients.

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

Good 

Assessment of needs and planning of care

- Brighton Oasis Project received referrals from the criminal justice system, social services, drug and alcohol detox services and GPs. Clients could also self refer by just attending the service. Physical, medical and mental health assessments were undertaken by another provider and electronically shared with staff.
- Clients attended Brighton Oasis Project for a range of psychosocial interventions to support them to manage, or recover from, drug and alcohol dependency. On introduction to the service, staff assessed clients' needs using an outcome star tool. An outcome star plan is a person-centred, outcomes measure diagram which enables clients to measure their own recovery progress. The assessment reviewed 10 areas of a client's life such as their substance use, physical health, accommodation, family relationships and finances.

- Staff undertook a parenting assessment for all clients with children and routinely checked if the child was known to social services.
- Staff referred clients to another provider for physical, mental and medical assessments and where a prescribing treatment plan was developed. Admissions to inpatient or community detox treatments were planned by the other provider which also monitored clients' abstinence, health or medication during detox.
- The provider obtained consent from clients to share information on admission to the service. Staff had a robust confidentiality policy in place and were clear with clients about confidentiality and the circumstances in which sharing information with third parties may arise.
- Staff provided psychosocial interventions to clients individually or in groups. Staff told us they used motivational interviewing techniques in their sessions with clients. Motivational interviewing is a goal-oriented, counselling style to promote behaviour change by helping clients to explore and resolve ambivalence about their drug or alcohol use.
- The service operated a needle exchange programme. This is in accordance with NICE guidance. All clients accessing the needle exchange or using opiates were offered Naloxone. Naloxone is a medication to counter the effects of an opioid overdose. Staff were trained to show clients how to administer Naloxone in the event of opiate overdose.

Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for the client group.
- Staff supported clients with their physical health needs by referring them to their partner doctors in the service or to clients' own general practitioners (GPs) in the community depending on need. Staff were able to support clients to attend GP appointments and local sexual health clinics. The service had a physical healthcare champion.
- Clients within Brighton Oasis Project were able to access a pilot employment programme within the partnership. The aim was to tackle barriers to employment for people in contact with substance misuse services dependent on drugs and/or alcohol. Another agency

Community-based substance misuse services

within the partnership was leading on this work within the partnership, to provide practical support to clients (both pre-work and in-work) and employers. This aspect of the service meets with NICE quality statement 23, “People in drug treatment are offered support to access services that promote housing, education, employment, personal finance, healthcare and mutual aid.”

- Staff used the treatment outcomes profile (TOPS) tool to measure the treatment and recovery outcomes of each client. Staff used the TOPS tool to measure change and progress in key areas of clients’ lives such as substance use. Staff measured clients’ recovery progress using an outcome star plan which included physical health, meaningful use of time, emotional health.
- All care plans we viewed showed that arrangements were in place in the event clients disengaged from the service. The policy to guide staff was from another provider. On review of the client records, we saw that staff at the service put considerable effort and time into trying to re-engage clients, they sent texts offering support and appointments. This is in line with NICE guidance, which recommends that maintaining a client’s engagement with the service should be a major focus of the care plan. The service had a process in place to hold clients’ substitute prescribing medication to encourage clients to attend the service and speak to staff, who could actively manage the risk of disengagement.

Skilled staff to deliver care

- Staff received the necessary specialist training for their role, including drug awareness; assessment and recovery planning; harm reduction; blood borne virus screening using dry blood spot testing and needle exchange. The service also delivered specialist training sessions in substance misuse and parenting and motivational interviewing to staff.
- The service provided all staff with a comprehensive induction. Each new employee had an induction checklist that was completed within the first three months of employment. This applied to permanent staff, volunteers and peer workers.

- Service ensured that robust recruitment processes were followed. The service had an overall recruitment policy in place and specific recruitment policies for individuals with a criminal record, volunteers and peer support workers. Probationary reviews were carried out.
- The service recognised the importance of making the first contact count. All staff were inducted on how to greet clients and visitors, both in person and over the phone, with a focus on being warm and welcoming.
- All members of staff received monthly or six weekly supervision with their line manager and staff had received a yearly appraisal by their line manager. Staff could identify their own learning needs and seek support from managers to provide them with opportunities to develop their skills and knowledge. Supervision was for individual case load review, to develop strategies to deal with ongoing issues and provide a platform for coaching. Staff were also provided supervision by external supervisors from a combination of clinical and therapeutic backgrounds, to reflect on interventions used by staff.
- Brighton Oasis Project had two volunteers and two peer mentors. Appropriate training and a thorough induction was provided appropriate to their roles.
- Managers addressed staff performance issues in supervision and followed their internal followed performance management processes.

Multi-disciplinary and inter-agency team work

- Brighton Oasis Project provided psychosocial interventions and co-ordinated clients care. Through group work and one to one sessions, staff also signposted clients to other services to support their recovery or abstinence. For example, Alcohol and Narcotics Anonymous meetings, creative writing courses, self-management and recovery training (SMART).
- The service had a range of team meetings. All staff on shift attended a daily morning meeting where risk management, safeguarding, health and safety and client progress was discussed. All staff attended a regular monthly team meeting. The adult services manager attended a monthly adult services meeting that was attended by other organisations within the partnership.

Community-based substance misuse services

- The service had good links with external local services such as the police, local pharmacy, tenancy offices, homeless outreach teams, social services, and criminal justice services. It had good working relationships with women specific services that support women experiencing abuse. The service had worked with specialist women's mental health services to develop a new pathway for support to enable better access to counselling post treatment.
- The adult services manager attended a multi-agency risk assessment conference (MARAC) every two weeks. This multidisciplinary team meeting was a collaborative meeting with police, local authority safeguarding teams and other concerned parties. It discussed the most high-risk people within the city. The registered manager told us that these people were considered to be at risk of homicide and took into account vulnerability. Brighton Oasis Project was often part of the delivery of action plans, as they saw clients face to face.

Good practice in applying the MCA

- Mental Capacity Act training was part of the service's mandatory training. At the time of inspection 12 out of 14 staff members had completed this training. The two that had not were newly employed in the service and were booked on to this training.
- Staff had a good understanding of the Mental Capacity Act and could explain how they would apply this in their practice. For people who might have impaired capacity, for example due to intoxication, the staff member would advise the client that the meeting needed to be rearranged for a time when they were not affected by substances.
- Staff recorded clients' capacity to consent to treatment in their support plans.

Are community-based substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- Staff consistently spoke about clients in a sensitive, caring and professional manner. We saw staff interacting

positively with clients, being responsive and respectful. Staff demonstrated a genuine interest in client wellbeing. Clients were at the centre of decision-making and staff were guided by the voice of the client. Staff told us they tried not to be formal in their approach to supporting people, to create an informal, relaxed atmosphere.

- All clients we spoke with described the staff as helpful and professional. Clients said that staff went the extra mile to make sure the client voice was heard within meetings, and all clients felt listened to by the staff. Clients felt that all conversations were treated with confidentiality and staff had a non-judgemental attitude. Clients said that staff supported them to achieve their goals and make plans for the future. Staff worked hard to make clients feel safe and truly cared for.
- Clients had regular one to one sessions with their keyworkers. The frequency was based on individual need but standard practice was at least once every 28 days.
- Staff supported clients to understand their care and treatment and take an active role in managing their own recovery.
- Staff supported clients to access other services, where appropriate. Staff supported clients to attend sexual health clinics and general practitioner appointments. The service had clear and detailed information leaflets available to clients, including information about different medication, local services and general wellbeing.
- The service had clear confidentiality policies in place, ensuring the confidentiality of clients was maintained at all times. Staff explained their confidentiality policy at initial assessment and clients signed to confirm they understood. The service maintained records of this consent. Staff held one to one meetings in private individual rooms for privacy.
- The service received donations from a charitable organisation that provided free sanitary products to the clients. Sanitary products were available in the toilet cubicles. We were told that when there were many beauty product donations, care packages were created for clients. These comprised of shampoo, shower gel, sanitary towels and other products.

Community-based substance misuse services

- The service organised a ceremony for those clients who completed structured programmes. Each client was given a certificate of achievement and a bouquet of flowers. Clients gave feedback to the service that they really valued this recognition.

Involvement in care

- All client records we looked at included a recovery plan and risk management plan that clearly demonstrated the person's preferences, individualised ways to achieve and maintain recovery and goals. Recovery plans were person centred and written from the perspective of the client, with support from care co-ordinators. The Outcomes star highlighted where the client felt they needed most support and the recovery plan reflected this.
- Clients were involved in the setting of relevant goals and in the regular reviewing of goals, progress and outcomes using the Outcomes star.
- It was not always clear whether the client had received a copy of their care plan.
- Clients were supported to inform the strategic direction of the service. Two clients attended a meeting with the CEO of Brighton Oasis Project at the Home Office in November 2018, with the intention of improving responses for women with drug and alcohol problems.
- A Service User Forum took place quarterly, which involved clients, operational staff as well as fundraising staff. The work resulted in improvements being made to Parenting Our Children Addressing Risk groups. Clients gave feedback that the materials used in the POCAR group were too clinical and staff were concerned that due to the low levels of literacy within the client group, the material was unsuitable. Clients were able to request various topics to cover, such as sleep hygiene and nutritional advice.
- The service held regular activities throughout the year to build on the sense of community. Summer picnic and Christmas parties had taken place in previous years.

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

Outstanding



Access and discharge

- The service were flexible in their approach and offered open access appointments two days a week. New clients could be seen on the same day, if there was capacity or an appointment would be made for the next available time. Another organisation within the partnership could also assess clients on admission to the service. Clients with complex needs and who were less likely to engage with services were enabled to access the service through outreach work.
- Alternative pathways were available if clients needed to access the service for an alcohol and/or drug detox. Care-coordinators liaised with another organisation to arrange an assessment for either inpatient or community detox. Staff told us that they always liaised with GP's for medical history as part of supporting clients access the service.
- Staff were proactive in their attempts to re-engage clients who missed appointments or stopped the programme before completion.
- Staff worked to maximise client engagement within the service. Whilst group and one to one interventions were arranged on set days staff tried to be flexible, particularly for people with complex needs or those who had difficulty engaging with the services. As a result, they tried to be flexible with outreach work, home visits and telephone appointments.
- From March 2018 to March 2019, 161 clients had been discharged from the service. This consisted of 120 clients who were discharged in a mutual agreement and followed up in post treatment. These clients had either completed treatment or were transferred to alternative services. There were 38 clients who were discharged through the providers "did not attend" policy. Two clients had not gone through the discharge process. one client had been detained in custody and the other had died while under the care of the service.

The facilities promote recovery, comfort, dignity and confidentiality

Community-based substance misuse services

- Staff ensured that clients had access to education and work opportunities, when they were ready to benefit from them. The service had access to an education and work pilot programme, led by another organisation, to which clients could be referred.
- There was a range of rooms for meetings, one to one sessions and group sessions. All rooms were quiet and private.
- The service had an open kitchen so that clients and staff could make drinks for themselves and others. This area was appropriately supervised by the client's care coordinator.

Meeting the needs of all people who use the service

- External consultants were brought in to facilitate groups on sleep hygiene and other aspects of wellbeing. Clients were also consulted on the re-design of their client rights and responsibilities charter.
- The service monitored the characteristics of clients who used the service and matched this against the local demographic.
- The provider worked with local organisations and events to reach a diverse variety of ethnic groups.
- Staff communicated with clients so that they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties. The provider had access to language line, interpreters and signers, to improve communication with clients.
- Brighton Oasis Project took part in lesbian, gay, bisexual, trans, queer/questioning and other (LGBTQ+) events within the city. There was a sign on the building welcoming members of the LGBTQ+ community to the service.
- There was a range of information leaflets available in the waiting area that included smoking cessation, domestic violence, contacting the Care Quality Commission, mindfulness and yoga, complaints and comments.
- People can access services and appointments in a way and at a time that suits them. Considerations were made when planning appointments. For example, clients on the autistic spectrum could attend appointments in a room that was adjusted to meet their

sensory needs. There was also an agreement in place for clients to attend appointments at other sites within the wider partnership, according to where best met their needs.

- Tea, coffee and water was available to clients whilst attending their appointments. Staff tried to make the environment as friendly as possible.
- The service was open Monday to Friday and did not offer services at weekends.
- The provider operated a separate creche for the children of parents in treatment. Clients could arrange for their child to attend whilst they attended their appointments. The creche was available between 9.30am and 3.30pm Monday to Thursday.
- The provider ran a separate therapeutic counselling service for the children affected by family drug/alcohol use in treatment, called Young Oasis. Clients from this service could refer their children to this service by talking to their care coordinator.
- The service included a dedicated sex worker's outreach project. Staff from the sex workers outreach project (SWOP) regularly advertised their service on social media. They offered free condoms and self-tests to the community, in a discreet and confidential way. They provide a phone number to call or text to arrange an appointment.
- Staff supported clients whose children were subject to child protection proceedings. Where possible they accompanied them to Child protection conferences and court hearings.
- The service encouraged and supported access to an advocacy service run by MIND. This service advocated for people who used services, their families and carers. Information about this service was provided in the waiting area.

Listening to and learning from concerns and complaints

- The service had an effective policy and process in place for listening to and learning from concerns and complaints.
- The service had received 55 compliments and 12 complaints in the past 12 months.

Community-based substance misuse services

- There were information posters around the service explaining how clients could complain or give feedback on the service. A comments box was located in the waiting room. Staff encouraged clients to feedback, whether negative or positive. There was detailed information on the provider's website about the complaints procedure and a direct email address for the CEO of the provider was included.
- Staff understood the provider's complaints policy and understood how to log all complaints on to the computer system. Staff tried to resolve complaints quickly at a local level but if this was not possible formal complaints were investigated by the management team. Managers aimed to resolve the complaint within 14 working days. The complaints records detailed the action taken by the service and the lessons learned.
- Outcomes and learning from clients' complaints were fed back through staff team meetings and in supervision.
- The service could demonstrate where improvements had been made to the service as a result of learning from complaints. For example, as a result of a complaint, extra training was provided by a community paediatrician around issues relating to female genital mutilation and child sexual abuse. This training was provided jointly with a local refuge.

Are community-based substance misuse services well-led?

Good 

Leadership

- Managers had the skills, knowledge and experience to perform their roles. They had a thorough understanding of the services they managed and could explain clearly how the teams were working to provide high quality care.
- Leaders were visible in the service and approachable for clients and staff. Staff told us that they felt supported by managers.
- All staff had job descriptions and contracted hours of work. There were systems in place for the monitoring of sickness and absence rates.

- The organisation was led by a board of trustees, which included experts from a range of backgrounds, such as human resources, women's sector, local government, medicine, psychiatry, financial management and voluntary sector leadership. The board also included a trustee with lived experience of substance misuse.
- Managers within the service took leads on specific areas of work such as finance and fundraising, and quality and safety (including complaints).

Vision and strategy

- Staff knew and understand the vision and values of the team and organisation and what their role was in achieving that.
- Staff had the opportunity to contribute to discussions about the strategy for their service. Staff were recently involved in reviewing the "core truths" and values of the service.

Culture

- Staff told us that their feedback was listened to by managers and they felt included in important decisions made about the service.
- The staff team were enthusiastic and took pride in the work they did. Although staff told us they felt stressed by the work they did, they felt supported by their peers and managers.
- Staff felt valued and part of the organisation's future direction.
- Managers used supervision to monitor morale and job satisfaction.
- Staff knew how to use whistleblowing in the event they had concerns that were not being addressed by the service.

Governance

- The senior management team which included the chief executive officer, the adult services manager, the sex workers outreach manager and the Young Oasis manager, completed a programme of clinical audits throughout the year. Audit results were discussed in team meetings.

Community-based substance misuse services

- Staff received mandatory training and supervision regularly. Management in the service oversaw this function and staff told us they felt well supported.
- Governance policies, procedures and protocols were regularly reviewed by the chief executive officer and other organisations, where applicable.
- Data and notifications were submitted to external bodies and internal departments as required.
- The service continuously audited service provision and outcomes of people's care as part of their contract monitoring. Audits were conducted internally and partnership wide. The service produced yearly reports around successful completion of treatment which fed into a partnership wide audit.
- The board of trustees met every two months for a range of subgroups; human resources, health and safety, finance and fundraising, governance and quality assurance. This ensured the trustees had clear oversight of the key risks to the organisation and were assured around safe working practices and quality.

Management of risk, issues and performance

- The service had a range of policies and protocols in place for safeguarding, data protection and confidentiality.
- Staff had the ability to submit items to the provider's risk register. Staff concerns matched those on the risk register.
- The provider tried to ensure they did not compromise on care. The service could financially cover staff member's contracts using charitable funds, if contracted funds were not available and the need was determined to be high.
- All relevant staff had access to the service computer system. The IT systems in place, including the telephone system, worked well and helped to improve the quality of care.

Engagement

- Clients and carers had opportunities to give feedback on the service they received.
- The service was working with the local council to identify a site to publically display a poem created by a well known poet reflecting the experiences of women

and children using the service. The service hoped that experience shared within the poem, would help address the stigma faced by women and children affected by substance misuse.

- Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the clients. The service had a member of staff in a secondment role with the local authority to support women whose children had been permanently removed from their care.

Learning, continuous improvement and innovation

- The organisation encouraged creativity and innovation to ensure evidence-based practice was implemented and embedded. For example, a review of the outcomes of the 'parenting our children addressing risk' programme had been commissioned.
- In the last 12 months, the service piloted home HIV testing for women in the local area involved in sex work. The overall results for this research were positive but the service would only be able to continue providing this support, if funding were made available.
- The provider continually reviewed systems to facilitate opportunities for staff reflection. This focused on encouraging staff to consider how learning and development activities impacted on their practice. The provider created an action plan around this and had made changes to the induction process as a result.
- The service had plans to work with local organisations to review the clients' experience of the first contact with the service, as a result of anecdotal feedback from clients to staff, that they had at times struggled to get through on the telephone.
- The service worked alongside two local universities to research areas of concern. One research project sought to identify the experiences of women who had children removed from their care.
- In the last 12 months, a charity conducted an independent service user annual consultation looking into service user involvement for the service. At the time of inspection, the feedback had been received by the service. There were plans to discuss this at the next quality assurance subgroup to create an action plan based on the feedback. The feedback was generally positive.

Community-based substance misuse services

- In December 2018, a local housing association carried out an audit of the premises using the principles of psychologically informed environments (PIE). PIE is a model of delivering services to vulnerable people in a way that maximises psychological safety. Its key components are a psychological framework that sets out the therapeutic approach, the physical environment being managed in a way that promotes psychological safety, reflective practice for staff, an emphasis on relationships between staff and clients, and the evaluation of outcomes. The findings from this audit were positive. The majority of the recommendations were to change the appearance of the service, to make it more visually appealing. The service had an action plan in place and were working towards completing the recommendations.

Outstanding practice and areas for improvement

Outstanding practice

- The service organised a ceremony for those clients who completed structured programmes. Each client was given a certificate of achievement and a bouquet of flowers.
- The service received donations from a charitable organisation that provided free sanitary products to the clients. Sanitary products were available in the toilet cubicles. We were told that when there were many beauty product donations, care packages were created for clients. These comprised of shampoo, shower gel, sanitary towels and other products.
- The provider ran a separate therapeutic counselling service for the children of clients, called Young Oasis. Clients from this service could refer their children to this service by talking to their care coordinator.
- The provider operated a separate crèche for the children of clients. Clients could arrange for their child to attend whilst they attended their appointments. The crèche was available between 9.30am and 3.30pm Monday to Thursday.

Areas for improvement

Action the provider **SHOULD** take to improve

Staff should ensure that clients are given a copy of their care plan and this is recorded appropriately.