

# Addaction – Boston

## Quality Report

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

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

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

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

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

### Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The provider had low levels of staff sickness and no staff vacancies. Staff had completed mandatory training in safeguarding children and young people and safeguarding adults. The service did not use bank or agency workers.
- Staff received feedback and learning from incidents at weekly case management meetings. Minutes of these meetings were disseminated to all staff by email. Staff said they were supported by their line manager following incidents and were able to access the employee assistance programme if required.
- Staff received supervision every four to six weeks. Records of supervision were kept in staff files. Staff had received an annual appraisal. Staff said they were able to access specialist training to enable them to develop their skills. We observed staff interacting with clients in a caring manner.
- Clients we spoke with told us that staff were interested in their wellbeing and were respectful, polite and compassionate.
- The service had a key performance indicator (KPI) for waiting times. The target time from referral to treatment was three weeks. The compliance rate

# Summary of findings

was 100% for this target in the 12 months preceding this inspection. The service operated extended hours one evening per week to assist clients who worked full time or could not attend day time appointments.

- Clients knew how to complain. Information about making a complaint was displayed in the waiting area, along with a suggestions box. Staff knew how to handle complaints appropriately.
- Staff said they enjoyed their roles and that the team was supportive and they worked well together. We saw positive interactions between staff members. There were opportunities for staff to undertake further training to develop their role.

However, we also found the following issues that the service provider needs to improve:

- The service displayed advocacy information within the reception and waiting room area for clients. However, staff were unsure of how they would support clients to access independent advocacy services.
- Rooms where clients could be seen were adequately sound proofed. However, privacy screens were not in place, so clients could be clearly seen by others during their appointment.

# Summary of findings

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# Addaction - Boston

**Services we looked at**

Substance misuse services

# Summary of this inspection

## Background to Addaction - Boston

Addaction Boston is an adult community substance misuse service provided by Addaction. The organisation Addaction was set up in 1967 and has 120 services across England and Scotland. Addaction provides services for adults, young people, families and communities nationally. Addaction Boston registered with the CQC on 11 September 2012 for the treatment of disease, disorder or injury and for diagnostic and screening procedures. Addaction Boston has a registered manager, Stephanie Homer, however she had recently left the service. A new manager had been appointed and the service were in the process of informing the CQC of this change. At the time of our inspection, the service had 572 clients in

treatment. CQC had previously inspected the service in October 2013 against the previous outcome measures. The service was meeting all the requirements against the following standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from
- Supporting workers
- Assessing and monitoring the quality of service provision

## Our inspection team

The team that inspected the service comprised CQC inspector Michelle Edwards (inspection lead), and two other CQC inspectors.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

## How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with three clients
- spoke with the registered manager and the service manager
- interviewed eight other staff members

# Summary of this inspection

- collected feedback using comment cards from 11 clients
- reviewed at 11 care and treatment records
- reviewed looked at ten staff files
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

- Clients we spoke with were positive about the care they receive. They all told us that they felt safe while using the service and that staff treated them with respect and had a caring attitude.
- Clients said the team were great and the environment was clean and accessible.
- Clients said that appointment times were flexible and staff were always available by phone.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service was fully established to care for the number of clients and their level of need. There were no vacancies and staff sickness was low. The service did not use bank or agency staff.
- Safeguarding training compliance rates were 100%. Staff knew how and when to refer clients. There were flow charts visible in interview rooms as reminders of how to refer for safeguarding.
- Caseloads were discussed in weekly meetings and in supervision. The service held weekly meetings to discuss incident reporting and feedback, new referrals, complex cases, safeguarding and clients who had not attended for their appointments.
- The service had a lone worker policy and operated use of a code word when conducting outreach visits, although two staff usually conducted these.
- Staff told us what would constitute an incident and how to report it using Addaction's electronic incident reporting system. There was evidence of feedback from incidents being shared in shared in supervision records.
- Risks identified for individual clients were discussed at the weekly case management meeting and actions agreed and share.
- Risk assessments were updated within the 12 week timeframe set by the service.

### Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Paper records were kept securely in a locked cabinet in the office. There was evidence in client records that staff worked with other agencies to implement social inclusion with clients, and support them to find work.
- Staff completed a clinical health assessment for each client who was engaging in treatment. The assessment included discussion around substance use, medication, family history, sexual health and blood borne virus (BBV) status.

# Summary of this inspection

- Staff worked in conjunction with a range of services including probation, police, housing, pharmacy, and community mental health teams (CMHT).
- Staff had completed the mandatory training in the Mental Capacity Act 2005 (MCA) and were able to tell us how they would apply Mental Capacity Act knowledge to their work. The services had an MCA policy which staff referred to. If they were unsure they said they would ask the operations manager or team leader for advice.
- Staff received supervision every four to six weeks. Records of supervision were kept in staff files. Managers completed staffs annual appraisals.
- Clients were offered a copy of their recovery plan and this was recorded in their notes.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff speaking with clients and interacting with clients in a respectful and caring manner.
- Clients we spoke with told us that staff were interested in their wellbeing and that staff were respectful, polite and compassionate.
- Clients said that they could include their family, friends and carers in their care if they wished and staff supported this.
- There was a suggestion box in the reception area where clients could give feedback about the service. Suggestions were discussed at the weekly team meeting.

However, we also found the following issues that the service provider needs to improve:

- The service displayed advocacy information within the reception and waiting room area for clients. However, staff were unsure of how they would support clients to access independent advocacy services.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a key performance indicator (KPI) for waiting times from referral to treatment of three weeks. The service had a 100% compliance rate for meeting this target in the 12 months preceding this inspection.



# Summary of this inspection

- The service operated extended hours one evening during the week to assist clients who worked full time or could not attend day time appointments. Clients told us that their appointments were on time and rarely cancelled and they were kept informed of any changes to appointments.
- The service had a full range of rooms and equipment to support treatment. This included 1:1 rooms, a group room, a needle exchange room and a disabled access toilet which was used for urine testing. The service had a fully equipped clinic room. Rooms where clients were seen were adequately sound proofed.
- Clients knew how to complain; information about making a complaint was displayed in the waiting area, along with a suggestions box. Staff knew how to handle complaints appropriately.

However, we also found the following issues that the service provider needs to improve:

- Interview rooms did not have privacy panels. This meant that clients could be easily identified during their appointment.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were passionate about their work and described the organisation's vision and values.
- Staff had completed mandatory training in safeguarding children and young people and safeguarding adults.
- Staff had participated in audits, for example infection control, health and safety and patient files. Action plans had been developed following audits being undertaken.
- Staff had received an annual appraisal and had supervision every four to six weeks which was recorded in their staff file.
- Sickness levels were low and staff said they felt valued and morale was high. Staff said there were opportunities for further training to develop their role.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

- The service provided online Mental Health Capacity Act training for staff which had been completed by all of the staff.
- If someone attended the service lacking capacity due to intoxication, key workers would request that they came back later or if an assessment decided that immediate assistance was required a healthcare professional could be called.
- Staff were able to tell us how they would apply Mental Capacity Act knowledge to their work.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

- Interview rooms were fitted with alarms, when activated the location was displayed on a panel which directed staff to the room where assistance was needed.
- All areas were clean, well maintained and cleaning records were up to date.
- Staff had access to emergency naloxone (used to reverse the effects of opioids). Staff recorded clinic room fridge temperature daily and were aware what to do if the fridge temperature went out of range.
- Staff adhered to infection control principles. The service displayed hand washing posters at each sink within the service. Hand sanitizer was available in all areas including the clinic room and reception area.
- Equipment was well maintained. Portable appliance testing stickers were all visible and in date.

### Safe staffing

- The service consisted of a service manager, a team manager, one team leader, 13 key workers, one nurse, one general administrator and two project administrators. The service was fully staffed with no vacancies.
- The provider does not use bank or agency workers.
- The service reported a total staff sickness rate of two percent over the last 12 months and a turnover rate of thirty six percent. The team manager said the turnover was due to staff being moved into the team when they were merged with another provider and choosing to move to other jobs.

- Caseloads were discussed in weekly meetings and in supervision. The service held weekly meetings to discuss incident reporting and feedback, new referrals, complex cases, safeguarding and clients who had not attended for their appointments. The caseload was between 37 and 50 per recovery worker dependent on complexity and there were no clients on the waiting list.
- Staff had completed mandatory training for example, in safeguarding, incident reporting, infection control and needle exchange.
- Staff had rapid access by phone to a doctor for advice if required.

### Assessing and managing risk to clients and staff

- Eleven care records were reviewed during the inspection. Records showed clients had a risk assessment completed. Risk assessments were comprehensive and included risk to self, risk to others, personal safety, neglect, child care and physical and mental health. Risk assessments included what process to follow for a client who unexpectedly exits treatment. Staff updated the risk assessments within the 12 week timeframe set by the service.
- Safeguarding training compliance rates were 100%. Staff knew how and when to refer clients. There were flow charts visible in interview rooms as reminders of how to refer for safeguarding
- The service had a lone worker policy and operated use of a code word when conducting outreach visits although two staff usually conducted these.

### Track record on safety

- The service reported no serious incidents within the last 12 months.

### Reporting incidents and learning from when things go wrong

# Substance misuse services

- Staff told us what would constitute an incident and how to report it using an electronic incident reporting system.
- Staff received feedback and learning from incidents at weekly case management meetings. Minutes of these meetings were disseminated to all staff by email.
- There was evidence of feedback from incidents being shared in supervision records.
- Staff said they were supported by their line manager following incidents and were able to access the employee assistance programme if required
- Risks identified for individual clients were discussed at the weekly case management meeting and actions agreed and shared.
- Staff followed National Institute for Health and Care Excellence (NICE) guidance in prescribing. This included following drug misuse and dependence UK guidelines on clinical management of supervised consumption.
- The service provided needle exchange services to clients that met National Institute for Health and Care Excellence (NICE) guidelines on needle and syringe programmes. The programme offered information and advice on safer injecting, advice on preventing the transmission of blood borne viruses and access to treatment.
- Staff recorded prescribing support for clients in care records.
- Staff completed a clinical health assessment for each client who was engaging in treatment. The assessment included discussion around substance use, medication, family history, sexual health and blood borne virus (BBV) status.
- Staff used the treatment outcomes profile to measure change and progress in key areas of the lives of people treated within the services. Staff used the severity of alcohol dependence questionnaires to measure severity of dependence on alcohol.
- The service had a comprehensive audit programme. Staff had participated in audits of patient files, health and safety, infection control and medicines management.

## Duty of candour

- Managers and staff of the service were aware of the duty of candour as the need to be open and honest with patients when things go wrong. Managers and staff told us that the service supported them to be candid with patients.

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

### Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- We looked at 11 case files and found that clients had an up to date recovery plan. The records showed clients were offered a copy of their recovery plan.
- The service was working towards a paperless system which meant that records were stored both electronically and in paper form. Paper records were kept securely in a locked cabinet in the office.
- There was evidence in client records that staff worked with other agencies to implement social inclusion with clients, and supported them to find work.

### Best practice in treatment and care

### Skilled staff to deliver care

- The service consisted of a service manager, a team manager, one team leader, 13 keyworkers, one nurse, one general administrator and two project administrators.
- Staff attended a corporate induction programme when they started employment. This was evidenced in staff files. Staff received supervision every four to six weeks. Records of supervision were kept in staff files. Managers ensured that staff had received an annual appraisal.
- Staff said they were able to access specialist training to enable them to develop their skills for example solution focussed brief therapy and domestic abuse awareness.

# Substance misuse services

- Managers did not have any ongoing cases where staff were being performance managed. They said they had good support from human resources to help them with performance management issues.

## Multidisciplinary and inter-agency team work

- We saw evidence in recovery plans that the staff worked in conjunction with a range of services including probation, police, housing, pharmacy, and community mental health teams (CMHT).
- Staff told us that they had good relationships with local pharmacies and a GP practice.
- Staff knew how to refer clients to local crisis mental health teams and had done so for clients experiencing mental health problems.
- The service worked well with other Addaction teams calling upon the experience of other colleagues as required.

## Good practice in applying the MCA

- Staff had completed the mandatory training in the Mental Capacity Act 2005 (MCA) and were able to tell us how they would apply this knowledge to their work.
- The services had a Mental Capacity Act (MCA) policy which staff referred to. If they were unsure they said they would ask the operations manager or team leader for advice
- Questions about consent had been documented in client files.
- If someone attended the service lacking capacity due to intoxication, recovery workers would request that they came back at a later date or if an assessment decided that immediate assistance was required a healthcare professional could be called.
- Staff would refer clients to the local authority for a best interest assessment to be conducted if necessary.

## Equality and human rights

- The service supported people with protected characteristics, which are age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity under the Equality Act 2010.

The service was accessible for people requiring disabled access; this included adapted toilets on site. Staff had completed mandatory training in safeguarding equality and diversity.

## Management of transition arrangements, referral and discharge

- The service had good links with the young people's Addaction team who were based in the same building. The young people's Addaction team referred clients who were approaching 19 years to the adult service on a case by case basis. The services were able to hold joint one to one meetings with both adult and young people's services and provide a gradual transfer.
- Referrals to the service came from GP surgeries, criminal justice services, and health professional's probation and through self-referral.

## Are substance misuse services caring?

### Kindness, dignity, respect and support

- We observed staff speaking with clients and interacting with clients in a respectful and caring manner.
- Clients we spoke to told us that staff were interested in their wellbeing and that staff were respectful, polite and compassionate
- Clients said that they could include their families' friends and carers in their care if they wished and staff supported this.

### The involvement of clients in the care they receive

- Staff offered clients copies of their recovery plan and this was recorded in their notes. Clients we spoke to said they felt involved in their care.
- The service displayed advocacy information within the reception and waiting room area for clients; however staff were unsure of how they would support clients to access independent advocacy services.
- There was a suggestion box in the reception area where clients could give feedback about the service. Suggestions were discussed at the weekly team meeting.

# Substance misuse services

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

### Access and discharge

- The service had a key performance indicator (KPI) for waiting times from referral to treatment of three weeks. The service had a 100% compliance rate for meeting this target in the 12 months preceding this inspection.
- The service operated extended hours one evening during the week to assist clients who worked full time or could not attend day time appointments.
- 496 clients did not attend their appointment in the 12 months preceding this inspection. The service had a did not attend (DNA) procedure for clients who had failed to attend their appointment. Clients who did not attend their appointment were contacted by letter, email, by phone, or contact was made with another agency also engaging with the client. If clients did not attend three appointments, discharge from the service was considered.
- Referrals to the service came from self-referrals, family members or carers, probation, GPs, health professionals and criminal justice services.
- 161 substance misuse service users discharged from the service in the 12 months leading up to inspection. Seventy of these were successful discharges, 66 were unsuccessful discharges and 25 clients were transferred to another service.
- Clients told us that their appointments were on time and rarely cancelled and they were kept informed of any changes to appointments

### The facilities promote recovery, comfort, dignity and confidentiality

- The service had a full range of rooms and equipment to support treatment. This included one to one rooms, a group room, a needle exchange room and a disabled access toilet which was used for urine testing. The service had a fully equipped clinic room. Rooms where

clients could be seen were adequately sound proofed however privacy screens were not in place, so clients could be clearly seen by others during their appointment.

### Meeting the needs of all clients

- The service was accessible for people requiring disabled access; this included an adapted toilet on site.
- A range of leaflets were available in several languages in the reception area.
- Staff were able to access interpreter services for clients for whom English was not their first language.

### Listening to and learning from concerns and complaints

- Addaction Boston had received four complaints over the last 12 months. Three had been upheld, none had been referred to the parliamentary and health service ombudsman.
- Clients knew how to complain; information about making a complaint was displayed in the waiting area, along with a suggestions box. Staff described how they would handle complaints appropriately.

## Are substance misuse services well-led?

### Vision and values

- Staff were passionate about their work and described the organisation's vision and values.
- Staff knew who senior managers were, spoke highly of them and told us they had visited the team.

### Good governance

- Staff had completed mandatory training in safeguarding children and young people and safeguarding adults.
- Staff had received an annual appraisal and had supervision every four to six weeks which was recorded in their staff file.
- Incidents were reported appropriately. Learning was shared at the weekly case management meeting.
- Audits were in place, for example infection control, health and safety and patient files. Action plans had been developed following audits being undertaken

# Substance misuse services

- Managers ensured that staff had a current disclosure and barring service (DBS) check on file.
- The service used key performance indicators (KPIs) to gauge performance of the team. KPIs included waiting times of under three weeks from referral to assessment, percentage of those offered and accepted a blood borne virus vaccination for hepatitis B and percentage of clients at risk offered and accepted hepatitis C testing. All KPIs set out for service had been met over in the last 12 months preceding this inspection.
- The service manager felt they had sufficient authority and administrative support.
- Staff said they enjoyed their roles and that the team was supportive. We saw positive interactions between staff members. Staff said they all worked well together as a team and there was mutual support for each other.
- Staff said there were opportunities for further training to develop their role.
- Staff felt able to input into developments within the service and had been involved in plans for group sessions to enable more clients to be seen.

## **Leadership, morale and staff engagement**

- Addaction Boston had 2% permanent staff sickness overall between October 2015 and October 2016.
- Staff told us they knew the whistle-blowing process and said they felt able to raise concerns without fear of victimisation.
- None of the staff or managers we spoke with raised any concerns regarding bullying or harassment.
- **Commitment to quality improvement and innovation**
- Managers and staff were committed to providing a high quality service for their client group.
- Managers were in discussion with Young Addaction colleagues to ensure that all the clients retain the same level of service they had built up, once the services merge.
- Managers had made changes following a recent independent joint safeguarding report to make the service more effective in responding to safeguarding concerns.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider should ensure that staff are aware of how to support clients to access independent advocacy services.
- The provider should ensure that privacy panels are fitted to interview room windows.