

Northamptonshire Healthcare NHS Foundation Trust

Substance misuse services

Quality Report

St Marys Hospital
77 London Road
Kettering
Northamptonshire
NN15 7PW
Tel: 01536 410141
Website: www.northamptonshire.nhs.uk

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
1-570598576	Trust Headquarters	CAN Partnership	MK40 2RT
1-699717561	Trust Headquarters	CAN Partnership	LU6 1LF

This report describes our judgement of the quality of care provided within this core service by Northamptonshire Healthcare NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Northamptonshire Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of Northamptonshire Healthcare NHS Foundation Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We have rated substance misuse services as Outstanding because:

- The service was safe. It had an appropriate number of rooms for patients to be seen in. The locations were clean and had resuscitation equipment, which was checked regularly. Staff had been appropriately trained to carry out their roles.
- The service was effective. They made appropriate assessments and were responsive to changing patient needs. NICE guidelines were used to ensure best practice and multi-agency teams worked well together.
- The service was exceptionally caring. Staff viewed patients in a positive way and were person centred in their approach. The service was recovery focused and had developed pathways with other agencies to build on recovery capital for patients who used the service. All the patients spoken to felt they had benefited from the service and told us how caring staff were.
- The service was responsive. There were no waiting lists for treatment, all patients were seen within two weeks of referral and many the same day. The service had meaningful service user involvement and held weekly service user forums as well as a peer mentoring scheme.
- The service was well led. There was a clear vision for the service which staff understood. Staff told us they felt senior management were visible and they felt listened to and valued. There was evidence of regular supervision, appraisal and performance management. Morale amongst the staff team was good.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated safe as good because:

- The two sites from which substance misuse services were provided had enough rooms available in which to see patients, these were clean and displayed harm reduction advice posters and information on other services.
- There was emergency resuscitation equipment on both sites, this was checked regularly by staff and stored appropriately. Staff were appropriately trained and there were enough staff to provide a safe service.
- There were fire evacuation notices displayed and fire extinguishers had been checked.
- Staff understood their responsibility to report incidents and the process for this. There was evidence of learning from incidents and changes to the way people worked as a result of this.
- Staff demonstrated a clear understanding of procedures for safeguarding children and vulnerable adults.

Good



Are services effective?

We rate effective as good because :

- Clinical staff made a comprehensive assessment of patients. This included an assessment of recovery capital.
- The care plans were responsive to individual need and reflected changes in treatment at different stages.
- The service had developed good working relationships with local pharmacists to promote safe prescribing.
- NICE guidelines were being followed in regard to prescribing in substance misuse.
- All staff were up to date with training in the Mental Health Act, its' Code of Practice and the Mental Capacity Act.
- Multi-agency teams worked well together in supporting patients.

Good



Are services caring?

We rated caring as outstanding because:

- Staff were kind and respectful to patients and recognised individual need. Staff used a person centred approach in order to achieve positive outcomes for patients which was evidenced by the excellent therapeutic relationships that we witnessed.
- Each person had regular one to one sessions with their keyworker and were involved in decision making about their treatment.

Outstanding



Summary of findings

- Staff promoted choice around medication and provided links to other services to address individual need.
- The shared facilities provided a safe environment for patients to come to as and when they felt they needed support.
- The team had developed a seamless service with individualised recovery being the focus.

Are services responsive to people's needs?

We rated responsive as outstanding because:

- There were no waiting lists to access treatment.
- There was collaborative working with partners in criminal justice to ensure patients were not left without a prescription on release from prison.
- The service had developed an open clinic slot daily in order to reduce drug related deaths.
- The service had built good pathways through recovery with partnership organisations.
- They shared expertise and clinical knowledge to improve patient experience.
- Patients' needs were assessed in an individual way taking into account other factors in their life.
- The service worked in partnership with the County of Northampton Council on Addiction (CAN) and was able to provide a wide range of different treatments and care.
- Patients could access psycho-social support and counselling as well as practical support.
- They responded to feedback in an open and honest way.

Outstanding



Are services well-led?

We rated well led as good because:

- There were clear lines of responsibility across the service to ensure that improvements were made and risks to patients' safety were reduced.
- Staff felt listened to and supported by management.
- Staff were up to date with mandatory training and had access to further career development such as non-medical prescribing.
- Morale amongst staff members was extremely good.
- Staff felt involved in developing the service further and felt they were valued by management.
- The three organisations working as the CAN partnership had embedded together under the leadership provided by the trust and one CAN employed manager to provide a service that was open and inclusive.

Good



Summary of findings

- Through the close partnership working with the County of Northampton Council on Addiction (CAN) staff provided referral to additional support.

Summary of findings

Background to the service

The substance misuse service covered community based drug and alcohol treatment in Bedfordshire. This is provided in a partnership arrangement with Westminster Drug Project and County of Northampton Council on Addiction (CAN). The service provided a full range of medical, psychological and social options from the hubs in Dunstable and Bedford and a satellite in Leighton Buzzard. The service supports users throughout their treatment journey with an emphasis on the individuals' recovery from drug and alcohol misuse. The integrated

service meant that health and psychosocial professionals are in the same team and in the same building. This meant less travelling for service users and better communication between the professionals delivering the treatment. This led to improved care and support for the service user. The Northamptonshire Healthcare NHS Foundation Trust delivered the assessment, substitute prescribing, alcohol community detoxification and some group work and psychosocial work.

Our inspection team

The team that inspected the substance misuse service consisted of five people: two inspectors, an expert by experience, a nurse and a psychiatrist.

Why we carried out this inspection

We inspected this core 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?

During the inspection visit, the inspection team:

- visited both sites which provide a substance misuse service and looked at the quality of the environment and observed how staff were caring for patients
- spoke with 26 patients who were using the service

- spoke with the managers or acting managers for the service.
- spoke with 25 other staff members; including doctors, nurses and recovery workers.
- interviewed the head of specialist services with responsibility for these services
- attended two patient focus groups and two staff focus groups.

We also:

- looked at 11 treatment records of patients.
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

- People who use services told they found the service to be welcoming and helpful.
- They told us the service was recovery focused and staff listened to their individual needs.

Everybody we spoke to felt the service had helped them in their recovery and had been non-judgemental towards them.

- People who use the service told us the partnership working was so good they couldn't tell who worked for which organisation. This meant that they had access to many different aspects of their care in one location. They told us staff talked to each other and worked closely together to meet their needs.

- Several people who had used other services told us that this was a different experience for them. We were told that the staff were always positive and focused upon helping people to move forward.
- Two people expressed the opinion that they felt they would be dead now if it wasn't for the treatment and care they had received from the service.
- They described the service as a totally different approach to their previous experiences.
- The Trust's 'I want great care' survey in January 2015 stated that 95% of people who use the service would recommend it to a friend or family member.

Good practice

- The daily open clinic slot used to provide rapid access to treatment for patients who had either recently dropped out of treatment or had been released from prison. This had been developed to reduce drug related deaths.
- In partnership with CAN a peer mentor service had been developed that enabled patients who were in recovery to play a role in supporting other patients. The service in partnership with CAN provided training and supervision. Staff spoke to us about how highly they valued the input of peer mentors.

Northamptonshire Healthcare NHS Foundation Trust

Substance misuse services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
CAN Partnership	The Crescent
CAN Partnership	Dunstable Hub

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- There was no-one detained under the Mental Health Act 1983 within this core service.
- Staff were up to date with their training on the Mental Health Act and its' code.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were up to date with their Mental Capacity Act training.
- Staff showed an awareness of substances possibly affecting a person's ability to make decisions. They knew the importance of ongoing assessment.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

We rated safe as good because:

The two sites the substance misuse service works from had enough rooms available in which to see patients, these were clean and displayed harm reduction advice posters and information on other services. There was emergency resuscitation equipment on both sites, this was checked regularly by staff and stored appropriately. Staff were appropriately trained and there were enough staff to provide a safe service. There were fire evacuation notices displayed and fire extinguishers had been checked in line with trust policy. Staff understood their responsibility to report incidents and the process for this. There was evidence of learning from incidents and changes to the way people worked as a result of this. There was a clear understanding of safeguarding children and vulnerable adults which was understood by staff and patients. The service had developed good working relationships with local pharmacists to promote safe prescribing.

notices displayed. Staff had completed fire training as part of the mandatory training package. However the door was propped open in reception on our visit to the Bedford location

- The waiting areas in both locations were clean and had plenty of seats. There were harm reduction and other services posters displayed in reception. Also clearly displayed was the process for making a complaint through the trusts complaint process and how to access PALS.

Safe staffing

- The staffing arrangements were in line with the service model agreed by the commissioners. There were two vacancies for band six nurses within the service. These were currently being filled by agency staff. The service used the same members of agency staff on a daily basis to provide consistency.
- There was a full time consultant and three staff grade doctors within the service. There was also a band seven non-medical prescriber working across both sites. Medical staff told us these staffing levels meant that there was usually access to medical cover at either site.
- No staff were on long term sick leave at the time of inspection. The partnership and close interagency working with County of Northampton Council on Addiction (CAN) in the same location meant that short term sick leave could be covered by those staff in order to keep the service running safely.

Assessing and managing risk to patients and staff

- People felt safe accessing the service. One person told us this was only the second time they had accessed the service and that they had found the staff and other patients they had met friendly and welcoming.
- Signing in and out registers for visitors and patients were used at both sites. This provided a record of who was in the building in the event of an emergency.
- Staff knew about of the lone worker policy. There were signing in and out boards at both sites.

Our findings

Safe environment

- There was a well-equipped clinic room at each site. There were appropriate facilities for the disposal of sharps and clinical waste. The clinic rooms had emergency resuscitation equipment which was routinely checked in line with trust policy. There was noradrenaline on site as the service provides blood borne virus immunisations.
- The buildings used had several rooms for seeing patients on an individual basis and at least two large group rooms in each location. These rooms were clean and had adequate numbers of chairs.
- The corridors were clean and free of clutter.
- There were fire extinguishers around both sites which had been checked regularly. There were fire evacuation

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- There was a system in place to ring in and out of lone community visits. They also had an emergency word. This could be used to indicate they were in danger whilst on visits.
- Treatment records showed individual risk assessments and a risk management plan. This was accompanied by a checklist of completed tasks to show how risks were being managed. This meant that people could see what support had been given to patients to help to keep them safe. Risk assessments had been developed in line with national best practice.
- Staff were aware of the trusts emergency preparedness, resilience and response policy and knew how to access this if required.
- There was a contract system in place between the prescriber, the patient and the community pharmacist to make sure prescribing and dispensing was done safely.
- There was a prescribing standard operating procedure in place. This detailed arrangements for supervision and instalment dispensing of methadone, buprenorphine and benzodiazepines. This was in line with the clinical guidelines for drug dependence (2007). Part of this was a three way contract between the patient, the prescriber and the community pharmacist. These made sure there was clear communication and all parties knew the prescribing arrangements and what to do if they were not followed.
- Staff told us there were arrangements to prescribe outside of the standard operating procedure if it was in the patients' best interest. These would be discussed in the clinical weekly meeting and a multi-disciplinary decision made. This meant that patients individual needs could be taken into account as well as managing safe prescribing. These decisions were documented in the patient's notes and the weekly clinical meeting minutes.
- The staff we spoke to had completed training in safeguarding of children and vulnerable adults. Staff knew how to report safeguarding concerns. There were posters displayed with contacts of safeguarding lead nurses and midwives for staff to access for support.
- There was allocated safeguarding time in the weekly clinical meeting. This was to ensure all members of the team were aware of any current safeguarding cases.
- People told us staff explained the safeguarding process and limits to confidentiality to them clearly. Staff played an active role in safeguarding children attending core groups and children protection conferences.

Track record on safety

- Investigations had taken place following serious incidents. Lessons learnt were then passed onto the staff team through the weekly clinical meeting and this was documented in the minutes.
- There had been 3 deaths during the last twelve months. These are reported via the lead partnership organisation.

Reporting incidents and learning from when things go wrong

- There had been a serious incident where a number of blank prescriptions had gone missing. There was an action plan and a new standard operating procedure around the storage and monitoring of prescriptions which had been developed as a result of this. This was documented in clinical team meeting minutes.
- Staff could clearly describe the procedures around the monitoring of prescription numbers and safe storage to prevent a further incident.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

We rate effective as good because :

- Clinical staff made a comprehensive assessment of patients. This included an assessment of recovery capital.
- The care plans were responsive to individual need and reflected changes in treatment at different stages of recovery.
- NICE guidelines were being followed in regard to prescribing in substance misuse.
- All staff were up to date with Mental Health Act, Code of Practice and Mental Capacity Act Training.
- Multi-agency teams worked well together in supporting patients.

Our findings

Assessment of needs and planning of care

- Individual needs were assessed and their care was delivered in line with their individual care plans.
- Care records showed a regular review of changing needs and care plans were re-written to reflect this.
- The alcohol use disorders identification test-consumption and the severity of alcohol dependence questionnaire were used to assess alcohol dependence. These are validated tools recognised by NICE and the world health organisation.
- Not all of the patients' records we looked at had an up to date physical healthcare check. There was an eight point physical assessment being developed but this was not yet in use.
- The trust used an electronic records system.

Best practice in treatment and care

- NICE guidance on opiate detoxification and psychosocial interventions was followed when assessing treatment need and prescribing medication.
- In-house training delivered by the consultant to the team about NICE guidelines and prescribing.
- The service had a template for care plan entries to make sure all areas of care were addressed.

- People using the service were provided with information on their medication. The pharmacist visited on a Monday to support the prescribing team and develop pathways with community pharmacists.
- There was a standard operating procedure in place. This detailed arrangements for the supervision and instalment dispensing of methadone, buprenorphine and benzodiazepines. This was in line with the drug misuse and dependence: UK guidelines on clinical management. Part of this was a three way contract between the person, the prescriber and the community pharmacist. This made sure there was clear communication and all parties knew the prescribing arrangements and what to do if they were not followed.
- Staff told us there were arrangements to prescribe outside the standard operating procedure if it was in the individual's best interests. These would be discussed in the clinical weekly meeting and a multi-disciplinary decision made. This meant that individual's needs could be taken into account as well as safe prescribing.
- These decisions were documented in the person's notes as well as weekly clinical meeting minutes.
- Not all the patients on high doses of methadone (100ml and above) had an ECG completed. There was an ECG machine on site. Staff told us they were waiting for ECG training. Methadone may be a risk factor for cardiac changes. Specifically QT interval prolongation. The medicines and healthcare products regulatory agency recommends monitoring for patients on 100mls methadone and above as best practice.
- There was no noradrenaline on site. Vaccinations against blood borne viruses were given on site. Noradrenaline should be available where vaccinations are given as it is the first line of treatment in the event of anaphylactic shock.

Skilled staff to deliver care

- The medical and nursing team included a consultant psychiatrist, a GP and a non-medical prescriber.
- The partnership working with CAN enabled patients to access numerous other specialities directly with no waiting lists. This included counselling, employment and education advice and 12 step programmes.
- Team meetings were held on a weekly basis.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- All the staff were up to date with mandatory training. They were examples of staff undertaking role specific training.
- All staff had completed their appraisal.
- One member of staff was being performance managed. There was a clear performance management plan in place and evidence of monthly review.

Multi-disciplinary and inter-agency teamwork

- The co-ordination of patients care was well organised and conducted through the weekly clinical meeting.
- There was clear sharing of risk between partnership organisations and this was documented in patients' electronic notes.
- The partnership working with CAN enabled a wide variety of disciplines to be involved in the assessment, planning and delivery of patients care.

- The medical team told us they had developed good working relationships with local GPs.
- People using the service and staff said they would like better working relationships with the community mental health teams. Patients said they felt these services were not working in as close a partnership as others.

Adherence to the MHA and the MHA code of practice

- Staff told us they had received training on the Mental Health Act and the Code of Practice. Evidence of this was seen in the mandatory training matrix for the team.

Good practice in applying the MCA

- Staff told us they had received training on the Mental Capacity Act 2005 (MCA) and the deprivation of liberty safeguards.
- Staff showed an awareness of substances possibly affecting a patient's ability to make decisions. They knew the importance of ongoing assessment.



Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

We rated caring as outstanding because:

Staff were kind and respectful to patients and recognised individual need. Patients had regular one to one sessions with their keyworker and were involved in decision making about their treatment. Staff promoted choice around medication and provided links to other services to address individual need.

All the patients we spoke to felt they had been treated with care and compassion. Several patients spoke about how outstanding they felt this service was in relation to their previous experiences.

The inspection team observed care delivered by staff who went above and beyond the expected level. This was evidenced by staff showing a person centred approach and kindness which results in quality outcomes for the patient group.

- Trust staff had developed a seamless service with CAN in order to be able to better meet patient need. They had developed a shared vision which put the patient at the centre of the service.
- This meant that patients could access numerous services under one roof. People using services we spoke to said they had received help with housing, education, benefits and clothing.
- In partnership with CAN a peer mentor service had been developed. This enabled patients who were in recovery to play a role in supporting other patients.
- The service in partnership with CAN provided training and supervision. Staff spoke to us about how highly they valued the input of peer mentors.

The involvement of people in the care they receive

- Patients were encouraged to engage with the partnership organisation in order to build relationships with the overall service and feel involved in service development.
- The service had developed pathways for patients to become involved in service development through work as peer mentors, recovery workers and recovery champions.
- People felt involved in their treatment, they described their prescribing treatment as something they felt in control of. They felt staff informed them of choices and supported their decision making where possible.
- Staff showed a good knowledge of medication choices and shared this information with patients to enable them to make informed choices about their treatment.
- People had regular one to one sessions with their keyworker. The frequency of this was assessed on an individual basis. This took into account their other responsibilities such as work or children.
- Care plans were written in a person centred way and reflected individual circumstances. We saw evidence of these being updated as patients' needs changed.
- Patients were encouraged to participate in service user feedback. There is a quarterly survey completed. The

Our findings

Kindness, dignity, respect and compassion

- Staff spoke to patients in a compassionate and caring way during our inspection.
- Staff saw people in individual rooms to ensure confidentiality and interventions such as drug screening were carried out in a dignified and private way.
- People said they were treated with respect and kindness. We held patient forums at both sites and each person who attended spoke of how kind and compassionate the staff were. They felt valued and never judged by staff and that this was an important part of their recovery.
- People who had previously accessed other substance misuse services spoke about how different they felt this service was. One person who was no longer using illicit or prescribed drugs free had volunteered as a peer mentor.
- Staff spoke with enthusiasm and passion for delivering person centred care. They spoke about feeling privileged to be part of people's recovery.



Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

most recent survey had actions taken as a result of feedback documented in the service user newsletter. The service also has a weekly service user forum which is held on both sites.

- Advocacy posters were on display but these were not appropriate to the service. Staff when spoken to showed

a good knowledge of advocacy services but these were not displayed for service users. The peer mentors based on site as part of the partnership organisation are used as internal advocacy and support.

Are services responsive to people's needs?

Outstanding 

By responsive, we mean that services are organised so that they meet people's needs.

Summary of findings

We rated responsive as outstanding because:

- There were no waiting lists to access treatment.
- There was collaborative working with partners in criminal justice to ensure patients were not left without a prescription on release from prison.
- The service had developed an open clinic slot daily in order to reduce drug related deaths.
- The service had built good pathways through recovery with partnership organisations.
- They shared expertise and clinical knowledge to improve patient experience.
- People's needs were assessed in an individual way taking into account other factors in their life.
- The service working in partnership with CAN was able to provide a wide range of different treatments and care.
- People could access psycho-social support and counselling as well as practical support. The service valued patient involvement..
- The service responded to feedback in an open and honest way.

Our findings

Access, discharge and transfer

- There were no waiting lists for treatment. The service operated an open access slot daily for patients who needed to be restarted on their medication or have just been released from prison.
- There was a pathway in partnership with the prison in-reach service to ensure that people discharged from prison were not left without a prescription. If people released from prison could not be seen that day, if release was outside normal working hours, a bridging prescription would be put in place. The patient would then be seen by a doctor the next working day.
- All the care records that we looked at had time from referral to assessment within the three week national guidelines. This meant that people had to access treatment as and when they needed it.

- The service had a duty system in place. This meant that individuals presenting without an appointment or self-referring had quick access to support and an initial assessment. This meant that their risks could be assessed.
- There was an evening clinic at each site. This was to meet the needs of patients who found it difficult to access the service in the daytime.
- A satellite clinic had been developed at a GPs surgery. The service had recognised that the location in the town centre was difficult to access for patients who lived rurally. The staff told us they were looking to develop this further in other locations.

The facilities promote recovery, dignity and confidentiality

- The partnership working developed with CAN had enabled patients to progress through their recovery journey in one location. The staff worked closely in partnership to facilitate groups and one to one work to meet individual need. This provided support for people just accessing treatment through to those who had completed the treatment.
- The service provided private and clean toilet facilities for patients to provide samples.
- The service had disabled access as it was situated over two floors.
- As part of the CAN partnership the needle exchange had developed an incentive scheme. This involved rewards of toiletries in exchange for used injecting equipment to promote engagement.
- The service had developed inter-agency working with the Terence Higgins Trust to provide confidential sexual health advice on site.

Meeting the needs of all the people who use the service

- People from a diverse range of age, gender and sexual orientation spoke with us. They felt their needs were being met. We saw examples of diversity being responded to in a holistic way.
- There was a pregnancy pathway in place and the service had developed bounty bags with harm reduction advice inside them.

Are services responsive to people's needs?

Outstanding



By responsive, we mean that services are organised so that they meet people's needs.

- The service had developed all parts of a recovery focused service in one location. This supported individuals throughout their recovery journey. People we spoke to said this had been an important part of their recovery.
- People told us of examples where the service had arranged meetings with other agencies such as housing or benefits. This had helped resolve ongoing issues for them. Patients told us this had helped to keep them in treatment.
- Outside events had been organised to encourage involvement in the community. A recent example was a football tournament.
- There was a trust contract in place to provide translators if required. The service would also translate leaflets. All the staff we spoke to knew how to access this.

- The provision of an open access clinic slot daily alongside the drop-in service/café encouraged engagement from patients who otherwise may have been hard to engage.

Listening to and learning from concerns and complaints

- The service had no complaints within the last twelve months.
- The patient feedback survey showed high levels of patient satisfaction with 95% of respondents rating the service as very good.
- The main concern voiced in the most recent patient survey was waiting times for appointment. The operations manager had published actions taken by the service in response to this and ways in which people could help in the service newsletter. This informed them that they were listened to and changes made. The newsletter was available in waiting areas and other public areas at both sites.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

We rated well led as good because:

- There were clear lines of responsibility across the service to ensure that improvements were made and risks to patients' safety were reduced.
- Staff felt listened to and supported by management.
- Staff were up to date with mandatory training and had access to further career development such as non-medical prescribing.
- Morale amongst staff members was extremely good.
- Staff felt involved in developing the service further and felt they were valued by management.
- The three organisations working as the CAN partnership had embedded together under the leadership provided by the trust and one CAN employed manager to provide a service that was open and inclusive.
- Through the close partnership working with CAN staff provided referral to additional support.. The team had developed a seamless service with patient recovery being the focus.

- There were a range of standard operating procedures in place which had been developed in line with trust policies to ensure consistency amongst the team.
- A range of audits had been completed. These included a prescribing audit and a record keeping audit. As a result of these audits we saw action plans had been developed to address any identified concerns.
- Minutes of the monthly clinical governance meeting were noted.

Leadership, morale and staff engagement

- All staff received clinical supervision. Most staff had received this on a monthly basis. Records showed a gap recording this for one staff member. This was brought to the attention of the relevant manager.
- Leadership within the service was visible and consistent.
- Staff told us they felt supported and empowered. As part of the partnership arrangement staff from three different organisations had been brought together. Staff all told us it felt like one team and that the medical and nursing leaders were approachable, motivated and helpful.
- Staff knew how to access the whistleblowing procedure if required.
- Although staff recognised that management must be under pressure due to the tender process they felt protected from this.
- There were opportunities for further development and leadership development.
- Non-medical prescribers within the service attended the trust forum on this every two months.

Commitment to quality improvement and innovation

- As part of the process to improve pathways for patients with dual diagnosis one of the medical team attends the community mental health team meeting once a month.
- Local and trust wide audits were used to improve clinical practice.
- Individual feedback was used to inform innovative practice.

Our findings

Vision and Values

- Staff felt they understood the trust's vision and values.
- Staff felt supported by senior management within the trust. Some staff told us of an example of senior managers visiting the service and listening to their comments. They told us changes were made as a result of this.
- Management at service level demonstrated a clear and passionate vision for the service. Members of the wider partnership team told us they felt part of this.

Good governance

- There was clear clinical leadership in place. The consultant psychiatrist within the service was held in high regard by the team.