We are With You

We are With You - Shropshire

Inspection report

Roushill
Shrewsbury
SY1 1PQ
Tel: 01473294700

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this service stayed the same. We rated it as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was manageable and staff were able to give each client the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team.
- Staff treated clients with compassion, kindness and respect. They understood the individual needs of clients and actively involved them in decisions about care planning, focusing on client's skills and strengths, providing them with the knowledge, skills and tools to lead healthy lives. Staff worked proactively with other services, agencies and third sector organisations that would aid their recovery and health and wellbeing.
- The service was easy to access. Staff responded to referrals quickly and assessed and planned care planned well. They met the needs of the people who used the service and their criteria did not exclude people who would benefit.
- The service was well led, and the governance processes ensured that its procedures ran smoothly.

However:

- The building in Shrewsbury was uninviting and in need of some decoration, however it was temporary, and the service planned to move to new premises this year.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

Summary of findings

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Summary of this inspection

Background to We are With You - Shropshire

We Are With You are a national charity who provide a range of services for adults and young people. They work with adults and young people in community settings, prisons and residential rehabilitation. We Are With You Shropshire offer information, advice and support for adults and young people with drug and alcohol issues. The service is based in Shrewsbury but offers services from a hub in Oswestry, and outreach clinics across other areas across the county. The service is split into three teams: North, Central and South of the county.

We Are With You Shropshire delivers clinical services such as substitute prescribing, needle exchange, blood borne virus testing and vaccinations for hepatitis.

The service is commissioned through the local authority and is free for people to use.

We last inspected the service in March 2019. It was rated as good and there were no requirement notices. There is a registered manager.

What people who use the service say

We spoke with 12 clients. They had been with the service from a few months, up to a number of years. All 12 were complimentary about the service, saying it had helped them and staff were skilled, caring and compassionate. All of the people we spoke with said they would recommend the service to others. They all described group work and individual sessions as being a positive experience and gave examples of when staff had helped them with other aspects of their life, not just their addiction. They all said that the service was there for them when they needed it and were responsive when they were in a crisis or needed to speak with staff unexpectedly. People said staff did not judge them and treated them well, and as individuals.

How we carried out this inspection

The inspection team for this inspection consisted of one CQC inspector and one specialist advisor.

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

During the inspection visit, the inspection team:

- visited the Shrewsbury and Oswestry site and looked at the quality and safety of the environment at both locations
- spoke with the registered manager
- spoke with 10 other staff members
- spoke with 12 people who use the service
- reviewed six client care and treatment records
- carried out a specific check of medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	☆ Outstanding	Good	Good	Good
Overall	Good	Good	☆ Outstanding	Good	Good	Good

Good

Substance misuse services

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

Are Substance misuse services safe?

Good

Our rating of safe stayed the same. We rated it as good.

Safe and clean environment

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

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified.

Staff carried personal alarms and staff were available to respond. Alarms were tested each week.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations. Staff made sure equipment was well maintained, clean and in working order.

Staff in the service disposed of clinical waste in a correct and appropriate way, with needles deposited in sharps bins, and other waste in clinical waste bins.

Staff had been placed temporarily in the Shrewsbury base following the closure of their previous building. The building was small and had four interview rooms, however face to face appointments had been kept to a minimum due to the COVID -19 pandemic and government guidance to reduce the spread of the infection. At the time of our inspection, staff controlled the amount of people in the building by booking client appointments one at a time. Staff worked in two teams; one worked at home for a week, one worked at the base.

Staff made sure cleaning records were up-to-date and the premises were clean. Extra cleaning of high-risk areas such as door handles were cleaned regularly to reduce the risk of transmission of COVID-19.

Face masks and hand gels were available across both sites for staff and clients to use.

The service had completed an infection control audit in February 2022. Actions were still in place. Staff followed infection control guidelines, including handwashing.

Good

Substance misuse services

Safe staffing

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

Nursing staff

The service had enough staff to keep clients safe. There were no vacancies. The service was recruiting for two group workers who were due to leave.

At the time of our inspection 1099 clients were using the service. The average caseload for recovery workers was 57. Staff said this was manageable but would sometimes like more time to spend with clients.

Managers made arrangements to cover staff sickness and absence by using three regular agency workers who were familiar with the clients and the service. They were due to leave at the end of March 2022 because the service was now fully staffed.

Staff reallocated tasks when staff members were off sick and dedicated duty workers were available to take referrals and speak to clients who were in crisis.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

Managers supported staff who needed time off for ill health and sickness levels were low.

Mandatory training

At the time of our inspection, 90% of staff had completed and were up-to-date with their mandatory training. The mandatory training programme was comprehensive and met the needs of clients and staff. It included courses such as domestic violence, diversity and inclusion, infection prevention and control, Naloxone, child criminal exploitation and psychosocial interventions.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to clients and staff

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

Assessment of client risk

Staff completed the provider's risk assessment for each client on initial assessment, and reviewed this regularly, including after any incident. We reviewed six client care records. Risk assessments and risk management plans were detailed, thorough and up to date.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. They continually monitored clients for changes in their level of risk and responded when risk increased. Appointments were increased when required. For example, one client said staff had arranged to see him more frequently when he had a relapse in his mental health.

Good

Substance misuse services

The service generally assessed clients within 48 hours of their referral. Assessed clients were discussed in multidisciplinary team meetings and allocated quickly.

Staff were aware of any risk to clients or themselves as alerts such as risk of violence, neglect or vulnerability were clearly displayed on client's care notes. High risk clients were discussed in morning meetings.

The service issued medicine lock boxes for all clients who were prescribed medicines. This meant clients could keep their medicines safe within their own home. Naloxone was given out to clients who may be at risk of an overdose of opiates. Naloxone is an injectable medicine that reverses the effects of an opiate induced overdose. Staff provided training to clients and carers so they could administer it safely.

Staff discussed harm minimisation and how to keep safe with clients during sessions and within group work.

Staff followed clear personal safety protocols, including for lone working.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role and were up to date. All staff were trained up to a minimum of level two for safeguarding adults and children.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The service had a named safeguarding lead and staff attended multiagency safeguarding meetings and safeguarding risk conferences. Representatives from the local police, health, social services, housing, probation and other specialists from the statutory and voluntary sectors met to share information and plan care for the highest risk cases.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff showed good knowledge of safeguarding and we saw this reflected in multidisciplinary notes, supervision and client care records. The service had made seven safeguarding referrals between 1 January 2022 and 15 March 2022.

The safeguarding lead was actively involved in and represented the service at the local safeguarding panel and forum. The Substance Misuse and Risk-Taking Early Referral form (SMARTER) had been developed as a tool for all professionals who worked with young people. All referrals were assessed and managed by the forum to ensure young people got the appropriate care.

Managers took part in serious case reviews and made changes based on the outcomes.

Staff access to essential information

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

Client notes were comprehensive and all staff could access them easily.

When clients transferred to a new team, there were no delays in staff accessing their records.

The service used an electronic records system. Records were stored securely. All staff had their own secure individual log ins.

Medicines management

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

Staff followed systems and processes to prescribe and administer medicines safely. A small number of clients were seen in shared care and were prescribed medicines by the doctor at the GP surgery. Most clients who required a prescription were seen by the non-medical prescribers.

Prescribers regularly assessed client's risk to determine their suitability to collect their prescription and keep it at home. Naloxone was offered to every prescribed client along with lock boxes to keep medicines safe at home. Risk assessments determined which clients required daily supervised consumption of medication.

The service did not store medicines on site except for naloxone, adrenaline and vaccinations. Staff monitored room and fridge temperatures to ensure they were stored correctly and were safe to use.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. Staff liaised closely with local pharmacies to ensure medicines were being collected and taken as prescribed.

Staff completed medicines records accurately and kept them up-to-date. Client care records gave a clear rationale for prescribing decisions and this was reviewed at each appointment.

Prescribing staff followed guidance from the Department of Health Clinical Guidelines for the management of Substance Misuse, 2017 (Orange Book) and National Institute of Health and Care Excellence (NICE) to support and underpin best practice in the service.

Staff stored and managed all medicines and prescribing documents safely. Staff followed the provider's policies and procedures to ensure prescriptions were generated and issued correctly.

Staff learned from safety alerts and incidents to improve practice. National and local medicine alerts were shared with staff. Medicine and prescribing systems were audited, and results shared with staff.

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance. For any client prescribed more than 100mg of methadone, an electrocardiogram (ECG) would be undertaken. We reviewed three client care notes who were prescribed methadone, although none were prescribed above 100mg therefore did not require an ECG. However, we could see that staff had liaised with the local hospital or GP on one occasion.

Track record on safety

The service had a good track record on safety.

Good

Substance misuse services

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. They raised concerns and reported all incidents and near misses in line with the service's policy. The service had recorded 58 incidents from 1 December 2021 to 14 March 2022. The majority of incidents (23) recorded were prescription, pharmacy or medicine related. Some of these were not related to the service directly but were recorded and reviewed.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident. Staff told us of examples of when they had received a debrief and support.

Managers investigated incidents thoroughly. Clients and their families were involved in these investigations. We reviewed three incidents in detail. Staff had acted appropriately and put actions in place to prevent future incidents and ensure staff and clients were safe.

Staff received feedback from investigation of incidents, both internal and external to the service in team meetings, morning meetings and supervision.

Staff met to discuss the feedback and look at improvements to client care. Incidents were discussed at senior staff governance meetings and cascaded to the local teams. Managers discussed and analysed incidents in a monthly incident review group, a death review group and clinical governance meetings.

There was evidence that changes had been made as a result of feedback. Following a review of alcohol related deaths, the service had made changes to improve their pathway for alcohol clients, so they were seen quickly, received a full physical health assessment and ensured staff made all possible attempts to engage them when they missed appointments.

Are Substance misuse services effective?

Good

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

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

Good

Substance misuse services

Staff completed a comprehensive mental health assessment of each client. The service had two dedicated engagement workers who assessed each client, usually within 48 hours of referral. Assessed clients were discussed in multidisciplinary meetings and allocated to recovery workers, who developed recovery plans based upon the client's needs, risks and goals highlighted in the assessment.

In line with national guidance, clients seeking treatment for alcohol misuse were assessed using the alcohol use disorder identification test (AUDIT) and the severity of alcohol dependence questionnaire (SADQ). Nurses assessed clients for community alcohol detoxification with a focus on risk factors associated with community alcohol detoxification. Staff could easily access in-patient detoxification beds across the Country when community detoxification was not appropriate.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. Clients attended appointments with a nurse following initial referral. Nurses were working through a backlog of clients who had not been able to attend the service face to face due to the COVID-19 pandemic. Clinical staff conducted physical health checks at each session and checked and recorded results of urine drug screen tests before medical reviews.

Staff developed a comprehensive recovery plan for each client that met their mental and physical health needs. We reviewed six client care records. Recovery plans were detailed, comprehensive and individualised. They were personalised, holistic and recovery-orientated demonstrating client's preferences, strengths and goals.

Staff regularly reviewed and updated recovery plans when clients' needs changed.

Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the clients in the service such as psychosocial interventions, substitute prescribing, harm reduction, community detoxification and access to a needle exchange. Nurses delivered blood borne virus testing for hepatitis and HIV, urine drug screen testing, physical health checks and administered vaccinations for hepatitis B and C.

Staff delivered care in line with best practice and national guidance from relevant bodies such as NICE. Clients were seen one to one with their recovery worker but could also access groups such as mindfulness, self-management and recovery training (SMART) which was cognitive behavioural therapy based (CBT), brunch buddies, parenting, making the change, maintaining change, pre detox workshops and a women's group. Clients could also attend other groups organised by other agencies, such as art groups.

Staff made sure clients had support for their physical health needs, either from their GP or community services. Staff requested summaries of physical health and prescribed medicines prior to prescribing and liaised with other agencies when required to ensure physical health needs were met.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice and staff signposted clients to health and wellbeing support in the community.

Staff used recognised rating scales to assess and record severity and outcomes. Staff recorded outcomes for clients using the Treatment Outcome Profile (TOP) at regular intervals, at the start of treatment, during treatment and at discharge.

Staff used technology to support clients. Staff were provided with laptops and mobile telephones. During the COVID-19 pandemic, staff offered online appointments for one to ones and group work. Online appointments had been popular with clients. At the time of our inspection the service offered a mixture of online and face to face appointments.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Staff from the young person's team had been involved in a research project related to the characteristic profile and parental experiences of child criminal exploitation within Shropshire.

Staff provided information to Public Health England through the National Drug Treatment Monitoring System. Staff could compare outcomes with other areas in the country with a similar demographic and review areas that required improvement.

Managers used results from audits to make improvements. For example, medicine management and care notes records were audited regularly. Results were discussed with staff in supervision and team meetings.

Skilled staff to deliver care

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

The service had access to a full range of specialists to meet the needs of each client. The staff group included recovery workers, criminal justice workers, young person's specialists, non-medical prescribers, nurses, group workers, engagement workers, administrators and managers.

The service encouraged people who had gone through their own recovery to become volunteers and lived experience workers. They received appropriate training and were supervised and supported by experienced staff. Some staff we spoke with had gone through their own recovery and were now employed by the service. Clients we spoke with told us that working with staff with similar experiences really helped with their recovery and gave them hope.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including bank and agency staff. Senior staff supported and mentored new staff. Managers used an induction checklist for new starters which was comprehensive. The staff group had a variety of skills in counselling and psychological therapy techniques such as cognitive behaviour therapy, solution focused therapy, motivational interviewing and family therapy.

Managers supported staff through regular, constructive supervision and appraisals of their work. Staff received management and caseload supervision. Caseload supervision gave staff the opportunity to discuss clients progress and management in more detail. Staff could also attend reflective practice sessions and discuss cases they found challenging.

Managers made sure staff attended regular team meetings and gave information to those who could not attend. Agenda items included case discussions for team members, allocations and referrals, high risk clients, safeguarding, feedback from incidents and deaths, drug trends, health and safety, complaints and compliments.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Training needs were identified in supervision and appraisals. Staff told us training was easily accessible through the provider and the local authority.

Managers made sure staff received any specialist training for their role. For example, all staff had recently participated in suicide awareness, prevention and management training.

Managers recognised poor performance, could identify the reasons and dealt with these.

Multidisciplinary and interagency team work

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

Staff held regular multidisciplinary meetings to discuss clients and improve their care. All professionals involved in the client's care were invited to participate. Staff attended morning meetings three times a week to discuss staffing issues, clients they were concerned about and other information relevant for the next 48 hours.

Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care.

Staff had effective working relationships with other teams in the organisation.

Staff had effective working relationships with external teams and organisations. Staff regularly attended and participated in multiagency meetings, specifically in relation to safeguarding which encompassed exploitation of adults and young people. This included partnership working regarding concerns such as county lines drug gangs. They had built up good working relationships with external organisations and partner agencies across Shropshire such as social services, housing, mental health crisis services, police, probation and education facilities. The young person's team held consultation sessions together with other local services involved in safeguarding and exploitation for other professionals to discuss and seek advice regarding young people they were concerned about.

The service was involved in an exploitation pathway pilot. Members of external organisations and agencies met weekly to discuss vulnerable adults and put appropriate safeguards in place to ensure they are kept safe.

Staff told us of great examples of liaising with other organisations and agencies when they had concerns about the safety of vulnerable and exploited people. The service had an information sharing agreement with the local authority regarding social services input for the client, and any children living with them.

Staff attended various forums with other professionals in the local area to share ideas, feedback and develop pathways when required.

Good

Substance misuse services

Good practice in applying the Mental Capacity Act

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

Mental Capacity Act training was mandatory, and staff were up-to-date.

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access. Staff knew where to get accurate advice on Mental Capacity Act.

Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision. Staff gave examples when they had completed capacity assessments and situations when this would be necessary.

When staff assessed clients as not having capacity, they made decisions in the best interest of clients and considered the client's wishes, feelings, culture and history.

Are Substance misuse services caring?

Outstanding ☆

Our rating of caring improved. We rated it as outstanding.

Kindness, privacy, dignity, respect, compassion and support

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

Staff were discreet, respectful, and responsive when caring for clients and gave help, emotional support and advice when they needed it. We spoke with 12 clients. All of them were extremely positive about staff and the service. They told us staff treated them as equals, didn't judge them and felt that they were being treated as individuals, rather than just someone with an addiction.

Staff were described as amazing, and the service as excellent and outstanding. All clients credited the service for supporting them to change their lives and find hope for the future.

All clients told us that staff were responsive and available when they needed them. When they had telephoned the service in a crisis, or unexpectedly, staff returned their calls as soon as they were available.

Staff supported clients to understand and manage their own care treatment or conditions. All of the clients we spoke were consistently positive with their feedback and praised the service for helping them with their addiction and other elements of their life. Together with key working sessions and groups, staff had worked with clients to develop their own skills and focus on strengths by equipping them with the knowledge and tools to manage and control their addiction. One person described the service as giving 'direction for their life'.

Staff directed clients to other services and supported them to access those services if they needed help. The service worked closely with other voluntary services such as homeless charities and mutual aid agencies. We were given several examples of staff going above and beyond by proactively engaging clients with other services or groups that would aid their recovery, health and wellbeing. For example, one client told us that their support worker had gone out of their way to help them access groups and services out of area before they moved so they could continue to get support for their recovery. Another told us how they were in the process of applying for a bicycle, so they did not need to rely on public transport, and another had been aided to access extensive dental treatment out of area when they could not find a dentist locally.

Clients said staff treated them well and behaved kindly. Clients told us all staff who worked in the service treated them well and with respect. We observed staff supporting clients in a caring, respectful manner.

Staff understood and respected the individual needs of each client. Staff were able to describe clients' needs and the various interventions they used, dependent on their individual needs. They understood each person was different, and clients we spoke with echoed this.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff. Staff felt confident any such issues would be taken seriously and dealt with quickly and efficiently.

Staff followed policy to keep client information confidential.

Involvement in care

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

Involvement of clients

Staff involved clients and gave them access to their care plans. Clients had access to their recovery plans. Staff said clients didn't often want a copy, but they were always available. All the clients we spoke with said staff had collaborated with them regarding their recovery plans and supported them to go at their pace. One client told us the service had listened to them and they collaborated together to ensure they received their daily prescription safely as they lived in a rural area and found it difficult to get to the pharmacy every day.

Staff made sure clients understood their care and treatment. All clients we spoke with said staff delivered care in ways they could easily understand. For example, the SMART group was delivered verbally either face to face or by virtual meetings, clients had opportunity to ask questions and were given written information to review at home.

Staff involved clients in decisions about the service and they could give feedback on the service and their treatment and staff supported them to do this. A client survey was carried out annually across the service. The young person's service had developed a young ambassador role, which involved developing resources for the service following feedback gained from people who used the service. The service held a service user forum every month to gain feedback and clients could put forward suggestions for the service. Suggestions were displayed in the waiting area.

Staff made sure clients could access advocacy services. Advocacy services were available and advertised in the waiting areas. Volunteers and other staff also advocated for clients when required.

Good

Substance misuse services

Involvement of families and carers

Staff informed and involved families and carers appropriately. This was evident in client care records and staff ensured clients had given consent to information sharing and designated who they were happy to be involved in their care. The service ran a families and friends' group every two weeks in the evening so people could attend easily and provide feedback about the service.

Staff gave carers information on how to find the carer's assessment.

Are Substance misuse services responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and waiting times

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

The service had clear criteria to describe which clients they would offer services to. It did not exclude clients who would benefit from care. Clients could self-refer or were referred by a third party.

Staff worked within one of three hubs: North, Central and South. Staff offered a countywide service for criminal justice, young persons and the homeless outreach team. Staff made links with veterans and offered a National armed forces meeting.

Staff saw urgent referrals quickly and non-urgent referrals were assessed within a few days. The service had a dedicated engagement team who assessed all referrals that came to the service. Duty workers were also available for urgent calls. Pregnant women and people leaving prison on a prescription were prioritised.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from mental health services. We saw in client care notes and clients told us of examples when mental health teams had been accessed, especially when they were in mental health crisis. Staff attended dual diagnosis partnership meetings and had built up a good relationship with the mental health crisis team.

Staff tried to contact people who did not attend appointments and offer support. Staff followed the provider's non-engagement policy. Clients had re engagement plans in place.

Clients had some flexibility and choice in the appointment times available. Clients received appointment reminders by text message. The service was open nine to five every week day except for Tuesday when it opened till 19.30.

Staff worked hard to avoid cancelling appointments and when they had to, they gave clients clear explanations and offered new appointments as soon as possible. Appointments ran on time and staff informed clients when they did not.

The service used systems to help them monitor and support clients. Managers and leaders monitored clients progress in monthly case management.

Staff supported clients when they were referred, transferred between services, or needed physical health care.

The facilities promote comfort, dignity and privacy

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

The service had a full range of rooms and equipment to support treatment and care. Both sites had a waiting room, clinic rooms, group rooms and individual interview rooms. The Shrewsbury site was uninviting and required some attention to its décor however the location was temporary, and the service had obtained new premises and was due to move later this year.

Meeting the needs of all people who use the service

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

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. All interview and treatment rooms in Shrewsbury were on the ground floor, those in Oswestry were on the first and second floor and could be accessed by a lift. Many appointments were still being offered either on line or on the telephone. Clients we spoke with liked a mixture of both and could choose their preference.

Nurses offered a health pack for clients who needed them. They included some basic toiletries and hand gels.

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

The service could provide information in a variety of accessible formats so the clients could understand more easily.

The service could provide information leaflets in languages spoken by the clients and local community.

Managers made sure staff and clients could get hold of interpreters or signers when needed.

Listening to and learning from concerns and complaints

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

Clients, relatives and carers knew how to complain or raise concerns. The service had received one complaint in the six months prior to our inspection. It had been closed and the complainant was satisfied with the response.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint. Managers investigated complaints and identified themes.

Staff protected clients who raised concerns or complaints from discrimination and harassment.

Clients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Good

Substance misuse services

The service used compliments to learn, celebrate success and improve the quality of care. The service had received 16 compliments in the six months prior to our inspection.

Are Substance misuse services well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

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

Managers and team leaders had the skills, knowledge and experience to perform their roles. They demonstrated a good understanding of the client group and the impact supporting clients with complex issues could have on staff. They ensured staff delivered high quality care and this was demonstrated in the way we saw staff working with clients.

Managers were accessible and visible in the service to both staff and clients. They had good knowledge of clients and were involved in multidisciplinary team meetings and case management.

Staff told us senior managers were visible and they visited the service.

The manager told us senior staff had been supportive and proactive when procuring new premises in Shrewsbury, and when the service had recently flooded.

Managers and staff had adapted well in response to the COVID-19 pandemic. Staff had been supported to work from home.

Vision and strategy

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

Staff were aware of the provider's strategy and the vision and values, and how this was embedded in the service.

Culture

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

Staff told us they felt valued and respected. They were supported to do their job. The provider recognised staff success and contribution through special recognition awards.

Managers monitored staff morale and job satisfaction through the provider's staff survey and supervision.

Good

Substance misuse services

Staff worked well together, and morale was generally good, although it was recognised that the COVID-19 pandemic and the unsuitable building in Shrewsbury had hit staff hard. When difficulties arose, managers dealt with them appropriately.

The service recognised wellbeing as being important to staff. Wellbeing was discussed in supervision and the provider had a dedicated employee assistance helpline and wellbeing resources were readily available.

Staff told us they were proud to work for the provider; they were able to get what they needed to enhance their work and senior staff listened to them.

Staff told us they knew how to use the Speak Up process.

Governance

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

Senior staff met monthly at clinical governance meetings. The agenda for clinical governance meetings provided a framework to ensure essential information was shared and discussed. For example, the agenda included updates on treatments provided and progress reports, training, audits, feedback from forums and external meetings, updates on policies and procedures, incidents, risk register and complaints and compliments. Governance records showed that all items on the agenda were discussed, including any ongoing actions. Actions and decisions made from the meeting were recorded.

Staff attended forums with local external agencies such as safeguarding including exploitation and medicines management. This gave staff the opportunity to provide input, identify themes and trends and then feedback this information to the service.

The service was working in line with its key performance indicators and had made improvements where needed. For example, the service had identified that they could improve their successful completions.

Management of risk, issues and performance

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

The service had a risk register. Two items were on the risk register; Shrewsbury premises and recruiting staff. Plans were in place to move to appropriate premises in the next few months.

The service had contingency plans for emergencies. The Shrewsbury base had flooded three times in the 18 months they had been there. The emergency plan was enacted, and staff continued to offer a service virtually.

The service worked closely with commissioners and met monthly to discuss key performance indicators and quarterly for contract reviews.

Information management

Staff collected analysed data about outcomes and performance.

Good

Substance misuse services

The service collected and submitted performance data to Public Health England as part of the national recording for substance misuse services. The service could use this data to benchmark against other similar services in the Country.