Addaction RISE - Exeter

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:

- Addaction RISE-Exeter offered clients a range of treatment options for drug and alcohol misuse.
- Clinical staff made safe prescribing decisions following a comprehensive assessment of risk and client needs. They used National Institute of Health and Care Excellence guidance when prescribing medication, offering psychosocial interventions and undertaking community detoxification interventions.
- Clinical staff received training needed to complete their jobs. They engaged in supervision and received annual appraisals.
- Addaction RISE-Exeter reported and investigated incidents. Governance systems were in place to ensure that staff learnt from these.
- The service had clear access criteria and criteria for clients who needed to be seen urgently.
- Addaction RISE-Exeter locations were clean, well maintained and had the necessary equipment to undertake basic physical health checks.
- Clients using the service reported that staff were respectful, polite and caring. Clients felt involved in decisions about the service and had the opportunity to provide feedback.
- Addaction RISE-Exeter offered a weekly friends and family group for those affected by someone's substance misuse.

Summary of findings

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

- Although Addaction had identified that documentation to support prescribing decisions and client recovery was often missing from records or incomplete, they had not worked effectively with staff to ensure that this was completed to an appropriate standard.
- Records did not demonstrate client involvement in treatment through client signature or offering copies of treatment plans.
- Addaction RISE-Exeter had not been providing CQC with all notifications in line with the number of incidents identified locally. This was required as part of their registration.
- The frequency of staff supervision sessions did not meet the standards of local policy.

Summary of findings

Contents

Location name here

Services we looked at:
Substance misuse services

Summary of this inspection

Our inspection team

The team that inspected the service comprised of two CQC inspectors, one assistant CQC inspector, a pharmacist, and two specialist advisors, both with professional experience of working in substance misuse services.

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 clients 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 clients's needs?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information, and gathered feedback from stakeholders.

During the inspection visit, the inspection team:

- visited Addaction RISE-Exeter at locations in Exeter and Tiverton, looked at the quality of the physical environment, and observed how staff were caring for clients,
- spoke with the registered manager, contracts manager, regional medical lead and associate clinical lead pharmacist,
- spoke with four other staff members employed by Addaction,
- spoke with five clients who used the service,
- looked at nine client records,
- observed one clinical meeting and one team meeting,
- reviewed five staff files,
- looked at policies, procedures and other documents relating to the running of the service,
- spoke with the local commissioning manager.

Information about Addaction RISE - Exeter

RISE stands for 'Recovery and Integration Service' and is a partnership between Addaction and EDP Drug and Alcohol Services. RISE is commissioned by Devon County Council until April 2018 to provide adult community substance misuse services. Addaction is responsible for the overall performance of the contract. They are also the CQC registered activity provider for the regulated activities of diagnostic and screening procedures, and treatment of disease, disorder, or injury. Addaction holds the registration for three sites in Devon referred to, for the purposes of CQC as Addaction RISE.

Addaction sub-contracts to EDP. EDP manages premises, information technology, learning, and development. Addaction employs all of the managers, administrators,

Summary of this inspection

clinical staff, family workers, life-skills workers, and a volunteer co-ordinator. EDP employ team leaders, recovery workers, practice development leads and a peer mentor co-ordinator. Addaction reviews the performance of EDP in relation to their contractual requirements through quarterly meetings, which focus on premises, learning, and development and information technology. Addaction manages the performance of all RISE staff, through Addaction's policy and governance frameworks.

Addaction RISE-Exeter offers one to one support; group based psychosocial interventions, substitute prescribing, community detoxification and a needle exchange programme to anyone with drug or alcohol misuse concerns aged 18 years or older. Where needed, the service supports clients to access inpatient detoxification treatment and residential rehabilitation. Support and information is also available to friends and family members affected by someone's drug and alcohol use. At the time of the inspection, Addaction RISE-Exeter was supporting 871 clients in structured treatment across two locations, Exeter and Tiverton.

This was the first CQC inspection of Addaction RISE-Exeter since its registration. CQC inspected regulated activities provided by Addaction only.

What people who use the service say

The service provided us with 13 pre-inspection client questionnaires completed during October and November 2016; we also spoke with five clients using the service. Clients generally told us that they felt safe using the service and were positive about the care they received. Clients felt involved in their care and described staff as respectful, polite and caring.

Two clients we spoke with provided negative feedback. One client was concerned about the frequency of change to their allocated recovery worker. Both clients spoke negatively about the delivery of recovery interventions in-group settings, which they felt forced to attend.

We received three completed comments cards from clients using the friends and family group. All were positive and felt that the group was meeting their needs. Staff facilitating the group were described as caring, supportive and knowledgeable.

We spoke with the local commissioning manger. They believed that the service provided by Addaction RISE-Exeter was safe with robust clinical governance systems and strong medical lead. They felt that the service was open and transparent, and incidents were learnt from and feedback to staff. They identified that they were working with the service to improve the number and quality of detoxification interventions offered to clients.

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 locations visited were clean and well maintained.
- The locations visited had a clinic room and access to the necessary equipment to carry out basic physical health checks
- Clinical staff had received mandatory training that included the safeguarding of children and adults.
- Clinical staff assessed risk, obtained information from GP's and followed National Institute for Health and Care Excellence guidelines prior to prescribing for clients.
- Addaction RISE-Exeter stored prescription stationary securely and logged prescriptions given to clients.
- The provider reported and investigated local incidents. Systems were present to feedback outcomes to staff.

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

- Documentation to support prescribing decisions and client recovery was often missing from records or incomplete. This included risk assessments, risk management plans and unexpected exit from treatment plans.
- Addaction RISE-Exeter had not provided CQC with all notifications in line with the number of incidents identified locally. This was required as part of their registration.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clinical staff undertook a comprehensive assessment of client's needs and provided prescribing rationales at initial and ongoing medical reviews
- Clinical staff recorded prescribing decisions and plans in progress notes and GP summary letters
- Staff used National Institute of Health and Care Excellence guidance when prescribing medication and undertaking community detoxification interventions.
- Addaction RISE-Exeter offered a range of treatment options to clients experiencing drug and alcohol misuse.
- Clinical staff had access to managerial supervision, clinical supervision, and annual appraisals.

Summary of this inspection

- Addaction RISE-Exeter held regular meetings to discuss client care. Meetings followed an agenda and staff recorded the minutes.
- Staff received Mental Capacity Act training and demonstrated good understanding and application to practice.
- The service monitored clients waiting to access structured treatment and made alternative activities available to them.

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

- Recovery plans to support prescribing decisions and client recovery was often incomplete or did not meet standards of being specific, measurable, agreed upon, realistic and time-based.
- The provider did not integrate prescribing plans and recovery plans.
- Although clinical staff had access to regular supervision, this did not occur as frequently as detailed in the local policy.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients told us that staff were respectful, polite and caring. We observed positive interactions between staff and clients.
- Addaction RISE-Exeter offered a weekly friends and family group for those affected by someone's substance misuse.
- Clients told us they had opportunity to provide feedback and be involved in decisions about the service. The service provided comments boxes and cards in waiting areas.

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

- Client records did not demonstrate that clients had signed treatment plans or that staff had offered them copies of plans.
- We did not see details of advocacy services displayed at locations and staff we spoke with were unfamiliar with the services they would refer to.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Addaction RISE-Exeter had clear criteria by which clients would be offered a service. This included criteria under which staff would see referrals urgently.

Summary of this inspection

- Addaction RISE-Exeter was involved in initiatives aimed at engaging clients who found it difficult, or were reluctant to engage with substance misuse services.
- Clients waiting to access treatment were monitored and had non-structured treatment activities available to them.
- Locations visited had access and facilities for clients with disabilities, including wheelchair users.

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

- Addaction RISE-Exeter had a list of clients who were waiting to access structured treatment interventions.
- Addaction RISE-Exeter was not offering an external advocacy service to clients. This was not in line with Addaction policy.
- Not all rooms where staff saw clients were adequately soundproofed.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Addaction RISE-Exeter had not provided CQC with all notifications in line with the number of incidents identified locally. This was required as part of their registration.
- Although Addaction had identified that documentation to support prescribing decisions and client recovery was often missing from records or incomplete, they had not worked effectively with staff to ensure this was completed to an appropriate standard.

However, we also found areas of good practice:

- Staff were familiar with the service's values and the senior managers of both Addaction and EDP.
- Staff we spoke with were positive about their jobs and supported in their roles.
- Addaction RISE-Exeter had systems in place for staff to learn from incidents and complaints.

Detailed findings from this inspection

Mental Health Act responsibilities

The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health were to deteriorate, staff were aware of who to contact. Some of the nursing staff had been trained as registered mental health nurses which meant that they were aware of signs and symptoms of mental health problems.

Mental Capacity Act and Deprivation of Liberty Safeguards

Addaction RISE-Exeter staff had received Mental Capacity Act training as part of the local mandatory requirements. This was provided through e-learning and staff were required to be updated every three years.

Staff accessed and referred to policy guidance on the Mental Capacity Act as part of Addaction's safeguarding adults policy.

Addaction RISE-Exeter staff we spoke with demonstrated a good understanding of the Mental Capacity Act and its application to practice. Staff provided examples of where decisions were deferred if clients presented with high levels of intoxication. Staff were able to escalate and discuss concerns at the multi-disciplinary team meeting.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The Exeter service was in part of a large converted house. Client accessible rooms were located in the basement and at ground floor level. Staff only areas were on the first and second floor and accessed using number coded locks. Staff operating a camera and buzzer system controlled entrance to the service. Staff met clients entering the service and directed them to the waiting area. All client accessible rooms had emergency alarm points apart from the waiting area.
- The Tiverton service included a waiting area, interview rooms and group room. Client accessible rooms had emergency alarm points.
- Both locations had a clinic room and access to the necessary equipment to carry out basic physical health checks including weight, blood pressure, drug and alcohol testing and physical examinations. Staff checked and calibrated equipment on a regular basis.
- Staff checked the clinic room temperature and fridge on a daily basis. Staff recorded these with no omissions. Vaccines for hepatitis A and B were in date and stored in the fridge. Staff used an approved cool box to transport vaccines to remote clinics. The service kept no controlled drugs or medicines for substance misuse on site. Face masks for resuscitation and emergency adrenaline (used to treat serious allergic reactions) was available and in date. Staff told us that they would call 999 in the event of a medical emergency.
- Addaction RISE-Exeter did not stock naloxone. Naloxone is an antidote for opiate overdose and can reverse the effects of an overdose and save client's lives. National clinical guidance considers naloxone to be potentially lifesaving medication. However, the service was starting a naloxone scheme in January 2017.
- Staff checked the temperature in the needle exchange room on a daily basis. We saw that supplies used for needle exchange were in date and well organised. However, boxed supplies of stock were being stored on the floor. Safe injecting and health promotion posters were displayed around the room.
- A registered waste collection company collected clinical waste regularly.
- All areas were clean and well maintained. Addaction RISE-Exeter contracted cleaning to an external service and there were no daily cleaning records for us to view. The contracted service undertook monthly cleaning audits and feedback to EDP, who held contractual responsibility for the management of premises. Staff reported that they held contact numbers for the cleaning provider and found them easy to contact and responsive to additional cleaning requests or emergencies.
- There were hand-sanitising stations at each location and posters advising staff and clients of correct hand washing techniques. At the Exeter service, we saw examples of staff using protective equipment and infection control procedures when undertaking urine and saliva testing.
- Fire extinguishers and portable appliance testing stickers were visible and in date at the locations visited.

Safe staffing

- Addaction and EDP had agreed the staffing requirement during the tendering process to reflect the number of clients in treatment. The manager monitored staffing needs and reviewed them at quarterly contract meetings.
- Addaction RISE-Exeter had a range of staff employed by either Addaction or EDP. Addaction employed the service manager, three non-medical prescribers, one nurse practitioner, one life skills worker, one family support worker, one criminal justice worker and three

administrators. The service employed a doctor to provide two sessions per week. The service accessed support from Addaction's regional medical lead and associate clinical lead pharmacist. EDP employed team leaders and 21.7 whole time equivalent recovery workers in roles including criminal justice and re-settlement.

- The service held shared care arrangements with GPs. This was an agreement between Addaction RISE-Exeter and the GP to provide treatment to the client at their own surgery. Clients were allocated a recovery worker who feedback client's progress so that the GP could make informed prescribing decisions.
- Staff sickness in the previous 12 months until September 2016 was 4%. Substantive staff turnover for the same period was 27%. Staff covered sickness locally and staff planned cover for annual leave. Addaction RISE-Exeter also had arrangements for staff to provide cover across the county. For example, Addaction employed a 'floating' administrator across the county.
- Addaction had no current staff vacancies. There was no reported use of bank or agency staff at the service. The manager reported that there were plans to temporarily fill EDP held recovery worker vacancies during the process of recruitment. Staff planned cover for annual leave.
- At the time of inspection, the service reported 871 clients across two locations. The service manager held an overview of the caseloads of all staff. Non-medical prescribers worked to meet the treatment needs of up to 100 clients, providing medical review every three months. Clients were also allocated to a recovery worker who took the lead in completing the risk assessment, recovery planning and psychosocial interventions. Staff regularly reviewed caseloads during managerial supervision and team meetings.
- The service operated a duty system that professionals and clients could access if their allocated recovery worker was not available. Staff reported that clients requiring a prescribing appointment would be assessed on their level of risk and allocated promptly.
- Clinical staff received mandatory training in areas including safeguarding children and adults, health and safety, information governance and whistleblowing. The service held a training matrix demonstrating that clinical staff were up to date with mandatory training requirements.
- The service used volunteers and peer supporters to help support and run groups, including the recovery café, and provider reception cover. At the time of the inspection there were 10 volunteers and peer supporters based across the two locations.

Assessing and managing risk to patients and staff

- Addaction RISE-Exeter used an electronic risk assessment tool that looked at risk in a number of areas including neglect, violence, vulnerability, and suicide. Clinical staff completed an assessment of risk at initial and ongoing medical reviews and summarised this in client's progress notes and GP letters. Recovery workers also attended medical reviews and led in completing and updating the risk assessment tool. However, we saw that electronic risk assessments were incomplete or lacked detail in three records.
- During the inspection we reviewed nine client records. Clinical staff recorded prescribing decisions and plans in progress notes and GP summary letters. However, supporting documentation was often missing from records or incomplete. For example, risk management plans were missing from five records and plans for unexpected exit from treatment were missing from eight records.
- Staff described how they obtained a physical health history and record of prescribed medications from GPs prior to prescribing and at medical reviews. Staff also requested physical health checks such as blood tests and electrocardiograms from GPs which were included in client records. Staff monitored physical health at medical reviews and clients could contact the 'duty worker' if concerned about sudden deteriorations.
- Addaction RISE-Exeter provided staff with safeguarding training of both adults and children. Safeguarding training was provided electronically at level two and face-to-face at level three. The service held a training matrix demonstrating that clinical staff were up to date with safeguarding training requirements. Staff who we spoke with showed a good understanding of when and how to make a safeguarding referral. Staff accessed local safeguarding policies online and knew how to contact local leads. Staff described working in partnership with local social care agencies where safeguarding concerns had been identified.
- Staff assessed risks and followed National Institute for Health and Care Excellence guidelines prior to providing prescriptions to clients. This included three months

supervised consumption in a pharmacy before clients could take their medication home. Staff assessed the safe storage of medication in the client's home and issued safe storage boxes when required.

- Staff saw clients at service bases, outreach clinics or at client's homes. Lone working practices were supported by a policy and included an assessment of risk. Staff adhered to this policy by carrying mobile phones, informing the duty worker of their movements and recording their whereabouts.
- Staff stored prescription stationary securely and logged prescriptions given to clients. Staff described good communication between the service and supplying community pharmacies. The service had weekly communication with the each pharmacy, and discussed any prescription changes or collection arrangements.
- Addaction RISE-Exeter did not provide separate facilities for clients with children in the building. Although clients were encouraged not to bring children to appointments, staff reported that children would not provide a barrier to treatment. Staff assessed individual risks and arranged appointments at alternative locations.

Track record on safety.

- Addaction RISE-Exeter reported that there had been no serious incidents requiring investigation at the service in the 12 months to September 2016. During the inspection we found that the number of incidents recorded locally did not match the number of statutory notifications made to the CQC. The notifications of incidents to CQC is required as part of registration. For example, in the period April to November 2016 Addaction RISE-Exeter recorded 12 death notifications as critical incidents, one of which should have been reported to CQC.
- Addaction RISE-Exeter's manager gave an example of how the process of client allocation to a keyworker's caseload had been changed following the death of a patient. As a result of the incident the service had made changes to the way new staff were inducted and allocated a caseload of clients to work with.

Reporting incidents and learning from when things go wrong

- Staff knew what to report and gave examples of the types of incidents to be reported. This included safeguarding concerns, attendances by emergency services, and occurrences of client harm or death. Staff recorded incidents on an electronic reporting system and on client's electronic record.
- All reported incidents were investigated by a manager. Resulting action points and learning was discussed at clinical meetings and recorded in minutes. All incidents were discussed at the Devon critical incident review group with outcomes summarised to staff.
- Staff escalated and discussed incidents meeting a threshold at Addaction's monthly national critical incident review group (CIRG), with outcomes summarised to staff. Staff reported that client deaths were escalated to CIRG.
- Staff received feedback from both local and national incidents. Staff met to discuss feedback at clinical meetings, operational meetings and supervision. Staff received summaries and had access to meeting minutes.
- Staff we spoke with reported that they received a de-brief and support following serious incidents. This was recorded on a locally developed template. During the inspection we were aware that the service manager provided a de-brief to staff following a local incident. Addaction provided an employee assistance scheme that staff could access if they required any additional support.

Duty of candour

- Addaction RISE-Exeter followed Addaction's national duty of candour policy. Staff we spoke to commented that the team was open and transparent, which included apologising when things went wrong.

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)

- Recovery workers completed an electronic comprehensive assessment tool with clients following allocation. The assessment was strengths based and covered substance use, physical, mental and social health needs. Staff discussed completed assessments at weekly meetings where clients needing treatment were allocated to a member of the clinical team.

- Clinical staff undertook a comprehensive assessment of client's needs and provided rationale for prescribing at initial and ongoing medical reviews. This included the client's historical and current substance misuse, physical health, mental health and social needs. Staff recorded this in progress notes and summarised in GP letters. We found these to be detailed and up-to-date.
- In nine client records reviewed, we saw that clinical staff recorded prescribing decisions and prescribing plans in progress notes and GP summary letters. However, supporting documentation, such as recovery plans, was incomplete or did not meet National Treatment Agency for Substance Misuse standards of being specific, measurable, agreed upon, realistic and time-based in seven of the records reviewed.
- Addaction RISE-Exeter was in the process of becoming paperless by February 2017. New clients referred to the service in the last three months had only an electronic record. Clients in the service for longer than this had an electronic record and a paper record. Staff accessed electronic records with individual passwords and paper records were stored securely in locked rooms.

Best practice in treatment and care

- Staff described using National Institute of Health and Care Excellence guidance when prescribing medication. They also used the Dug Misuse and Dependence: UK guidelines on Clinical Management.
- Addaction RISE-Exeter employed trained prescription administrators. We found that prescription stationary was stored securely and prescriptions were logged and tracked as they were used.
- The service offered psychosocial interventions as recommended by National Institute of Health and Care Excellence guidance. This included opportunistic brief interventions, cognitive behavioural approach interventions, motivational interviewing, and mutual aid activities. Mutual aid describes activities where clients with similar experiences help each other to manage or overcome issues.
- Staff supported clients to access employment, housing and benefits assistance. If clients required support with more complex issues staff would refer them to social care or other welfare organisations. The service was involved with a local initiative that brought together different services in one location, enabling a joint response to complex needs of clients.
- Staff considered physical healthcare needs as part of the initial and routine medical reviews for prescribing. Staff obtained a physical health history and record of prescribed medications from GPs prior to prescribing and at medical reviews. Staff recorded results of drug tests prior to medical review and recorded physical observations during detoxification interventions.
- Addaction RISE-Exeter offered community detoxification interventions and applications for inpatient detoxification as part of treatment plans for clients using alcohol or opiates. Staff assessed client's need and risk before commencing a community detoxification intervention. Staff regularly supervised clients during community visits or at service locations. Staff referred clients with complex needs for inpatient detoxification.
- Across the county, Addaction RISE provided 11 community detoxification interventions in the six months to November 2016. In the same period the service made 29 applications to inpatient detoxification programmes for patients unable to participate in a community intervention.
- Addaction RISE-Exeter supported clients wishing to apply for residential rehabilitation as part of their treatment plan. In the six months to November 2016 the service had supported six clients across the county in making successful applications.
- Staff offered clients blood borne virus testing for hepatitis and HIV. Addaction RISE-Exeter also offered hepatitis vaccinations.
- Staff routinely completed the Treatment Outcomes Profile to measure change and progress in key areas of the lives of their clients. Staff recorded this at the start of treatment, at three monthly intervals and at discharge. We also saw examples of staff completing the Alcohol Use Disorders Identification Test and the Severity of Alcohol Dependence Questionnaires, both indicated in National Institute of Health and Care Excellence guidance.
- The service manager described regular audit activities to monitor the completion of client's documentation including risk assessments, recovery plans and Treatment Outcome Profiles. Outcomes from audits were fed back to staff during managerial supervision.

Skilled staff to deliver care

- Staff received an individualised induction package overseen by service team leaders. The process of induction included the completion of mandatory training and shadowing of more specialised roles, for example; needle exchange.
- Staff had access to managerial and clinical supervision. Staff received managerial supervision from service managers or team leaders. This was scheduled to occur monthly or to a minimum of 10 sessions per year. Nurses received clinical supervision from the medical lead and non-medical prescribers accessed an additional bi-monthly group supervision. Supervision records were detailed and demonstrated that sessions took place regularly, but not always to the local standard of 10 sessions per year. The service had identified this locally through the process of audit and had developed an action plan to address this.
- Staff received annual appraisals, reviewed after six months. As of September 2016, all non-medical staff had received their annual appraisal.
- All staff had access to monthly operational (team) meetings. If they could not attend staff could read the minutes of team meetings when they returned.
- EDP led on the coordination and delivery of staff learning and development. This included reporting when staff do not attend and compiling the workforce development plan. Addaction was responsible for identifying training required, continuing professional development of clinical staff, authorising the annual plan and ensuring staff attendance.
- Staff we spoke with reported that they had access to specialist training including Royal College of General Practioners drug and alcohol courses. One staff member felt that EDP's management of the learning and development budget was an obstacle to accessing training.
- Managers followed Addaction's human resources policy for the management of all staff performance. Initially, they raised concerns in managerial supervision and escalated in line with policy thereafter.
- Addaction policy required all service managers and team leaders to have professional management qualifications. The service manager told us they would support staff to meet any additional training needs.

Multi-disciplinary and inter-agency team work

- Addaction RISE-Exeter held weekly clinical team meetings. The medical lead, nurses and recovery workers were amongst those who attended. We saw that meetings followed an agenda and staff took minutes. Discussions included actions arising from the last meeting, clients with safeguarding concerns, pregnant clients, and clients waiting for prescribing.
- Staff held case conferences for clients with complex needs. These were often because of discussions held at the clinical meetings. Staff reported that case conferences would commonly involve the client and involved professionals from external agencies.
- Addaction RISE-Exeter held monthly operational meetings that all staff were required to attend. We saw that meetings followed an agenda and staff took minutes. Discussions included service user alerts, development opportunities, service updates and feedback from incidents, accidents and complaints.
- The service had systems in place to facilitate the handover of information between members of the team. Staff distributed meeting minutes throughout the team and recovery workers were required to attend medical review meetings with clients and clinical staff . However, the quality and content of information recorded by staff varied. For example, prescribing plans and recovery plans did not contain consistent information.
- The service had established shared care arrangements with local GP surgeries. Clients with a dual diagnosis were offered a joint assessment with Addaction RISE-Exeter staff and mental health teams. 'Dual diagnosis' is a term to describe clients with mental health problems, who also misuse drugs or alcohol.
- Client care records demonstrated Addaction RISE-Exeter maintained regular communication with a wide range of teams external to the service. This included GPs, pharmacists, social services, criminal justice and homeless services.

Good practice in applying the Mental Capacity Act

- Clinical staff had received Mental Capacity Act training as part of the local mandatory requirements. This was provided through e-learning and staff were required to be updated every three years.
- Staff could access and refer to policy guidance on the Mental Capacity Act as part Addaction's safeguarding adults policy.
- Staff we spoke with demonstrated a good understanding of the Mental Capacity Act and its

application to practice. Staff provided examples of where decisions were deferred if clients presented with high levels of intoxication. Staff could escalate and discuss concerns at the clinical meeting.

Equality and human rights

- Equality and diversity was part of staff's mandatory training. All clinical staff at Exeter had completed this training.
- Addaction RISE-Exeter did not discriminate against clients based on a person's sex, gender, disability, sexual orientation, religion, belief, race or age.
- Leaflets on display were written in English. However, staff at Addaction RISE-Exeter could access information in different languages and spot purchase translators and signers.

Management of transition arrangements, referral and discharge

- Addaction RISE-Exeter had a standardised policy for the transfer of clients in and out of the service that included the completion of a template for transfer. Clients referred to the service from prison were accompanied by a prison release pack, containing current physical health and prescribing information, that staff used to guide treatment decisions .
- Addaction RISE-Exeter had pathways for accessing inpatient detoxification and residential rehabilitation placements.
- Staff supported clients to access employment, housing and benefits assistance. If clients required support with more complex issues staff referred them to social care or other welfare organisations.

Are substance misuse services caring?

Kindness, dignity, respect and support

- During the inspection we observed staff interacting with clients and visitors to the service. We saw these interactions to be caring and respectful. Entries in client records demonstrated that staff understood the needs of clients and were knowledgeable in the treatment of substance misuse.
- Addaction RISE-Exeter provided us with 13 pre-inspection client questionnaires completed during October and November 2016. All respondents indicated that staff were respectful, polite and caring. During the inspection we spoke with five clients using the service, of these two provided negative feedback. This included concerns about the frequency of change to allocated recovery workers and dissatisfaction that recovery interventions were primarily delivered in group settings.
- Staff we spoke with demonstrated an understanding of client needs and spoke positively about the support they provided.
- Staff maintained client confidentiality by using only the approved electronic records, storing paper records correctly and not discussing client information in public areas.

The involvement of clients in the care they receive

- Clients completing the pre-inspection questionnaire reported that they felt involved in their care and thought that staff listened to their views and opinions. Two of the clients we spoke with also agreed.
- In our review of nine client records we found that three had a recovery plan signed by a client or demonstrated that staff had offered them a copy. However, ten of the clients completing the pre-inspection questionnaire and two of the clients spoken with reported that staff had offered them a copy of their recovery plan
- Addaction RISE-Exeter offered a weekly friends and family group for those affected by someone's substance misuse. Clients using the friends and family group returned three completed comments cards, all were positive and felt that the group was meeting their needs. They described staff facilitating the group as caring, supportive and knowledgeable.
- Staff we spoke with were aware of advocacy services but were unable to provide details of the service they would refer to. While we did not see details of advocacy services displayed at the locations visited, eight client feedbacks indicated that they were aware of advocacy services or supported by staff to self-advocate.
- Addaction RISE-Exeter provided comments boxes and cards in waiting areas. There were processes in place to log these comments and communicate to staff, but no process to feedback outcomes to clients. Other initiatives included an annual client satisfaction survey and feedback from a local service user group. Of those clients completing pre-inspection questionnaires, 11 indicated that they had opportunity to provide feedback and be involved in decisions about the service.

Substance misuse services

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

Access and discharge

- Clients referred themselves to the service or professionals from other agencies referred them. Those wishing to self- refer could attend or telephone to speak to a duty worker, or drop-in to a recovery café for information. The needle exchange was accessible to clients who were not in treatment.
- Addaction RISE-Exeter was open to anyone with drug or alcohol misuse concerns who was aged 18 years or older. Young clients had their own service provided by a different organisation. The service also provided support to clients in the criminal justice system and those leaving prison.
- Addaction RISE-Exeter had a target to assess clients within one week of their referral. It then invited them to attend recovery induction groups (RIG). These aimed to provide clients with an introduction to services, treatment information and motivational activities. Attendance at two RIG sessions was mandatory before clients were allocated to a recovery worker or a prescribing appointment. Staff provided clients with a RIG information leaflet that detailed scheduled appointments and the potential consequences of non-attendance.
- Addaction RISE-Exeter had criteria under which some clients would receive urgent allocation to a recovery worker's caseload or a priority prescribing appointment. These included pregnancy, parental responsibility, prison release, or clients assessed as high risk.
- At the time of the inspection, Addaction RISE-Exeter had 47 clients waiting allocation to a named workers caseload. All waiting clients fell within the Exeter catchment area. It was the responsibility of one recovery worker to maintain telephone contact with all clients waiting and feedback any changes in a client's risk presentation to their team leader. The service manager explained that any escalation in a client's risk would result in immediate allocation to a recovery worker's caseload or prescribing appointment. The service manager reported that clients were waiting due to current vacancies for recovery workers and that they had plans to resolve this.
- At the time of the inspection the longest recorded wait was 79 days. All clients waiting to join a recovery induction group could take part in non-structured treatment activities, for example, attending the recovery café or seeing the duty worker.
- Addaction RISE-Exeter offered new start prescribing appointments to non-urgent clients within four weeks of referral. The service offered re-start prescribing appointments to non-urgent clients within two weeks of losing their prescription. For example, those that had missed appointments or failed to collect their prescribed substitute medication.
- Addaction RISE-Exeter was involved in a number of initiatives aimed at engaging clients who found it difficult, or were reluctant to engage with substance misuse services. This included the Green Light Group, for clients with engagement challenges who frequently accessed medical services, and the development of pathways specifically for those with mental health difficulties.
- Addaction RISE-Exeter had a policy for the management of clients that did not attend appointments. Staff described actions they would take depending on the level of client risk identified. This included contact through a pharmacy, a telephone call or letter, calling to a patient's home and liaison with the patient's GP.
- The service could offer clients flexible appointment times. The Exeter location provided appointments every Monday evening and was open on Saturday mornings offering drop-in appointments and recovery groups. Weekly evening appointments were available at Exmouth.
- In the year to September 2016, Addaction RISE-Exeter had 4,976 recorded episodes where clients 'did not attend' planned appointments The service had 279 planned discharges, 445 unplanned discharges and 100 transfers to other services during this period.
- In the three months to November 2016, the three Addaction RISE services across Devon recorded 172 episodes where a client 'did not attend' for a planned medical review. This made an overall 'did not attend' rate of 18% for a medical review.
- The service manager reported that appointments and activities were rarely cancelled and provided examples of how unexpected staff absences would be managed to prevent service disruption to clients.

The facilities promote recovery, comfort, dignity and confidentiality

- The locations we visited had a range of rooms and equipment to support the treatment and care of patients. This included waiting areas, needle exchange facility, and interview, group and clinic rooms. Exeter had a large and well-equipped recovery café that provided clients with an alternative waiting area when it was open.
- The adequacy of soundproofing to interviews rooms varied. We found it to be inadequate at one interview room in Exeter. Staff and clients accessed this room directly from the waiting area. Two interview rooms were inadequate at Tiverton. Conversations could be heard from the corridor outside. This created a risk to client's privacy and confidentiality.
- We saw that information leaflets were available in all waiting areas. This included information on how to complain, substances of misuse, mental and physical health difficulties, mutual aid groups, educational assistance, and local services.

Meeting the needs of all clients who use the service

- Both locations had access and facilities for clients with disabilities, including wheelchair users. The Exeter service was located centrally and accessible by public transport. Staff held clinics in rural communities and were able to make home visits following an assessment of risk.
- Information leaflets on display were in English. Staff knew how to access information in other languages and provided examples of information and letters translated to Polish. Addaction RISE-Exeter subscribed to a service that provided information on treatments and medication in a range of formats for use with clients. During the inspection, we saw examples of easy-read client comment cards in waiting rooms.
- Addaction RISE-Exeter used an external organisation to provide interpreters and signers for the deaf community. Staff reported that these could be easily accessed when needed.

Listening to and learning from concerns and complaints

- Addaction RISE-Exeter received 11 complaints in the year to September 2016. Of these, it upheld two. No complaints were referred to the Parliamentary and Health Service Ombudsman.
- Addaction RISE-Exeter displayed leaflets and posters about raising complaints or compliments at waiting areas and around the locations visited. This information was also available on the service's website and included process details and how to obtain independent advice. Feedback from 12 clients reported that they knew how to raise a complaint. Of these, 10 felt confident to raise a complaint while two did not.
- Staff we spoke with were aware of the complaints process and reported that they would first try to resolve complaints informally before escalating them. Staff knew where to find complaints information and how to support clients through the process of complaining.
- There were processes in place to escalate, and feedback, the outcomes and learning from complaint investigations. Addaction RISE ran quality and clinical governance groups locally, regionally and nationally. All staff received feedback at the operational meeting and a copy of a learning bulletin that summarised learning and actions from the quality and clinical governance groups.

Are substance misuse services well-led?

Vision and values

- The Addaction RISE-Exeter values of responsive, resourceful, reflective and respectful had been developed from the values of Addaction and EDP. Addaction RISE-Exeter displayed posters in the waiting area demonstrating how these three sets of values worked together.
- Staff we spoke with were familiar with the values of RISE and those of its parent organisations.
- The service manager described how team objectives had been developed to reflect the organisation's values and objectives. This included recovery focussed work and integrated working with local agencies.
- Staff we spoke with knew who the senior managers of both Addaction and EDP were. This included the associate director for the region, medical lead and contracts manager.

Good governance

Substance misuse services

- In our review of client records we found that documentation was not complete and did not robustly support prescribing and treatment activities. This included the formulation of risk assessments, risk management plans and recovery plans.
- In November 2016, Addaction undertook an internal audit of service delivery and practice at Addaction RISE-Exeter. At the time of our inspection, the service manager told us that action plans to meet identified areas of improvement were going to be developed. This included ensuring that client documentation was complete and recovery plans met required standards.
- Records demonstrated that clinical staff were up-to-date with mandatory training requirements.
- Staff had access to managerial and clinical supervision. While records did not demonstrate that supervisory practices met the local standard of 10 sessions per year, supervision records viewed during inspection were detailed and demonstrated regularity. Staff received annual appraisals that were reviewed every six months.
- Staff knew what to report and gave examples of the types of incidents to be reported. However, we found that Addaction RISE-Exeter had not been providing CQC with regular notifications as part of their registration process.
- Addaction RISE-Exeter had systems in place for staff to learn from incidents and complaints. Although service user feedback was collected, there was no process in place to demonstrate outcomes to clients.
- Staff engaged in Addaction's audit programme. Addaction shared this learning locally and nationally across the organisation.
- Staff received Mental Capacity Act training as part of the local mandatory requirements. Staff we spoke with demonstrated a good understanding of the Mental Capacity Act and its application to practice. Systems were in place to escalate and discuss concerns at clinical meetings
- Addaction RISE-Exeter used key performance indicators to measure the performance of the team. These were based on all aspects of service delivery and regularly reported to service commissioners.
- Team managers reported the ability to work with authority locally and received good support from their administrative staff.
- The service manager submitted items to the Addaction RISE risk register. Managers discussed these at Addaction RISE's monthly clinical and social governance group meetings.

Leadership, morale and staff engagement

- The service manager reported that there had not yet been a specific Addaction RISE-Exeter staff survey. However, there had been staff away days and staff had contributed to the content of these.
- Staff sickness and absence rates of all staff at Addaction RISE-Exeter in the 12 months until September 2016 was 4%. Staff turnover for the same period was 27%.
- The service manager reported that there were no current bullying or harassment cases.
- Addaction RISE-Exeter had a local whistle blowing policy that staff accessed online. Staff knew how to use the whistle-blowing process and felt able to raise concerns without fear or victimisation.
- Staff we spoke with consistently positive about their jobs and felt supported in their roles. Staff that identified stress levels at work reported that it was manageable. Overall staff were positive about relationships in the team and one member of staff described Addaction as a good employer.
- Staff we spoke with demonstrated that they were open and transparent and would provide explanations to clients if things went wrong.
- Addaction staff we spoke to felt that they were able to give feedback and help to improve the service.

Commitment to quality improvement and innovation

- In November 2016, Addaction undertaken an internal audit of service delivery and practice at Addaction RISE-Exeter in order to monitor and improve client care and outcomes.
- Other engagement initiatives included setting up a Green Light project for clients in the south of Devon. This group supports clients who have been prescribed opiates for a long time build the skills and confidence to start reduction.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure the confidentiality of clients can be maintained while receiving support.
- The provider must work with staff to ensure that all clients have a completed, accurate and up to date client record to support prescribing and treatment decisions. This includes risk assessments, risk management plans, unexpected exit from treatment plans and recovery plans.

Action the provider SHOULD take to improve

The provider should ensure that CQC is notified of all incidents that require statutory notification, as set out in the registration of the service. The provider should offer an external advocacy service to its clients.

- The provider should ensure that staff supervision practices meet the minimum standard of locally agreed policy.
- The provider should ensure that treatment records demonstrate client involvement through signatures and the sharing of treatment and recovery plans.
- The provider should continue to work to reduce the waiting times of clients waiting to access structured treatment.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Interview room was not soundproofed and conversations from one to one work could be heard from the adjoining area. This is a breach of regulation 10 (2) a

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Although Addaction had identified that documentation to support prescribing decisions and client recovery was often missing from records or incomplete, they had not worked effectively with staff to ensure this was completed to an appropriate standard. This is a breach of Regulation 17(2) (a) (c).