

East Kent Substance Misuse Service - Swale

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Outstanding 

Are services well-led?

Good 

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

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

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

Summary of findings

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 rated East Kent Substance Misuse Swale good overall because



- The service provided person centred care that clearly focussed on individual needs. There was a great commitment towards continual improvement and innovation. A specialist hepatitis nurse attended the service to reduce stigma and barriers to treatment. Data provided by the service showed that 15 clients had been referred for treatment since November 2015. A peer mentor supported clients attend their appointments to encourage engagement in treatment for hepatitis C. There was an alcohol pathway to support clients with alcohol issues. The service was in the process of developing a dedicated pathway for clients who used opiates and for trauma informed care.
- The service actively sought to reduce stigma and engage hard to reach and treatment naïve clients. Staff, including the clinical team, offered flexible appointments and times and saw clients in a range of settings, including at home, to reduce barriers to treatment and meet individual need. Staff supported clients with additional needs including benefits and housing. There was a daily drop in service so that people could access the service without an appointment for advice and information. The service offered a weekly evening clinic to accommodate clients who were employed or preferred to be seen outside of normal working hours. The service provided an out of hours telephone line. A member of staff carried toiletries in their car to give to clients who were homeless or in need.
- There were targeted surveys and the service invited feedback from clients throughout their treatment. There were feedback forms and a suggestion box in the waiting room to capture suggestions to improve and develop the service.
- The clinic room was clean, tidy and well equipped. There was an emergency grab bag that contained emergency medicines. The needle exchange was well stocked and harm reduction advice was displayed and available for clients to take with them. Staff stored medicines securely and there were robust systems in place for the management of prescriptions.
- There was a range of disciplines in each team which included specialist doctors, non-medical prescribers, recovery workers with a range of qualifications and peer mentors with lived experience. The clinical team had extensive knowledge and skills of working within substance misuse. All staff completed an induction which included mandatory and core training. There was specific management and leadership training for managers. Staff had lead roles including safeguarding and dual diagnosis that staff could go to for advice and support.
- Safeguarding was clearly embedded in all aspects of the service. There was a safeguarding and domestic abuse lead at the service that provided advice and bespoke training for staff.
- Managing risk was integral to the service. Staff completed risk assessments and risk management plans that were reviewed regularly. Risk was discussed during appointments. Staff were able to track and monitor risk levels on the electronic client record. Staff completed recognised screening tools and withdrawal tools to assess dependence and to monitor and respond to risk. The service provided lockable boxes to clients prescribed detoxification medicines, to reduce risk of inappropriate ingestion. Staff provided and trained clients, families, carers and relevant professionals how to administer naloxone to reduce the risk of opiate related deaths.
- The assessments and interventions provided by the service were line with National Institute of Health and Care Excellence guidelines. The provider offered a specific alcohol pathway for clients which explored the physical, mental and social effects of alcohol misuse. The service used innovative ways to provide harm reduction advice to clients including via drug alert text messages about possible adulterated drugs which could prove fatal if used.

Summary of findings

- Staff demonstrated a genuine interest in clients' wellbeing. Staff spoke about clients with compassion, dignity and respect. Staff were non-judgemental and strived to ensure that clients' needs were all met. A carers lead had recently started a carers and support group.
 - There was a clear management structure for the service. Leaders had the skills, knowledge and experience to perform their roles. Team leaders had a good understanding of the service and clearly explain how to provide high quality care.
 - Staff said they were supported and valued by managers and colleagues and felt able to raise concerns without fear of victimisation. The service promoted equality and diversity and provided opportunities for apprentices, volunteers and peer mentors with lived experience of substance misuse.
 - The service had clear quality assurance management and performance frameworks in place. There were clear frameworks of what needed to be discussed at service level to ensure that essential information, such as learning from incidents, was shared and discussed. The communications team sent a weekly e-bulletin to staff.
 - Managers and clinicians completed a variety of audits to ensure a safe, effective and responsive service. Managers and staff had oversight of dashboards to monitor caseload, risk, recovery plans and clients' care and treatment.
- However:
- We reviewed five recovery plans which were basic and did not focus on client strengths. Staff told us that recovery plans were completed collaboratively with clients, but none of the recovery plans we reviewed contained a client's signature. Staff did not routinely offer clients a copy of their recovery plan.
 - Clients' routine medical reviews were sometimes delayed because the doctor and non-medical prescriber were shared across the two teams because another doctor employed by the service had recently retired.
 - Despite staff explaining risks of leaving treatment early to clients, only one of the five care records reviewed included a plan for unexpected exit from treatment.
 - Care record audits only involved checking the electronic dashboards of staff and did not consider the quality of the information. Staff didn't track the client records that had been audited.
 - The business continuity plan and some of the service' risk assessments were out of date.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	
Community-based substance misuse services	Good 	

Summary of findings

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Summary of this inspection

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Good 

East Kent Substance Misuse Service Swale

Services we looked at

Community-based substance misuse services

Summary of this inspection

Background to East Kent Substance Misuse Service - Swale

East Kent Substance Misuse Service Swale provides specialist community treatment and support for adults affected by substance misuse. The service is one of four provided by The Forward Trust and is commissioned to provide treatment for people who live in East Kent.

The service had previously been one of five services, but the former Canterbury service had recently merged with Swale following the closure of their hub. Staff saw clients who had previously been seen at the Canterbury service in a range of satellite services.

The provider recently merged with an employment specialist agency to support clients' integration into the community.

The Kent Drug Alcohol Team funded treatment for the majority of clients at the service. Most of the referrals into the service were self-referrals.

The service offered a range of services including initial advice; assessment and harm reduction services including needle exchange; prescribed medication for alcohol and opiate detoxification; naloxone dispensing; group recovery programmes; one-to-one key working sessions and doctor and nurse clinics which included health checks and blood borne virus testing.

The service had good partnership working in the local area and across East Kent with other agencies, including social services, probation, GPs, pharmacies and homeless charities/services.

The service registered with the Care Quality Commission on 1 May 2017 to provide the regulated activity treatment of disease, disorder and injury.

The manager had recently submitted an application to CQC to become the registered manager for the service.

The service was last inspected on 7 November 2017. The provider was issued with one requirement notice that related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 18 HSCA (Regulated Activities) Regulations 2014 Staffing

This was because the inspection found that staff did not receive appropriate support, training and development to enable them to fulfil the requirements of their role. After the inspection, the provider submitted an action plan and demonstrated during engagement meetings that they had acted on these concerns. During this inspection, we saw that this requirement had been met.

This is the first time the service has been inspected using the ratings methodology for substance misuse services.

Our inspection team

The team that inspected the service comprised two CQC inspectors, an inspection manager, an assistant inspector and a specialist advisor with knowledge and experience of working in substance misuse.

Why we carried out this inspection

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

Summary of this inspection

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

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

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the physical environment, and observed how staff were caring for clients
- visited and observed staff working from one of the satellite services

- spoke with two team leaders
- spoke with eight staff members including the doctor, the clinical nurse lead, a nurse, two recovery workers, two script base workers and an administrator
- spoke with seven clients and one carer
- attended and observed two medical assessments, a medical review, a one to one appointment and a clinical review meeting
- looked at five care and treatment records of patients
- looked at one set of medical assessment review notes
- carried out a specific check of the medicine and prescription management
- looked at staff supervision notes and recruitment information
- looked at incidents and the incident reporting system

looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients said that staff were non-judgemental, respectful and friendly. Five of the seven clients we spoke with said that the care and treatment they had received had been positive. They said that staff were friendly, helpful and responsive to their needs. However, one client said that their support had stopped when they had completed their detox. Feedback about satellite services was generally positive, although two clients said that it could sometimes be difficult to contact their recovery worker.

We spoke to a carer who spoke positively about the care and support that both they and their relative had received. They told us that they had received one to one support and now attended the carers group, which they found helpful.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **good** because:

- The clinic room was clean, tidy and well equipped. There was an emergency grab bag that contained emergency medicines. There was a well-stocked needle exchange and harm reduction advice was displayed and available for clients to take with them. Staff stored medicines securely and there were robust systems in place for the management of prescriptions.
- Staff were skilled, competent and experienced. They demonstrated a high level of understanding about the physical and mental health effects of substance misuse. The clinical team had extensive knowledge and skills of working within substance misuse. Caseloads had been adjusted for team leaders to account for additional responsibilities because of reduction from two to one team leader per team.
- Staff followed the service's prescribing and treatment policy for clients receiving medically assisted treatment which was in line with national guidance. Doctors completed a comprehensive medical assessment before prescribing detoxification medicines. Doctors and non-medical prescribers monitored clients daily for the first five days of their treatment and were competent in recognising signs of deterioration of physical or mental health.
- Safeguarding was clearly embedded in all aspects of the service. Staff discussed safeguarding as a regular agenda item at meetings and there were robust systems in place to respond to concerns. There was a safeguarding and domestic abuse lead at the service that provided advice and bespoke training for staff. The safeguarding lead maintained a safeguarding register which recorded details of all clients who had social services involvement.
- Staff completed risk assessments and risk management plans that were reviewed regularly. The doctor discussed risk during medical appointments. Staff were able to track and monitor risk levels on the electronic client record. Staff completed recognised screening tools and withdrawal tools to assess dependence and to monitor and respond to risk.
- The service provided lockable boxes to clients prescribed detoxification medicines, to reduce risk of inappropriate ingestion. Staff provided and trained clients, families, carers and relevant professionals how to administer naloxone to reduce the risk of opiate related deaths.

Good



Summary of this inspection

However:

- Only one of the five records reviewed contained a plan for unexpected exit from treatment. However, risks including leaving the service before the treatment was complete was discussed with clients during their ongoing appointments.
- Although the doctor and non-medical prescriber offered regular clinics, they were shared across the two teams. This meant that routine appointments were affected by urgent referrals or prison releases, although clients were offered alternative appointments.

Are services effective?

We rated effective as **good** because:

- There was an innovative treatment pathway for clients at risk of contracting hepatitis C. A specialist hepatitis nurse attended the service to reduce stigma and barriers to treatment. A peer mentor supported clients attend their appointments to encourage engagement in treatment for hepatitis C.
- There were dedicated treatment pathways to ensure client needs were met. The service was in the process of developing a dedicated pathway for clients who used opiates and for trauma informed care.
- The service used innovative ways to provide harm reduction advice to clients including via drug alert text messages about possible adulterated drugs which could prove fatal if used.
- Comprehensive and medical assessments were thorough and holistic. Assessments were in line with National Institute of Health and Care Excellence (NICE) guidelines QS11. Staff arranged appropriate interventions including electro cardiograms for clients who were prescribed high doses of detoxification medicines. The service offered a wide range of interventions in line with NICE Guidelines QS23. The provider offered a specific alcohol pathway for clients which explored the physical, mental and social effects of alcohol misuse.
- There were a range of multidisciplinary meetings so that staff could share information and discuss complex clients. Staff worked closely with a range of professionals to ensure that the needs of the clients were met. The service had recently introduced prescriber forum meetings to share good practice and monitor clinical targets.
- All staff completed an induction which included mandatory and core training. There was specific management and leadership training for managers.

However:

Good



Summary of this inspection

- We reviewed five recovery plans which were basic and did not focus on client strengths.

Are services caring?

We rated caring as **good** because:

- Staff demonstrated a genuine interest in clients' wellbeing. Staff spoke about clients with compassion, dignity and respect. Staff were non-judgemental and strived to ensure that clients' needs were all met.
- Feedback from clients was mostly positive. Clients said that they had a good relationship with their recovery workers. They said that staff were non-judgemental and that they were happy with their care and treatment. One client told us of the opportunities they had been given regarding peer mentorship at the service. One of the seven clients we spoke with said they felt let down because they felt their support had stopped when they had completed their treatment. Feedback about the satellite service was mainly positive.
- There were targeted surveys for clients and the service invited feedback about client experience of their treatment to improve and develop the service. Families and carers could access the drop-in service for advice and support.
- There was a carers' lead who had recently started a carers group. Staff involved families and carers in clients' treatment, where client consent had been obtained. We observed a carer attending a medical assessment for a client who was about to start an alcohol detox, so that they could ask questions and manage expectations. A carer told us that staff were supportive and involved them in their relative's care, ensuring that confidentiality was maintained.

However:

- Staff told us that recovery plans were completed collaboratively with clients, but none of the recovery plans we reviewed contained a clients' signature. Staff did not routinely offer clients' a copy of their recovery plan.

Good



Are services responsive?

We rated responsive as **outstanding** because:

- The service actively sought to reduce stigma and engage hard to reach and treatment naïve clients by providing treatment from a range of satellite services and conducting home visits. The service offered incentives including food vouchers, to encourage clients to be vaccinated against blood borne viruses.

Outstanding



Summary of this inspection

- There was a daily drop in service so that people could access the service for advice and information without an appointment. The service offered a weekly evening clinic to accommodate clients who were employed or preferred to be seen outside of normal working hours. Clients could use an out of hours telephone number to speak with staff if required.
- Staff, including the clinical team, offered flexible appointment times and saw clients in a range of settings, including at home, to reduce barriers to treatment and meet individual need. Staff saw clients in a number of satellite services so that clients did not need to travel long distances to be seen.
- Staff appropriately signposted clients for specialist support where required. A member of staff carried toiletries in their car to give to clients who were homeless or in need.
- Staff saw clients within 24 hours of allocation and completed a comprehensive assessment within seven days.
- The service offered a range of interventions dependent upon need. Clients who required clinical input engaged in structured treatment. Clients who needed more unstructured treatment were offered focussed brief intervention appointments.
- We observed staff supporting clients throughout their treatment and transfer between services including hospitals. There was a dedicated member of staff to ensure the smooth transition of clients care who had been released from prison.
- The provider had recently merged with an employment specialist that supported clients to access education, training and employment and enhance integration into the community.
- The service invited feedback from clients throughout their treatment. There were feedback forms and a suggestion box in the waiting room to capture feedback to improve and develop the service.

Are services well-led?

We rated well-led as **good** because:

- There was a clear management structure for the service. Leaders had the skills, knowledge and experience to perform their roles. Team leaders had a good understanding of the service and clearly explain how to provide high quality care.
- Staff and team objectives were based on the provider's vision and values. Staff understood the vision and values of the service and their role in achieving them. Staff had lead roles including safeguarding and dual diagnosis that staff could go to for advice and support. Staff contributed to the development of the service and had made changes to better meet the needs of clients.

Good



Summary of this inspection

- Staff said they were supported and valued by managers and colleagues and felt able to raise concerns without fear of victimisation. The service promoted equality and diversity and provided opportunities for apprentices, volunteers and peer mentors with lived experience of substance misuse.
- The service had clear quality assurance management and performance frameworks in place. There were clear frameworks of what needed to be discussed at service level to ensure that essential information, such as learning from incidents, was shared and discussed. The communications team sent a weekly e-bulletin to staff.
- There was a clear audit trail and risk management for prescription management. The service had a dedicated prescription team to process repeat and instalment prescriptions. Prescribers cross referenced people's care records to ensure any changes to prescribed medicines were updated before authorising prescriptions.
- Managers and clinicians completed a variety of audits to ensure a safe, effective and responsive service. Managers and staff had oversight of dashboards to monitor caseload, risk, recovery plans and clients' care and treatment.
- The service had a business continuity plan to ensure that services would be maintained for clients in the event of emergencies. For example, in the event of adverse weather.
- The service completed regular surveys with clients. Staff invited feedback from clients at various stages of their treatment and via the comments box in the waiting area.
- There was a commitment towards continual improvement and innovation. There was an alcohol pathway to support clients with alcohol issues. A specialist hepatitis nurse provided treatment for hepatitis C from the service. The service was in the process of developing a dedicated pathway for clients who used opiates and for trauma informed care.
- Staff had worked hard to identify satellite services that would be most appropriate for clients in terms of location and stigma. Staff worked hard to reduce the barriers for clients accessing treatment.

However

- The business continuity plan and some of the service risk assessments were out of date.
- Care record audits only involved checking the electronic dashboards of staff and did not consider the quality of the information. No record was kept of client records that had been audited, meaning that there was no way of knowing which records had been reviewed.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider delivered annual Mental Capacity Act training to staff. Data provided by the service showed that six of 11 staff from the Swale team and four of seven staff from the Canterbury team had completed this training.

Staff we spoke with demonstrated a good understanding of how substances can affect a client's capacity to make

decisions about their treatment. Staff rearranged appointments where clients attended the service under the influence so that they could make informed decisions about their care.






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	Good	Outstanding	Good	Good
Community-based substance misuse services	N/A	N/A	N/A	N/A	N/A	Good
Overall	Good	Good	Good	Outstanding	Good	Good

Notes

Substance misuse services

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

Are substance misuse services safe?

Good 

Safe and clean environment

- The environment was clean, comfortable and well maintained. There was a range of rooms including a clinic room, needle exchange room, rooms for one to one appointments and a group room. There was a dedicated area for staff to complete drug screening to ensure dignity and respect for clients.
- The clinic room was clean, tidy and well equipped. Staff monitored and recorded fridge temperatures daily, which were all in range. All vaccinations locked in the fridge were in date. Naloxone was kept in a locked cabinet. Naloxone is an emergency drug used to reverse the effects of an opiate overdose. Staff completed a naloxone log which recorded batch number, expiry date, risk assessment, safe storage and a client signature to confirm they had been trained in its use. There was an emergency grab bag which contained adrenaline which was in date. However, the corresponding record had not been updated to show that the adrenaline had been updated. An external provider collected clinical waste. The clinic room at the satellite service we visited was clean and contained a sink, examination couch and sharps bin. All equipment was calibrated and portable appliance testing (PAT) testing stickers were in date.
- There was a well-stocked needle exchange in line with National Institute for Health and Care Excellence (NICE) guidelines. Harm reduction information was displayed and available for clients to take with them.

- Information about safeguarding, harm reduction, drug alerts and risks related to alcohol and substance misuse was clearly displayed in the waiting area
- Both teams had a health and safety folder which contained improvement plans, risk registers, business continuity plan and engineer visit reports. However, the business continuity plan was due to be reviewed in September 2018 and some of the risk assessments were out of date.
- Staff followed the infection prevention and control policy. Posters showing the correct way to wash hands to reduce risk of infection were clearly displayed. Staff completed monthly clinical audits which included actions required.

Safe staffing

- Data provided by the service showed that on 7 January 2019, there were 464 clients for Swale and Canterbury. This equated to 211 clients for Swale and 253 clients for Canterbury. During our inspection, we saw that caseloads ranged between 31 to 66 for satellite staff and 34 to 47 for staff based at Swale. Case weights were based on working hours, complexity of clients and average number of contacts per week.
- A recent restructure had led to team leaders to being reduced from two to one, per service. The caseload for the team leader for Swale had been adjusted to account for additional responsibilities. The team leader for the Canterbury team held a caseload of approximately 30, many of which would be transferred to a recently recruited recovery worker when they had completed their induction.
- The doctor and non-medical prescriber (NMP) held regular clinics so that clients were seen as soon as possible after referral. The doctor and NMP were shared across the two teams. The number of appointments to

Substance misuse services

see a doctor was affected by the recent retirement of one of the doctors employed by the provider. Routine appointments for clients who were stable were often cancelled and used for more urgent appointments. The provider had identified inadequate clinical cover as 'high' on their risk register.

- At the time of the inspection, the teams were operating as two separate staffing teams. However, staff told us that they planned to merge the two teams so that they were more integrated to allow more flexible working. There were 11 staff in the Swale team and seven staff in the Canterbury team. The manager was responsible for both teams. Both teams comprised a team leader, recovery workers and administrative staff. There was also an apprentice and two peer mentors in the Swale team and a part time criminal justice worker in the Canterbury team. Both teams shared a specialist prescribing doctor and a nurse non-medical prescriber (NMP). The clinical and non-clinical staff in both teams had significant knowledge and experience of working within substance misuse. They demonstrated a high level of understanding about the effects of substance misuse and competence in recognising and responding to a deterioration in a client's physical or mental health.
- Data provided by the service reported 12% vacancies and 6% sickness for Swale staff and 14% vacancies and 1.5% sickness for Swale staff as of 26 February and 5 January 2019 respectively. Staff from within the teams covered annual leave or sickness.

Mandatory Training

- The provider had recently reviewed their mandatory training in response to feedback from staff. A training needs analysis had been completed to ensure that training was relevant and staff needs were met. Additional changes included the role of the learning and development facilitator being changed to a regional specialist.
- The training records held locally differed from those held by the provider's learning and development team. The local training record suggested poor compliance by a member of staff who was managed by a team leader based at another service. Inspectors raised this during the inspection and were assured that they had acted on this information.
- Mental Capacity Act training was delivered annually. Six of 11 staff from the Swale team and four of seven staff from the Canterbury team had completed this training.

Assessing and managing risk to patients and staff

Assessment of service user risk

- We reviewed five care records. All contained a clear risk assessment and risk management plan. Only one of the records reviewed contained a plan for unexpected exit from treatment, however harm reduction and risks of leaving treatment were clearly explained to clients. Staff were able to track and monitor risk using their dashboard using the electronic care records.
- We saw evidence in care records of staff monitoring clients' physical and mental wellbeing. We observed the doctor discussing risk during medical reviews. Staff discussed warning signs and any deterioration in clients' health during the clinical meeting, agreeing actions to respond appropriately.
- In line with NICE recommendations, staff completed the alcohol use disorders identification test (AUDIT) and the severity of alcohol dependency questionnaire (SADQ) to assess dependence. Recognised withdrawal tools were completed to monitor and respond to change in risk. This included the clinical institute withdrawal assessment of alcohol scale (CIWA-r) and the clinical opiate withdrawal scale (COWS).
- Staff working in satellite services followed the provider's lone working policy. Staff signed to confirm that they had read and understood the policy.

Management of service user risk

- We saw evidence of staff providing harm reduction advice to clients during medical assessments, one to one appointments and in client records. One record reviewed clearly demonstrated staff discussing risks and providing harm reduction advice for a client who was pregnant. Staff discussed risk during clinical meetings and agreed actions to complete to mitigate risk.
- Staff provided a lockable box for all clients who were prescribed an opiate detox. Staff provided and trained clients how to administer naloxone to reduce the risk of overdose. Training in administering naloxone was also provided to families, carers, support workers and any relevant person involved with a client at risk of opiate overdose.

Substance misuse services

- Staff had good working relationships with pharmacies who dispensed detoxification medicines. Pharmacy staff contacted the service when clients did not attend to collect their medicines so that staff could check on the client's wellbeing.

Safeguarding

- Safeguarding was very embedded in the service. All staff completed mandatory safeguarding training. Safeguarding was an agenda item for a number of meetings including daily check ins, clinical, regional managers meetings, regional governance meetings, weekly hub and allocation meetings. Staff discussed and reviewed all clients who were on the safeguarding register during the monthly safeguarding meeting. Safeguarding information was clearly displayed in the service.
- Staff were competent and demonstrated a clear understanding of safeguarding issues. There was an experienced safeguarding lead at the service who offered advice and bespoke training for staff about safeguarding and home visits. The safeguarding lead was responsible for ensuring that the service met safeguarding standards.
- The safeguarding lead maintained a safeguarding register which contained details of all clients with social services involvement to ensure the register is reflective of the clients discussed. Staff reviewed clients on the register during weekly clinical meetings.
- Staff electronic dashboards clearly showed any clients where there were safeguarding concerns.
- The safeguarding lead attended a monthly meeting with safeguarding leads from other services of the provider, to support development and to share learning.
- The service had a multi-agency risk assessment conference (MARAC) lead who attended meetings and shared information with staff. MARAC meetings is a meeting where agencies talk about the risk of future harm to people experiencing domestic abuse and if necessary their children and draw up an action plan to help manage that risk. The MARAC lead was due to attend training to be able to chair the meetings.

Staff access to essential information

- Staff used electronic care records to store client information. Paper records, including GP summaries were uploaded onto the client's electronic care record. Staff told us the system was clear and easy to navigate.

- Staff who saw clients at satellite services were able to access the electronic client records to update case notes. Staff completed online assessments, which were uploaded onto a shared drive. Once uploaded, admin staff transferred the documentation onto the client's electronic record.

Medicines management

- The service had effective policies and procedures in place for the safe management of medicines, including obtaining, storing, prescribing, administering, supplying and disposal.
- Doctors assessed clients before prescribing detoxification medicines. Doctors and non-medical prescribers monitored clients daily for the first five days of their treatment. Staff supported and encouraged clients to attend group work and one to one appointments alongside taking their medicines.
- Staff supplied emergency medicines to people at risk of opiate overdose. Staff provided training and information about how to administer before supplying.
- Staff referred clients to their GP for ongoing physical health monitoring. The service had health trainers on site to provide lifestyle information and support. For example, on how to stop smoking.
- The service had a dedicated prescription team to process repeat and instalment prescriptions. Prescribers cross referenced people's care records to ensure any changes to prescribed medicines were updated before authorising prescriptions. The service had arrangements with local community pharmacies to send prescriptions for dispensing securely and obtained acknowledgement of their receipt. Blank prescription forms and those waiting to be signed were stored securely and there were processes in place to record and track all prescriptions throughout the service.
- Medicines incidents were reported, investigated and lessons were shared in monthly governance meetings. Prescribers received feedback during supervision meetings and shared best practice through a prescribers' forum. Staff worked with the organisation's research team to look at trends of incidents; information was used to develop services and training. The provider's governance and quality team shared trends from incidents in a regular e-bulletin.

Substance misuse services

- Nationally issued safety alerts, that included medicines, were received by the service director and cascaded to staff if action was required. The service also had the ability to forward information to people using the service via text message.

Track record on safety

- The service had reported 16 incidents that met their serious incident criteria between 1 January and 31 December 2018. Incidents included death of clients, referral to social services, medicine related incidents and major service disruption.

Reporting incidents and learning from when things go wrong

- All staff had access to the electronic incident reporting tool and knew what should be reported. Information was cascaded to managers and appropriate personnel so that an initial investigation could take place to identify if a root cause analysis was required. Managers and the quality and assurance team monitored and signed off incidents when actions had been completed.
- Staff gave examples of how learning had been shared following an incident. We observed changes to practice following a recent incident, where staff now escorted clients from the building.
- The service had a duty of candour policy. Staff understood their responsibilities about duty of candour. Duty of candour is a legal requirement that means providers must be open and transparent with clients about their care and treatment.

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

Good 

Assessment of needs and planning of care

- Staff completed a comprehensive assessment for all clients. Assessments included information about substance misuse history, physical and mental health, social needs and criminal justice history to ensure that client needs could be met. Assessments were

completed within seven days of referral. Staff liaised closely with clients' GPs and requested a summary of prescribed medicines prior to initiating prescribed medicines.

- We observed medical assessments, medical reviews and one to one appointments that were holistic, person centred and comprehensive. Staff discussed risks, physical health including taking vital observations, substance use, harm reduction advice, relationships and support networks. Comprehensive and medical assessments were in line with NICE guidance QS23.
- Staff had completed recovery plans in all five records reviewed. We saw that staff regularly reviewed and updated the recovery plans. However, the plans were basic and did not focus on client strengths. Staff said they completed recovery plans collaboratively with clients. However, none of the recovery plans reviewed contained a clients' signature and only one of the five records showed that staff had offered the client a copy of their recovery plan. Staff told us they did not routinely offer clients a copy of their recovery plan, although they would provide a copy if requested.
- There was a criminal justice worker who worked closely with prisons to ensure a smooth transition into community treatment.

Best practice in treatment and care

- Staff provided a range of care and treatment interventions to ensure that the needs of clients were met. Interventions were delivered in line with NICE guidance QS23. Treatment offered included brief intervention, harm reduction advice, needle exchange and more structured clinical treatment in the form of medical assessments, one to one appointments and group work.
- The provider had adapted pathways into treatment using information captured from surveys. The service offered a specific alcohol pathway for clients. The pathway was a five-week rolling psychological intervention programme which explored the social, physical and mental effects of alcohol use. There was an abstinence relapse group for clients who had completed an alcohol detoxification and / or stopped drinking. Clients who had completed the alcohol pathway were able to feedback on their experience to ensure that their needs were being met. The service was developing a

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specific pathway for clients misusing opiates and a trauma informed care pathway. There were separate pathways for mentors who relapse to maintain privacy and dignity.

- There was an innovative treatment pathway for clients at risk of contracting hepatitis C. The service offered testing and vaccinations against blood borne viruses. A specialist hepatitis nurse attended the service and provided treatment to clients who had been diagnosed with hepatitis C. Data provided by the service showed that 15 clients had been referred for treatment since November 2015. One of the peer mentors employed by the service supported clients to attend appointments to encourage engagement in hepatitis treatment. The service had seen an increase in the number of clients engaging in treatment for hepatitis because they were able to see the specialist nurse in familiar surroundings and they support received to attend appointments.
- We observed three medical assessment and review appointments with the prescribing doctor and non-medical prescriber, and a one to one appointment with a recovery worker. Each appointment was comprehensive, holistic and demonstrated a high level of knowledge of working with clients with substance misuse issues. Staff completed physical health checks and relevant tools including CIWA-r, used to monitor level of alcohol withdrawal. Where it was the first time that staff had met the client, they familiarised themselves with the clients' needs by reading their notes prior to the appointment.
- Where clients were prescribed a high dose of opiate substitute medicines, staff arranged for clients to have an electrocardiogram (ECG). High doses of certain detoxification medicines can have a serious effect on cardiac health.
- Staff provided clients with lockable boxes to store medicines, to reduce the risk of carers or children taking this medicine. Staff provided naloxone to clients, carers and professionals so that it could be administered in the event of an overdose.
- Staff supported clients with a range of issues including physical and mental health, benefits, housing and employment. Where more specialist support was required, staff signposted clients to the appropriate agency.
- The service sent drug alert text messages to clients about drugs that may have been adulterated with other substances that could increase risk or prove fatal if used.

Skilled staff to deliver care

- All staff completed a comprehensive induction which included mandatory and core training. New staff were orientated to the service, shadowed staff at satellite services and visited prisons.
- There was specific management and leadership development training for managers and team leaders. Staff completed case management and programme delivery training. Staff were able to request additional training for continued professional development. All staff had completed a disclosure and barring service (DBS) check.
- There was a significant level of knowledge and experience across both teams. There were a range of disciplines in the teams which included specialist doctors, non-medical prescribers, recovery workers with a range of qualifications in substance misuse and counselling and peer mentors with lived experience.
- Staff had a monthly one to one meeting with their line manager. We saw that records for one to one meetings were detailed and individual to staff members. The provider offered staff additional support to access external supervision. Objectives for continued professional development that had been agreed during their annual appraisal were reviewed during the one to one meeting. However, we saw that one of the team leaders had not had a one to one meeting with their manager since January 2019.

Multi-disciplinary and inter-agency team work

- The service held a range of multidisciplinary meetings to share information and discuss complex clients. The doctor attended the weekly clinical review meeting to provide clinical advice and information. We observed a clinical meeting where staff explored input from other professionals including the community mental health team and GPs. Care co-ordinators were clearly identified during the meeting and demonstrated a good knowledge and understanding of individual client need.
- The service worked closely with other agencies to ensure that the needs of clients were met. This included close working with the community mental health teams and health trainers. Canterbury staff worked from a range of satellite services which included community mental health teams, supported housing and health

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centres to reduce stigma and remove barriers to treatment. The service had recently merged with a specialist employment service to support clients' integration into the community.

- Regular meetings held at the service included a daily check in meeting, a monthly team meeting, monthly clinical review meeting and monthly safeguarding meeting. In addition to meetings held at the service, there were additional meetings which included a monthly managers' meeting, governance meeting and a dedicated meeting for the safeguarding leads across the providers local four substance misuse services.
- Staff requested summaries from clients' GPs to help inform their treatment and care. We saw evidence of staff liaising with professionals, including midwives, social services and the community mental health team. Staff recorded details of professionals working with clients' in their recovery plan.

Good practice in applying the MCA

- Six of 11 staff from the Swale team and four of seven staff from the Canterbury team had completed training in the Mental Capacity Act. Staff told us that the provider delivered this training annually to ensure that all staff were appropriately trained and that staff who had been unable to attend the last training would attend when next available. Staff demonstrated a working knowledge of assessing clients' mental capacity during meetings.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- All clients we spoke with said that staff were non-judgemental, respectful and friendly. One client spoke highly of their recovery worker who had encouraged them to access structured treatment during their use of the needle exchange service. They said that their life had significantly changed for the better because of this. One client said that they felt their support had completely stopped once they had

completed their detox. Feedback about satellite services was generally positive, although two clients said that it could sometimes be difficult to speak with their recovery worker.

- We observed staff showing a genuine interest in clients' wellbeing during medical assessments, medical reviews and one to one appointments. Staff made sure that clients' understood discussions about care and treatment during appointments.
- We observed staff talking about clients with compassion, dignity and respect during meetings and in the team room. Staff were non-judgemental and spoke about how client needs could best be met during the clinical review meeting and were able to challenge appropriately. Staff considered referrals to other professionals to ensure that they responded appropriately to the physical, mental, social and practical needs of clients. The apprentice held a stock of toiletries in their car, provided by the service, to give to clients who were homeless.
- Staff told us they felt able to raise concerns about behaviour or attitudes without fear of consequence. Staff completed mandatory boundaries and confidentiality training.

Involvement in care

- Staff spoke clearly and respectfully with clients, making sure that they understood what had been discussed. During the clinical review meeting, we observed staff explaining how they had supported a client with literacy issues.
- There were two peer mentors at the service who had a lived experience of substance misuse and brought the value of visual recovery.
- There were targeted surveys for opiate users. Clients who had completed the alcohol pathway were asked to provide feedback to improve and develop the service. There was a comments / complaints / compliment box in reception area.

Involvement of families and carers

- We spoke to a carer who spoke positively about the care and support that both they and their relative had received. They told us that they had received one to one support and now attended the carers group, which they found helpful. They said that staff had respected their relative's confidentiality.

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- There was a carers' lead at the service who had recently started a carers group. Staff involved families and carers in clients' treatment where consent had been given. Carers and relatives were asked to attend a medical assessment for clients' about to start an alcohol detox to answer questions and manage expectations. We observed the doctor responding to queries from a carer during such an assessment. Staff discussed families and carers during the clinical review meeting. Families and carers could access the drop in for advice and support, although staff ensured that they maintained client confidentiality.

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

Outstanding 

Access and discharge

- The service was commissioned to accept referrals for people who lived in east Kent. Most referrals received by the service were self-referrals. The service accepted referrals from professionals including GPs, probation, prisons and social services. There was a daily drop in service available so that people could access the service at any time for advice, information or referral. Staff, including the medical team, saw clients in a range of settings, including home visits where appropriate, to reduce barriers to treatment.
- The service actively sought to engage hard to reach treatment naive clients by providing weekly satellite services in a range of locations. Clients were able to see recovery workers, non-medical prescribers and doctors at the satellite services. We observed staff discussing strategies to contact clients who seemed to be disengaging from the service. Strategies to attempt to re-engage clients included home visits, telephone calls, flexibility of appointment time and venue and text messages. The service offered a weekly evening clinic to meet the needs of employed clients. Clients could contact the service at any time using an out of hours telephone number.
- New referrals were held on admin workers dashboard until allocation. The manager and team leader reviewed all referrals and allocated them to an appropriate

recovery worker. Staff contacted clients within 24 hours of allocation and arranged an appointment to complete a comprehensive assessment within seven days where appropriate.

- The service worked with clients who misused any drugs or alcohol, although the level of support varied dependent on substance. Clients who were opiate or alcohol dependent received more structured clinical support, which included prescribed medicines. Clients who used other substances received brief intervention support which consisted of four to five focussed appointments. Staff discussed and signposted clients to other agencies where appropriate.
- The average number of clients managed at any time by Swale service, including satellites was 500. The service had discharged 464 clients between 1 January and 31 December 2018.

Discharge and transfers of care

- Risk assessments and management plans reflected the diverse needs of clients and included other agencies involved in their care. This included community mental health teams, social services and housing.
- Staff followed the re-engagement policy prior to discharging clients from the service. Staff completed discharge plans with clients as they were nearing the end of their treatment. However, only one of the five care records reviewed contained a plan for unexpected exit from treatment. Staff said they managed unexpected exit from treatment by proactive engagement with clients.
- Staff supported clients throughout their treatment and transfer between services. During the clinical meeting, we observed staff discussing plans to visit a client at home when they were discharged from hospital. There was a criminal justice worker at the service who ensured a smooth transition into the community for clients who had been released from prison.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a range of rooms to see clients for one to one appointments or group work. There was a comfortable reception and waiting area with clean, well maintained equipment.

Patients' engagement with the wider community

Substance misuse services

- The waiting room contained information about mutual aid groups. A weekly 12 step group was held at the service.
- Clients could access education, training and employment advice and support from an employment specialist that had recently merged with the provider.

Meeting the needs of all people who use the service

- Staff demonstrated an understanding of the potential issues facing vulnerable groups including domestic abuse, older people and sex workers. Staff offered flexible appointment locations and times, including seeing clients in their own homes. During our inspection, we observed staff discussing the diverse needs of clients and how they could best meet individual need. Discussions during the clinical meeting included consideration of changing prescribed medicines to encourage engagement in treatment.
- The service offered contingency management schemes to encourage client engagement in services which included entry into a raffle and food vouchers for clients who attended vaccination appointments.
- The service made reasonable adjustments for people with additional needs, including home visits, translation services and simplified information leaflets. There was a temporary ramp to assist clients who used a wheelchair access the service. Although the one to one and group rooms were on the ground floor, corridors were narrow which meant that clients using a wheelchair may find it difficult to manoeuvre. We spoke with a carer who said access to the building was difficult for people with mobility problems due to the steps to reach the front door. There was a hearing loop in the reception office.
- There was a daily drop in service that people could use for advice and information. Staff provided harm reduction and safer injecting advice and information to people who used the needle exchange service. There was an out of hours single point of access telephone number for clients.
- The waiting area contained a range of posters and leaflets about the service, harm reduction, safeguarding information, mutual aid groups and a comments / suggestion box to develop and improve the service.

Listening to and learning from concerns and complaints

- The service had a complaints policy. A comments box and feedback forms were in the waiting area with information about how to make a complaint. Posters were displayed inviting feedback of a client or carers' experience of the service.
- The provider encouraged staff to manage informal complaints at a local level. Complaints were recorded on the service' electronic incident reporting system which monitored trends and how quickly the complaint had been responded to. All complaints were investigated by the service manager. The governance and quality department processed formal complaints.
- The service reported two complaints and 35 compliments between January and December 2018. One of the complaints was upheld.

Are substance misuse services well-led?

Good 

Leadership

- There was a clear management structure for the service. The prescribing doctor and clinical lead provided clinical leadership to the service. Leaders had the skills, knowledge and experience to perform their roles.
- During our inspection, we spoke with the team leaders for both teams. They demonstrated a good understanding of the service and could clearly explain how they were working to provide high quality care.

Vision and strategy

- There was a clear definition of recovery which was understood and shared by staff. Staff knew and understood the vision and values of the service and their role in achieving them. The vision and values had been developed in consultation with stakeholders. Staff and team objectives were based on the service' vision and values.
- Staff had the opportunity to contribute to service developments. An example of this was plans to integrate the teams into one to better meet the needs of the clients and service.
- There were specialist leads including safeguarding and dual diagnosis who provided bespoke training, support and advice to staff.

Culture

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- Staff said they felt respected, supported and valued. They told us they enjoyed their job and demonstrated a clear desire to support clients achieve their goals. Staff said the team was a happy one that worked well as a multi-disciplinary team. They said there was a good working relationship between the staff and managers.
- Staff told us they felt able to raise concerns without fear of victimisation. They said that although a recent restructure had been difficult, they had understood the reasons for it.
- Staff said that the annual staff conference and recognition award scheme was not taking place this year due to funding cuts. The provider paid staff an allowance to use towards additional supervision, if required.
- The service promoted equality and diversity and provided opportunities for apprentices, volunteers and peer mentors with lived experience of substance misuse.

Governance

- The service used key performance indicators set by their commissioners to gauge performance and productivity.
- There was a clear governance structure to ensure the safe running of the service. Policies and procedures were regularly reviewed to make sure they were relevant and in line with national guidance. Policies were available on the provider's intranet. However, during our inspection, staff were unable to access the intranet due to a recent changes and maintenance, although they were able to request copies of policies during and after the inspection.
- There was a clear framework of what should be discussed at the service, manager or director level to make sure that essential information including learning from incidents and complaints was shared. As well as regular local meetings, there were monthly managers' meetings and a quarterly governance and assurance meeting. The clinical lead had recently set up a non-medical prescriber's forum to share best practice and clinical targets. The provider's communications team sent a weekly e-bulletin to staff.
- There was a clear audit trail and managing risk for prescription management. The service had a dedicated prescription team to process repeat and instalment prescriptions. Prescribers cross referenced people's care records to ensure any changes to prescribed medicines were updated before authorising prescriptions.

- Staff took part in clinical audits including medical assisted treatment (MAT), clinical and core audits. The audits were rated from inadequate to outstanding and identified areas of good practice and areas for improvement. A pharmacist was contracted to complete medicines audits. The information governance team sent a monthly missing data report to the service. Team leaders completed audits of electronic records. However, these audits only involved checking the electronic dashboards of staff and did not consider the quality of the information. No record was kept of client records that had been audited, meaning that there was no way of knowing which records had been reviewed.
- We saw an audit dated March 2019 with information about client attendance at medical reviews. The audit showed that Canterbury had the highest attendance for clients attending a medical review within three months, although they also had the highest number of clients who had an outstanding medical review between six and nine months. There was a target to eliminate medical reviews that were more than three months overdue with a longer term target for at least 85% of clients to have been reviewed in three months and 0% over six months.
- The service had received 28 responses to a client survey about attending medical appointments. The information from the survey was used to understand clients' experience of treatment and what the service can do to improve attendance.

Management of risk, issues and performance

- The service' risk register included nature of risk, date identified, likelihood and impact, actions and action owner. The risk register was reviewed during the governance meeting.
- There was a business continuity plan (BCP) for the service. The BCP identified what actions should be taken to ensure that a service was maintained for clients, for example, in the event of adverse weather. However, the BCP reviewed by inspectors was dated 26 September 2017.

Information management

- Staff had access to appropriate equipment and technology needed for their work. The service provided staff who worked in satellite services with laptops and

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mobile phones. The service had addressed difficulties previously experienced by staff concerning access to the electronic client record and templates required for their work.

- Managers and staff had oversight of dashboards to monitor caseload, risk, recovery plans and clients' care and treatment.
- Managers had access to information to support them with their role. This included information about the performance of the service.

Engagement

- The service completed regular surveys with clients. Staff invited feedback from clients at various stages of their treatment and via the comments box in the waiting area.

Learning, continuous improvement and innovation

- The service encouraged innovation to ensure up to date evidence-based practice. This included the alcohol pathway and the availability of a hepatitis nurse who provided treatment for hepatitis C. The service was in the process of developing a similar pathway for clients who used opiates and for trauma informed care.
- Staff had worked hard to identify satellite services that would be most appropriate for clients in terms of location and stigma. Staff worked hard to reduce the barriers for clients accessing treatment.

Community-based substance misuse services

Outstanding practice and areas for improvement

Outstanding practice

There was a great commitment towards continual improvement and innovation. The service had been involved in several surveys to develop and improve the service. The service had invited client feedback for a naloxone survey to support service development and attendance of clinical appointments to understand what would encourage and improve attendance.

A specialist hepatitis nurse provided treatment for hepatitis C at the service. A peer mentor supported clients to attend appointments to encourage engagement in treatment. Clients were offered incentives to complete a course of vaccinations for blood borne viruses.

The service delivered an alcohol pathway in line with national guidance. The service was in the process of developing a dedicated pathway for prison to community treatment and for trauma informed care. An opiate pathway was being developed in response to survey feedback. The service had changed their approach to working with clients in unstructured treatment to improve outcomes.

Staff had worked hard to identify satellite services that would be most appropriate for clients in terms of location and stigma. Venues included community mental health teams and health centres. Satellite working, in turn, had improved multi-agency working. Staff worked hard to reduce the barriers for clients accessing treatment.

Areas for improvement

Action the provider SHOULD take to improve

- The service should continue in their efforts to fill the vacancy for a doctor to ensure that clients' routine medical reviews are not affected by the clinical staff being shared across two teams.
- The provider should ensure that all risk management plans include a plan for unexpected exit from treatment.
- The provider should evidence that clients have signed and been offered a copy of their recovery plans.
- The service should ensure that audits of care records consider the quality of information and not simply if a document is in place.