

Humber NHS Foundation Trust

Drug and alcohol services

Quality Report

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Hull

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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Willerby Hill	RV936	East Riding Substance Misuse Service	HU13 9NW

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

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

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

Summary of findings

Ratings

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

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

Humber NHS Foundation Trust provides substance misuse services, which are located across East Riding.

As part of this inspection of substance misuse services, we visited East Riding Specialist Drug Service, the Inpatient Alcohol Treatment Unit, and East Riding Partnership.

Overall, there was a high standard of individual-centred care which was assessed, planned and delivered individually.

There was an emphasis on recovery and staff were passionate about what they did.

Staff morale was very high and teams worked well together, especially when there was partnership working with the Alcohol and Drug Service and the clinics with the inpatient detoxification ward. Staff were proud of the care they delivered and felt supportive of, and supported by, their colleagues, management and the wider trust.

There were good facilities which were well-maintained, safe and secure.

Services were safe and effective with clear reporting procedures and systems in place to ensure staff were able to learn from incidents.

Summary of findings

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

Are services safe?

We found that this service was safe. The staff were aware of any potential risks the trust had identified. There were systems in place to embed learning from incidents, both within the service and across the trust.

Are services effective?

The service used a number of outcome measures to assess its effectiveness. The governance structure within the services and the trust used learning from incidents, complaints and audits.

Staff understood best practice and worked in multi-disciplinary teams and with partners to offer a personalised range of treatments.

Are services caring?

People were positive about the service and said that they were treated as individuals and respected by staff who were well-trained in substance misuse. People told us that staff were aware of their needs. We saw that care plans met the needs of the individual.

Are services responsive to people's needs?

People received services that were tailored to their individual, assessed need and were regularly reviewed. The substance misuse service worked hard to ensure that appropriate treatment was offered in line with best practice.

Are services well-led?

Staff told us the service was well-led and staff morale was high. The leadership and governance of both services at a local level and the wider trust, assured the delivery of good quality care.

Staff were aware of, and understood, the trust's vision and strategy and there were good governance processes in place.

Summary of findings

Background to the service

- Humber NHS Foundation Trust provides a range of community and inpatient substance misuse services, which are located across East Riding. Community services Community Alcohol Withdrawal Programme: A treatment service for alcohol problems which is accessed by the Community Alcohol Team.
 - Dual Diagnosis Liaison Services: Provides a range of clinical, training and liaison services within Mental Health Services of Humber NHS Foundation Trust for those identified as having substance misuse.
 - East Riding Community Alcohol Team (CAT): Provides a full range of services to adults with harmful drinking and alcohol dependence living in East Riding of Yorkshire.
 - East Riding Criminal Justice Prescribing: A dedicated service supporting the prescribing needs of those subject to monitoring within the criminal justice system.
 - East Riding Partnership (ERP): A formal partnership between the trust and the Alcohol and Drug Service (ADS), the ERP provides a range of substance misuse services to adults across the East Riding of Yorkshire.
 - East Riding Specialist Drug Service: Based within a clinic with an on-site pharmacy, this service offers highly intensive treatments to adults who live in East Riding of Yorkshire.
 - Hospital Alcohol Liaison Team: Provides a range of clinical, training and liaison services within Hull & East Yorkshire Hospitals NHS Trust for those identified as having alcohol problems
- Inpatient services
- Inpatient Alcohol Treatment Unit: A 5-bedded specialist unit for planned alcohol withdrawal and assessment of related problems accessed through the Hull & East Riding Community Alcohol Teams
- While on this inspection the services we inspected were:
- East Riding Specialist Drug Service (including Community Alcohol Withdrawal programme and East riding community alcohol team)
 - Inpatient Alcohol Treatment Unit
 - East Riding Partnership (ERP):

Our inspection team

Our inspection team was led by

Chair: Stuart Bell, CEO Oxford Health NHS Foundation Trust

Team Leaders: Surrinder Kaur and Cathy Winn
Inspection Managers, Care Quality Commission

The team included CQC inspectors and a variety of specialists: Experts by Experience (people with experience of using services), student nurse, specialist registrar, psychiatrist, nurses, social worker, and occupational therapist.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot mental health and community health inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, 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?

Summary of findings

- Is it well-led?

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors, therapists. We

talked with people who use services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the core services we visited.

What people who use the provider's services say

Before our inspection we used focus groups to speak with people who used the services.

People told us they were well cared for and were involved in their treatment programmes. They gave positive feedback about their experiences in the substance

misuse services and felt that the support they were given while in treatment was of a high standard. People commented favourably on staff attitude and their relationships with staff.

Good practice

- Throughout the services we were able to see good use of the recovery outcome star.
- There were excellent examples of partnership working

Humber NHS Foundation Trust

Drug and alcohol services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
East Riding Substance Misuse	Willerby Hill

Mental Health Act responsibilities

We do not rate responsibilities under the Mental health Act 1983(MHA). We use our findings as a determiner in reaching an overall judgement about the provider.

We did not undertake any Mental Health Act activities in this service as people were not detained under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

We did not review this within this service.

Are services safe?

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

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

Summary of findings

We found that this service was safe. The staff were aware of any potential risks the trust has identified. There were systems in place to embed learning from incidents both within the service and across the trust.

Our findings

Community Substance Misuse Services

Track record on safety

Staff we spoke with had been trained in safeguarding adults at risk and were able to tell us about reporting procedures. There was an effective system in place for reporting of and learning from incidents. Staff at all levels were able to tell us about the incident reporting process.

Learning from incidents and improving safety standards

Staff told us that serious untoward incidents were not common; however such incidents usually occurred from issues with prescribing and pharmacies, patient transfers and communication.

Staff were aware of the trust's serious investigation team and also the "Blue Light" reporting mechanism. They felt that lessons to be learnt from incidents was cascaded thoroughly by their immediate line manager and felt that the trust had an open reporting regime. Staff told us about the "learning the lessons" newsletter. Staff told us they felt safe and supported.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

Training in safeguarding adults at risk was part of the trust's mandatory training programme. Staff we spoke with had a good understanding of these processes. There had also been an OFSTED inspection of safeguarding recently in which they performed well, it was noted that adult services have sharpened their focus on identifying children affected by substance misuse and are providing safeguarding data more robustly so that there was better vigilance and responses for children at risk.

There was a lone working policy and procedure in place and staff described how this was implemented. We saw there were local procedure such as writing staff's whereabouts on white boards, working in pairs initially and ringing in when visits were completed. All staff carried notes in a lockable case, to ensure confidentiality.

We looked at systems to deal with emergencies. One team told us about the fire wardens for the building and a fire procedure that staff followed. All staff were up to date with their mandatory training in fire safety.

The service offered at Baker Street administered medication. We saw that the service had safe systems in place for the handling, storage and disposal of medication.

Assessing and monitoring safety and risk

People requiring substance misuse services were all initially assessed at the Baker street clinic in Hull. They were then stabilised into treatment at Baker Street and passed through to the team at Becca House if they were from the Bridlington area or Lairdale if they were from Beverly. There were also other services for people living within the East Riding area. People we spoke with did not mind this initial travelling time and all bus and train fares were reimbursed by the service.

Before being accepted into treatment, Staff received a full case history and clinical referral letter and all of the previous contacts were on "Lorenzo", the electronic record system. The team, where possible, tried to maintain relationships and continuity in care. If they had a known service user, they allocated them to the same Keyworker. If they required prescribing services the team at Becca House liaised with Baker Street Clinic and always make the person aware of which day prescriptions would be available. People who used services who missed appointments usually had to return back to Baker Street, to ensure safe prescribing. All case notes we viewed had comprehensive and up to date risk assessments in place.

Drug screens were used as part of ensuring safe prescribing. However, there were no urine screening facilities at Becca House and the building, as it was multi-

Are services safe?

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

agency, was not really adequate for purpose so all people who used services were screened using mouth swabs which causes a delay for results as these have to be sent off of analysis.

The substance misuse services also offered blood borne virus (BBV) testing and vaccinations, this harm minimisation approach started at initial assessment and was in line with best practice (the Hepatitis C action plan for England (DH 2004); the Hepatitis C strategy for England (DH 2002); and Immunisation against infectious diseases – the green book (DH 2006).)

Understanding and management of foreseeable risks

We saw that each assessed risk had a relevant care plan drawn up with the person concerned in order to try to minimise risks for the people who used this service. This showed us that the services reviewed, understood and managed the risk to people who used this service, these were evident in both the electronic system and paper notes, and we were also able to see the clinical referral letter in service user's paper notes.

Inpatient alcohol unit

Track record on safety

Staff we spoke with had been trained in safeguarding adults at risk and were able to tell us about reporting procedures. There was an effective system in place for reporting of and learning from incidents. Staff at all levels were able to tell us about the incident reporting process.

Learning from incidents and Improving safety standards

Staff we spoke with felt that managers were supportive following serious incidents, and that they were positive overall. However, they said there were occasional incidents of short staffing which they had escalated to their line manager.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

Staff told us that they felt safe and supported.

Training in safeguarding adults was part of the trust's mandatory training programme. Staff we spoke with had a good understanding of these processes. People would also be admitted for an inpatient detoxification, if there were assessed as a safeguarding risk.

The inpatient unit administered medication and the service had safe systems in place for the handling, storage and disposal of medication.

Assessing and monitoring safety and risk

People who use services were admitted onto the ward for a medically assisted detoxification from alcohol. On admission a comprehensive assessment is undertaken and in all the notes we viewed had a signed contract, care plan and assessment forms, there was also a medical assessment.

People who use services were only admitted if a home or community detox was not indicated due to necessary medical cover or a person's physical frailty.

Staff told us that because people had been drinking up until the admission, they stressed the importance of physical health baseline observations on admission. People were breathalysed and the procedure was to ensure that this was below a safe limit before they could be started on their medication regime.

These detoxifications took place over a seven day period, Monday to Monday; however if there were any complications, this process could be further tailored to the person's individual needs. This detoxification process could also be extended if the person had an additional mental health diagnosis. There was also a dual diagnosis service for people with substance misuse issues and co-existing mental health issues that could be accessed as required if the person had additional mental health needs.

Understanding and management of foreseeable risks

On occasions where the ward encountered someone who consumed alcohol while an inpatient, there was a clinical decision made as to whether they stayed within the service or were discharged. Such discharges would not be made until it was assessed as being safe to do so and the person was no longer intoxicated. People were then referred back to the community team as appropriate.

Are services effective?

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

Summary of findings

The service used a number of outcome measures to assess its effectiveness. The governance structure within the services and the trust used learning from incidents, complaints and audits.

Staff understood best practice and worked in multi-disciplinary teams and with partners to offer a personalised range of treatments.

Our findings

Community substance misuse services

Assessment and delivery of care and treatment.

From the evidence seen and discussions with managers and frontline staff, we saw the substance misuse services were able to demonstrate that people who used this service received care and treatment in line with the current best practice guidance. For example, we saw that the trust's substance misuse care and treatment plans were being monitored and supported by the National Drug Treatment Management Services (NDTMS) and current best practice Guidelines outlined by NICE (CG115, 2011) and updated in 2013 (NICE Evidence Update – 28).

In the waiting room at Baker Street clinic there were lots of information leaflets available providing general guidance around harm reduction, Methadone, detoxifications from both alcohol and drugs.

A majority of alcohol referrals came from an alcohol project managed by drug and alcohol services in Hull. These referrals are dealt with promptly and appointments were usually allocated within a week.

People were often seen in satellite clinics near their home location such as Goole, Bridlington and Driffield.

Baker Street offered a daily community alcohol detoxification where people who use services would attend the Baker Street clinic to receive their medication. Weekends were covered by their GP or out of hours services, in line with best practice guidelines and there was also always medical cover available.

Outcomes for people using services

Evidence was seen that the trust's substance misuse care and treatment plans were monitored and supported by senior staff and by external agencies specialising in drug treatment services.

We noted that the service monitored people's care outcomes via the 'treatment outcomes and profile' (TOP). This was a specific outcome measure used to monitor treatment effectiveness in people who use services who use drugs.

Throughout the substance misuse services we were able to see good use of and evaluation of the Recovery star outcome tool (Triangle in collaboration with mental health provider's forum).

Staff, equipment and facilities

Staff we spoke with told us they had received a comprehensive induction and received mandatory training on a yearly basis

We saw reports on compliance against mandatory training and this showed a high compliance level.

Care and treatment was in line with National treatment Agency (NTA) guidelines within substance misuse.

We were shown around the service by staff who spoke very positively about the facilities and environment.

Multi-disciplinary working

All the staff we spoke with told us that there was a multi-disciplinary approach. We saw that there were regular meetings within the individual clinics. The clinics at Baker street were staffed with doctors as well as other nurses and professionals who gave a wide variety of skills and opportunities to people using services.

Interviews with staff showed us that effective joint working took place with a number of other services to promote the safety and wellbeing of people. We saw that close working relations were in place with third sector organisations, including charities.

Inpatient alcohol unit

Assessment and delivery of care and treatment

From the evidence seen and discussions with managers and frontline staff, we saw the substance misuse service was able to demonstrate that people who used this service received care and treatment in line with the current best practice guidance.

Are services effective?

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

We were told that the five inpatient beds were frequently used and there was not usually a long waiting list. The admission and discharge rates were good and the crisis team could be involved as necessary.

Outcomes for people using services

Throughout the substance misuse services we were able to see good use of and evaluation of the Recovery star outcome tool (Triangle in collaboration with mental health provider's forum).

Staff, equipment and facilities

Staff we spoke with told us they had received a comprehensive induction and received mandatory training on a yearly basis. Staff spoke of feeling empowered and supported and spoke highly of their management team.

We saw reports on compliance against mandatory training and this showed a high compliance level.

Care and treatment was in line with National treatment Agency (NTA) guidelines within substance misuse.

Data we viewed also showed that appraisal and supervision were completed to a high rate.

We were shown around the unit by staff who spoke very positively about the facilities and environment of the inpatient area.

Multi-disciplinary working

There was a clear sense of multi-disciplinary working on the ward, with nurses, healthcare assistants, occupational therapists and doctors all part of this multi-disciplinary team. There was also evidence of close multi-disciplinary team working with the Baker Street substance misuse centre and doctors and consultants all attended the inpatient ward as times during the week.

Staff nurses had been identified as link dual diagnosis and detox workers and staff were enthusiastic about this role.

Are services caring?

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

Summary of findings

People who use services were positive about the service and said that they were treated as individuals and respected by staff who were well-trained in substance misuse. People told us that staff were aware of their needs.

We saw that care plans met the needs of the individual.

Our findings

Community substance misuse services

Kindness, dignity and respect

People who use services spoke highly of the staff that they worked with them. Some comments were “found it brilliant” “really helpful” “really good”. One person from a satellite clinic that we spoke with said she was happy with the service she got and liked the fact that she had a female worker; however did not like going to Baker Street as she often bumped into old associates. She felt that her worker has kept her motivated and worked on harm minimisation.

Staff spoke respectfully about the people who use services and demonstrated an excellent understanding of their issues with a non-judgemental approach. There was a clear consistent and cohesive approach to care and treatment which was enhanced by the sense of excellent multi-disciplinary team work.

People spoken with fed back that although sometimes they did not always manage to stay off drugs or alcohol there was always an acceptance from staff to try again.

People using services involvement

Because at Baker street people had to come in on a daily basis to collect prescriptions or their medication there was a ‘drop-in facility’ on most days to allow services users peer support.

Emotional support for care and treatment

Interviews with staff showed us that effective joint working took place with a number of other services to promote the safety and wellbeing of people. We saw that close working relations were in place with third sector organisations, including charities.

Signposting arrangements were in place with for example specialist support organisations such as ‘heartbeat’ – a family and carer support organisation. This was supported by staff who also informed us that key workers would advocate on behalf of people where this was appropriate.

All staff we spoke with were able to explain that if a service user was in crisis or needed support, this could be offered or referrals into mental health services sometimes occurred or they could be managed by the link nurse trained in dual diagnosis.

All care plans we viewed were designed to meet the needs of the particular service user, all service user contracts were signed (joint working with other agencies) and drug screens were recorded.

Inpatient alcohol unit

Kindness, dignity and respect

People who use services spoke highly of the staff that they worked with: some comments were “staff are very caring, and they take good interest in patient safety”, “am pleased with the accommodation, and the cleanliness of the building”.

Staff interactions with people who use services were respectfully and demonstrated an excellent understanding of their issues with a non-judgemental approach.

Positive feedback from previous people who use services was on a notice board as leaves on a tree, with comments on the leaves.

There was a clear consistent and cohesive approach to care and treatment which was enhanced by the sense of excellent multidisciplinary team work.

People using services involvement

People using services are involved in a weekly community meeting and there is a large “patient experience” noticeboard depicting issues raised by people who use services and how these were resolved.

There was a pleasant garden area where people who use services could assist staff to grow flowers and vegetables.

Emotional support for care and treatment

People who use services felt that staff offered emotional care and treatment and one said “You made me feel better, thanks to everyone who helped me on the road to recovery”.

Are services caring?

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

The inpatient area works closely with other agencies, especially the Baker Street clinic, to ensure that people who use services received the appropriate support that they need they also worked closely with the mental health services. Signposting to other agencies was common.

Are services responsive to people's needs?

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

Summary of findings

People received services that were tailored to their individual, assessed need and were regularly reviewed.

The substance misuse service worked hard to ensure that appropriate treatment was offered in line with best practice.

Our findings

Community substance misuse services

Planning and delivering services

People who use services received services which were tailored to their individual needs.

Assessments were also individualised and any needs or high risk concerns were documented.

Services were offered across the East Riding area and people who use services were seen in these satellite clinics to make delivering these services easier.

The service manager's worked closely with the clinical commissioning groups around best practice and delivery of care. They were at times however, subject to the tendering process which did cause some anxiety among the staffing group.

Substance misuse services tried to work with all service users and this could be any drug such as stimulants, cocaine, legal highs, heroin or alcohol.

One of the satellite units at Becca House in Bridlington was not really fit for purpose as it shared services with the mental health team and there was a lack of consulting rooms. Some building work was planned.

Right care at the right time

We saw good examples of how the trust worked in partnership with other providers to respond to people's changing needs.

We saw examples of where people had self-referred via open access services or were referred by their GP or other partnership agencies to these services. Some publicity about other locally available services was seen around each service visited.

People requiring substance misuse services were all initially assessed at the Baker street clinic at Hull. They were stabilised into treatment at Baker street and if they were from the Bridlington area passed through to the team at Becca House or Lairdale if they were from Beverly.

There were also services for the Goole area. People told us they did not mind this initial travelling time and all bus and train fares were reimbursed by the service. One person told us "it's a 40 minute ride on a bus to get here but I still come as often as I can as I need the support".

If a detoxification bed was required for drug services users this could be problematic to access. We were told that this bed is hosted by a service in Barnsley and it is only 0.6 of a bed. Because of low availability and funding of this bed this sometimes this causes a delay in admitting people into this part of the service.

Humber Trust provides five alcohol detoxification beds at Millview Court, Castle Hill Hospital, and Cottingham. A sixth bed is commissioned and available at The Retreat, York for those living in East Riding of Yorkshire. This bed is accessed following comprehensive assessment and multi-disciplinary team review by East Riding Community Alcohol Team.

Pregnant people who use services are automatically seen quickly and are fast tracked in to service as required.

Care Pathway

There were defined care pathways for all parts of the services offered. These were discussed with people at initial triage and then they were referred to the appropriate part of the treatment services.

Learning from concerns and complaints

Staff were aware of the trust's complaints policy and confirmed that any complaints are addressed through the trust's complaint procedure as required. Usually, a senior nurse from a different part of the trust will investigate it. A Patient Advice and Liaison Service was also available for patients to speak to about specific complaints.

Incidents were logged via the 'datix' system and reviewed regularly.

Inpatient alcohol unit

Planning and delivering services

People who use services received services which were tailored to their individual needs.

Are services responsive to people's needs?

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

Assessments were also individualised and any needs or high risk concerns were documented.

Right care at the right time

Good examples were seen of where the trust worked in partnership with other providers to respond to people's changing needs.

Baker street clinic managed the referrals into the inpatient area, and we were informed that these beds were usually not 'blocked' and there was a steady through put of patients. While the programme was a seven day detox, people who use services could stay for up to 14 days depending on their level of need.

These beds however were only for alcohol detoxification and if a detoxification bed was required for people with a drug addiction, then this could be problematic to access. We were told that this bed was hosted by a service in Barnsley. Because of low availability and funding of this bed this sometimes caused a delay in admitting people into this part of the service.

The inpatient beds also had a dual diagnosis link nurse who could liaise with mental health services as required.

Care Pathway

There was a definite care pathway for all parts of the services offered. These were discussed with people at initial triage and then they were referred to the appropriate part of the treatment services which included the inpatient facility.

Learning from concerns and complaints

Staff were aware of the trust's complaints policy and confirmed that any complaints are addressed through the trust's complaint procedure as required. A Patient Advice and Liaison Service was available for people to speak to about specific complaints. Incidents were logged via the 'datix' system and reviewed regularly.

Are services well-led?

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

Summary of findings

Staff told us the service was well-led and staff morale was high. The leadership and governance of both services at a local level and the wider trust assured the delivery of good quality care.

Staff were aware of, and understood, the trust's vision and strategy and there were good governance processes in place.

Our findings

Community substance misuse services

Vision and strategy

Staff in substance misuse services, were aware of, understood and felt involved in the trust's vision and strategy. They all stated that it was a good trust to work for and felt the Chief Executive was visible, staff knew who he was and his presence was known on the units

Responsible governance

All staff were able to describe how they would raise incidents, concerns, safeguarding and whistle blowing. They all felt that the trust's governance system was robust.

Leadership and culture

People using services and staff were very positive about the leadership within the substance misuse services. We observed mutually respectful interactions between staff and people who use services.

It was evident that a culture of service user support and involvement was embedded within these services.

Staff told us they received mandatory training and we saw training matrix records were kept of this.

The substance misuse team was well-led at local level and also as part of the wider trust. All staff told us that their manager was very accessible and contactable.

One member of staff told us "I love my job here, we have a really good team, and we work well together". Staff gave similar accounts across all community substance misuse services.

Engagement

We saw that staff were well engaged at a local level. They felt that they were doing the best they could for people. They told us that they felt that people got a 'good service'.

The current re-tendering process that was due to take place, was a subject that was brought up and was causing some anxieties in a few members of staff, managers were aware of this and were working with staff to allay these anxieties.

Staff were proactive in engaging and retaining people who use services into treatment, especially with this often hard to engage and motivate group.

Performance Improvement

Staff told us that they had received training to prepare them for their role and felt well supported by their line manager. Each member of staff spoken with told us that they received clinical, managerial and group supervisions from their line manager both individual and peer led as required. They all had annual performance appraisals and felt that training was available when necessary.

Staff confirmed that systems were in place to monitor staff sickness and that they had access to occupational health support. Individual staff stress levels were monitored through clinical supervision and regular staff meetings. Staff told us that they felt well supported by their line manager.

Across the service, we saw that audits occurred to ensure that areas for improvement were identified.

Inpatient alcohol unit

Vision and strategy

Most of the staff we spoke with told us that they were pleased to work for the trust but specifically working in the inpatient unit. All the staff we spoke with told us that they felt supported by their managers. All staff told us that they felt free to approach all managers, including senior managers. All staff showed a good understanding of the values, vision and objectives of their team and the trust.

Responsible governance

All staff were able to describe how they would raise incidents, concerns, safeguarding and whistle blowing. They all felt that the trust's governance system was robust.

Leadership and culture

People who use services and staff were very positive about the leadership within the inpatient services. We observed

Are services well-led?

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

mutually respectful interactions between staff and people who use services. People who use services said they had previous experience of inpatient detoxification units and has found the accommodation very good at Millview and all of the staff were “approachable” on admission and found the initial assessment process was reassuring.

It was evident that a culture of supporting people and involvement was embedded within these this unit.

Engagement

We saw that peoples’ views were gathered on a notice board on the ward, with the positive comments written on leaves. The ward also had an issues board and responses on it to show what management had done.

Performance Improvement

Staff described having ongoing supervision both individual and peer led. They all had annual appraisals and felt that training was available when necessary. Staff told us that they felt safe. Staff confirmed that systems were in place to monitor staff sickness and that they had access to occupational health support. Individual staff stress levels were monitored through clinical supervision and regular staff meetings. Staff told us that they felt well supported by their line manager.