

Addaction - Gainsborough

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The provider had low levels of staff sickness and no staff vacancies. Staff had completed mandatory training in safeguarding children and young people and safeguarding adults. The service did not use bank or agency workers.
- Staff received feedback and learning from incidents at weekly case management meetings. Minutes of these meetings were disseminated to staff by email.
- Staff told us they were supported by their line manager following incidents and were able to access the company employee assistance programme if required.
- Staff received supervision every four to six weeks. Records of supervision were kept in staff files. Staff had received an annual appraisal. Staff said they were able to access specialist training to enable them to develop their skills. We observed staff interacting with clients in a caring manner.
- Clients we spoke with told us staff were interested in their wellbeing and were respectful, polite and compassionate.

Summary of findings

- The service had a key performance indicator (KPI) for waiting times from referral to treatment of three weeks. Over the past 12 months a 100% compliance rate had been achieved. The service operated extended hours one evening per week to assist clients who worked full time or could not attend day time appointments. The service also offered outreach appointments for service users who could not leave their home.
- Clients knew how to complain. Information about making a complaint was displayed in the waiting area, along with a suggestions box. Staff knew how to handle complaints appropriately.
- Staff said they enjoyed their roles and that the team was supportive. We saw positive interactions

between staff members. Staff said they worked well together as a team and there was mutual support for each other. There were opportunities for staff to undertake further training to develop their role.

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

- The service did not display advocacy information within the reception for clients and staff were unsure of how they would support clients to access independent advocacy services.
- Caseloads at this service were high with the average being 70 clients per full time recovery worker.
- Not all rooms were adequately sound proofed, conversations could be heard in the corridor and adjoining rooms, this meant that confidentiality for clients could not be guaranteed.

Summary of findings

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Addaction - Gainsborough

Services we looked at

Substance misuse services

Summary of this inspection

Background to Addaction - Gainsborough

Addaction Gainsborough is an adult community substance misuse service provided by Addaction. The organisation Addaction was set up in 1967 and has 120 services across England and Scotland. Addaction provides services for adults, young people, families and communities nationally.

Addaction give support and advice to adults who are experiencing problems related to their own or someone else's drug or alcohol use. Addaction provide specialist interventions to help prevent and reduce the harmful use

of drugs and alcohol and help people to achieve recovery. Addaction also offer support to family and friends of clients and provide a specialist "breaking the cycle" service in locations across the country.

Addaction Gainsborough registered with the CQC on 5 April 2016 for the treatment of disease, disorder or injury and for diagnostic and screening procedures. Addaction Gainsborough has a registered manager, Karen Ratcliff.

At the time of our inspection, the service had 135 clients in treatment.

This was the first comprehensive inspection of this service since it registered with CQC.

Our inspection team

The team that inspected the service comprised CQC inspector Michelle Edwards (inspection lead), and two other CQC inspectors.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

Before the inspection visit, we reviewed information we held about the location and asked other organisations for information.

During the inspection visit, the inspection team:

- looked at the quality of the environment and observed how staff were caring for clients
- took a tour of the premises
- spoke with the operations manager
- spoke with the team leader

Summary of this inspection

- spoke with the lead nurse
- spoke with two recovery workers
- spoke with two clients
- collected feedback using comment cards from ten clients
- looked at ten client care and treatment records, including medicines records
- Examined policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients who used the service said:

- Clients we spoke with were positive about the care they received they all told us that they felt safe while using the service and that staff treated them with respect and had a caring attitude.
- Staff were patient with them and that the environment was clean.
- Clients said that they felt staff genuinely understood their issues and needs.
- Two clients raised concerns that the service was short staffed, another said appointment times were not flexible and he struggles to attend because appointments were not offered after 5pm.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The building was clean and well maintained, interview rooms had panic alarms which sounded in the main office.
- The provider had low levels of sickness, no vacancies and no use of bank or agency workers.
- Clients had key workers who supported them during their treatment.
- The service held weekly case management meetings to manage and assess new referrals and to discuss caseloads. Staff received feedback from incidents during this meeting.
- Staff had completed mandatory training in safeguarding adults and children. There were flow charts visible in interview rooms to remind staff how to refer to safeguarding.
- Staff discussed caseloads in weekly meetings and in supervision. The service held weekly meetings to discuss incident reporting, feedback, new referrals, complex cases, safeguarding and clients who had not attended for their appointments.
- The service had a lone worker policy and operated use of a code word when conducting outreach visits although two staff usually conducted these.
- Staff told us what would constitute an incident and how to report it using Addaction's electronic incident reporting system. There was evidence of feedback from incidents being shared in supervision records.
- Staff discussed risks identified for individual clients at the weekly case management meeting and actions agreed and shared.

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

- The provider did not have a clinic room at this location, meaning that some clients needed to travel to other sites for blood tests.
- Recovery workers held large caseloads averaging 70 clients per worker.
- There were ligature points in the disabled access toilet.

Are services effective?

We do not currently rate standalone substance misuse services.

Summary of this inspection

We found the following areas of good practice:

- Staff kept paper records securely in a locked cabinet in the office. There was evidence in client records that staff worked with other agencies such as housing and probation services to implement social inclusion with clients, and support them to find work.
- Staff completed a clinical health assessment for each client who was engaging in treatment. The assessment included discussion around substance use, medication, family history, sexual health and blood borne virus status.
- Staff worked in conjunction with a range of services including probation, police, housing, pharmacy, and community mental health teams.
- Staff had completed the mandatory training in the Mental Capacity Act 2005, and were able to tell us how they would apply MCA knowledge to their work. The service had an MCA policy which staff referred to. If staff were unsure they said they would ask the operations manager or team leader for advice.
- Staff received supervision every four to six weeks; records of supervision were kept in staff files.
- The service had good links with local services such as dispensing pharmacies, local GP surgeries, community mental health teams, criminal justice services and probation.

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

- Due to a lack of clinic room, blood borne virus testing could not be fully implemented at this service. This service was only able to offer mouth swab testing.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff speaking and interacting with clients in a respectful, caring manner.
- Clients we spoke with told us staff were interested in their wellbeing and were respectful, polite and compassionate.
- Clients we spoke with told us they could include their family, friends, and carers in their care if they wished and staff supported this.
- There was a suggestion box in the reception area where clients could give feedback about the service. Suggestions were discussed at the weekly team meeting.
- Clients were able to become involved with the service by becoming volunteers.

Summary of this inspection

- Recovery plans were written in collaboration with clients, and clients were given a copy of their recovery plan.
- We reviewed ten comment cards and all had positive things to say about the service.

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

- Staff had little knowledge of advocacy and there was no information on display promoting advocacy services in the waiting area.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a key performance indicator (KPI) for waiting times from referral to treatment of three weeks. The service had a 100% compliance rate for meeting this target over the last 12 months. The service operated extended hours one evening a week to assist clients who worked full time or could not attend day time appointments. Clients told us that their appointments were on time and rarely cancelled and staff informed them of any changes to appointments.
- Clients were given information about how to complain when they first accessed the service. Information about making a complaint was displayed in the waiting area, along with a suggestions box. Staff knew how to handle complaints appropriately.

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

- The service did not meet the 12 week target for treatment reviews due to high caseloads.
- The team did not have access to a duty worker. This meant that if clients walked in needing support this may not be accommodated depending on staff availability.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were passionate about their work and described the organisation's vision and values.
- Managers ensured that staff had completed mandatory training in safeguarding adults and children.

Summary of this inspection

- Staff had received appraisals within the last 12 months and had regular supervision every four to six weeks.
- The service had low levels of staff sickness, and staff said it was a supportive team to work in.
- Staff knew who senior managers were and said they felt supported by management.
- There were no cases of bullying or harassment at the service.
- We saw evidence of recruiting from within the service. One member of staff we spoke with had started as a volunteer.

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

- One administrator working one day per week provided limited clinical administration support for the team.
- Staff said high caseloads led to reduced staff morale.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff completed online Mental Health Capacity Act training.
- Recovery workers could request a client return at a later date if they presented as lacking capacity due to intoxication. Staff would call a health professional if immediate assistance was required.
- Staff we spoke with told us how they would apply Mental Capacity Act knowledge to their work.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Interview rooms had anti- barricade doors and were fitted with alarms which sounded in the office.
- Areas were clean and well maintained and cleaning records were up to date. They did not carry out physical observations on the premises, these were carried out at GP surgeries.

Safe staffing

- The team comprised of an operations manager, a team leader and recovery worker who all worked two days per week, two full time recovery workers, a non-medical prescriber and a nurse both worked one day per week. The service was fully staffed with no vacancies.
- The provider did not use bank or agency workers.
- The average caseload was 68 per full time recovery worker. Caseloads were discussed in weekly meetings and in supervision. There were no clients on the waiting list.
- Clients were able to access the service doctor if required but appointments were limited to four clinics per month.
- Staff were up to date with mandatory training.

Assessing and managing risk to clients and staff

- Staff completed a risk assessment for every client at initial assessment. Staff updated these every 12 weeks.
- We inspected 10 care records which showed risk assessments were comprehensive and included risk to

self, risk to others, personal safety, neglect, child care, physical and mental health and relationships. Risk assessments included what process to follow for a client who unexpectedly exits treatment.

- The service had a lone worker policy and operated use of a code word when conducting outreach visits although these were usually conducted by two staff.
- Staff had been trained in safeguarding and knew how and when to refer. There were flow charts visible in interview rooms as reminders of how to refer for safeguarding.

Track record on safety

- Addaction Gainsborough reported no serious incidents within the last 12 months.

Reporting incidents and learning from when things go wrong

- Staff knew what would constitute an incident and how to report it using an electronic incident reporting system.
- Staff received feedback and learning from incidents at weekly case management meetings. Minutes of these meetings were disseminated to all staff by email.
- There was evidence of feedback from incidents being shared in supervision records.
- Staff said they were supported by their line manager following incidents and were able to access the company employee assistance programme if required.
- Minutes of weekly case management meetings showed that staff discussed identified risks for individual clients and actions were agreed to minimise these risks.

Duty of candour

Substance misuse services

- Managers and staff of the service were aware of the duty of candour as the need to be open and honest with clients when things go wrong. Managers and staff told us that the service supported them to be candid with clients.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- We looked at 10 case files and found that all clients had an up to date recovery plan. substance type, method of use and frequency, family, mental and physical health and social circumstance.
- Care records were comprehensive, holistic, person centred and completed in a timely manner.
- The service was working towards a paperless system so records were stored both electronically and on paper. Paper records were stored in locked files in the staff office.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence (NICE) guidance in prescribing. This included following drug misuse and dependence UK guidelines on clinical management of supervised consumption.
- Staff recorded prescribing support for clients in care records.
- Staff completed a clinical health assessment for each client who was engaging in treatment. The assessment included discussion around substance use, medication, family history, sexual health and blood borne virus status.
- Staff used the treatment outcomes profile to measure change and progress in key areas of the lives of people treated within the services. Staff used the severity of alcohol dependence questionnaires to measure severity of dependence on alcohol.

Skilled staff to deliver care

- The multidisciplinary team consisted of a service manager, an operational manager, team leaders, project workers, nurses, a doctor, recovery workers, administrators and volunteers.
- New staff received an induction to the service including basic training in working with people who use illicit substances.
- Managers supported staff to access specialist training.
- Staff received yearly appraisal and supervision every four to six weeks.
- Managers had clear policies for dealing with poor performance from staff but told us that this had not been an issue at this service.

Multidisciplinary and inter-agency team work

- We saw evidence that the staff worked in conjunction with a range of services including probation, police, housing, pharmacy, community mental health teams (CMHT) and local drug misuse support service. Staff told us they had good relationships with local pharmacies and a GP practice and for those clients who also received support from CMHTs. There were good examples of joint working and community mental health nurses attending appointments with clients.
- Staff also knew how to refer to local crisis teams and had done so for clients experiencing mental health problems.
- The service worked well with other Addaction teams calling upon experience of other colleagues as required.

Good practice in applying the MCA (if people currently using the service have capacity, do staff know what to do if the situation changes?)

- Mental Capacity Act (MCA) 2005 training was mandatory and staffs compliance was 100%. Staff were able to tell us how they would apply the Mental Capacity Act knowledge to their work.
- The service had a policy on Mental Capacity Act which staff could refer to. If they were unsure they would ask for support from the operations manager or team leader.
- Staff had asked clients questions about their consent to treatment, and responses were clearly documented in all client files.

Substance misuse services

- Staff knew where to refer to the local authority for a best interest assessment to be conducted if necessary.
- Recovery workers would request a client return at a later date if they presented as lacking capacity due to intoxication. Staff would call a health professional if immediate assistance was required.

Equality and human rights

- The service supported people with protected characteristics under the Equality Act 2010, meaning that they did not discriminate against clients regardless of any issue in relation to; disability, gender, race, religion or belief, sexual orientation, gender reassignment, marriage, civil partnership or pregnancy.
- The service was accessible for people requiring disabled access, this included adapted toilets on site.
- Staff had completed mandatory training in safeguarding and equality and diversity.

Management of transition arrangements, referral and discharge

- The service had good links with the young people's Addaction team in Lincoln. The young people's Addaction team referred clients who were approaching 19 years to the adult service on a case by case basis. The services held joint one to one meetings with both adult and young people's services and provided a gradual transfer.
- Referrals to the service came from GP surgeries, criminal justice services, health professionals, probation and through self-referral.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed staff speaking and interacting with clients in a respectful and caring manner.
- Clients we spoke with told us staff were interested in their wellbeing and were respectful, polite and compassionate.
- Clients said they could include their family, friends and carers in their care if they wished and staff supported this.

The involvement of clients in the care they receive

- Recovery plans were written in collaboration with the client and clients were given a copy of the plan.
- Ten comment cards we received as part of the inspection fed back positively about the service.

There was also a suggestion box in the reception area where clients could give feedback routinely about the service. Suggestions were discussed at the weekly team meeting.

- Staff had little knowledge about advocacy services that clients could access and there was no information publicising them in the waiting room.

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

Access and discharge

- The service had a key performance indicator (KPI) for waiting times from referral to treatment of three weeks. Over the past 12 months a 100% compliance rate of this target had been achieved.
- Staff assessed, allocated a recovery worker within two weeks of referral. Staff carried outreach appointments one morning per week. This enabled the team to see clients who would otherwise not have been able to access the service. The service was open later on one evening per week to accommodate clients who worked. Staff attended a weekly team meeting with an associated substance misuse service to support transition of clients between services.
- Clients we spoke with told us that their appointments were on time and rarely cancelled. Clients were kept informed of any changes to appointments.
- Four hundred and ninety seven clients did not attend their appointment over the last 12 months. The service had a did not attend (DNA) procedure for clients who had failed to attend their appointments. Staff contacted clients who did not attend their appointment by letter, email, by phone, or contact was made with other agencies also engaging with the client. If clients did not attend three appointments, staff considered discharging them from the service.

Substance misuse services

- Referrals to the service came from self-referrals, family members or carers, probation, GPs, health professionals and criminal justice services.
- There were 42 substance misuse clients discharged from the service in the 12 months leading up to inspection. Thirteen of these were successful discharges, 23 were unsuccessful discharges and six clients were transferred to another service.

The facilities promote recovery, comfort, dignity and confidentiality

- Interview rooms did not have adequate sound proofing meaning confidentiality at appointments could not be guaranteed.
- The lack of clinic room meant that not all clinical testing could be done on site meaning clients had to travel to Lincoln for tests other than mouth swabs.

Meeting the needs of all clients

- The service was accessible for people requiring disabled access. This included an adapted toilet on site.
- A range of leaflets were available in several languages in the reception area.
- Staff were able to access interpreter services for clients for whom English was not their first language.

Listening to and learning from concerns and complaints

- Addaction Gainsborough had not received any complaints over the last 12 months.
- Clients knew how to complain. Information about making a complaint was displayed in the waiting area, along with a suggestions box. Staff knew how to handle complaints appropriately.

Are substance misuse services well-led?

Vision and values

- Staff were passionate about their work and described the organisation's vision and values and embedded these in their work.
- Staff knew who senior managers were and spoke highly of them.

- Staff told us senior managers had visited the team.

Good governance

- Managers ensured that staff had completed mandatory training in safeguarding children and young people and safeguarding adults. Staff had received an annual appraisal and had supervision every four to six weeks which was recorded in their staff file.
- Incidents were reported appropriately and any learning from these incidents discussed and recorded at the weekly case management meeting.
- Audits were in place, for example infection control, health and safety and patient files. Action plans had been developed following audits being undertaken to make improvements within the service.
- Managers ensured that staff had a current Disclosure and Barring Service (DBS) check on file.
- Managers had access to key performance indicators (KPIs) to gauge performance of the team.

Leadership, morale and staff engagement

- Sickness and absence rates were low. The provider has reported a total permanent staff sickness of 8% overall and a substantive staff turnover of 0% as of 11 October 2016.
- Staff we spoke with told us morale was low due to high caseloads but managers were looking at ways of dealing with this, including incorporating group work into treatment plans.
- There were no current cases of bullying or harassment.
- Staff we spoke with told us that they were aware of the whistleblowing process and felt able to raise concerns without fear of victimisation.
- Staff we spoke with were passionate about their roles and said that the team was supportive. We saw positive interactions between staff members.
- Staff were open and transparent and explained to clients when things went wrong.

Commitment to quality and improvement

- Managers and staff were committed to providing a high quality service for their client group.

Substance misuse services

- Managers were in discussion with Young Addaction colleagues to ensure that all the clients retain the same level of service they had built up, once the services merge.
- Managers had made changes following a recent independent joint safeguarding report to make the service more effective in responding to safeguarding concerns.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that staff are aware of how to support clients to access independent advocacy services. The provider should ensure that risk assessments are updated within the 12 week timeframe set out by the service.
- The ligature assessment should take account of the ligatures in the bathroom.
- The service should look to provide duty cover for clients accessing support outside of appointment times.
- The provider should ensure that interview rooms have adequate sound proofing, to maintain client confidentiality.