

Humphrey House

Quality Report

4 Angouleme Way

Bury

BL9 0EQ

Tel: 0161 253 6488

Website: www.onerecovery.org.uk/bury

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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?

Good



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.

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

Summary of findings

Overall summary

We rated Humphrey House as good because:

- The service was providing person-centred, recovery focused care to clients.
- Staff completed comprehensive assessments on clients. Client records contained individualised and up to date treatment plans. Clients were offered choices in respect of their treatment and their views were recorded in records.
- Clients gave very positive feedback about the service they received and praised the support staff gave them.
- The service offered good support and guidance to carers.
- The service provision was adapted and reviewed to meet the needs of clients.
- Managers could implement changes and innovation to improve the service and what could be offered to clients. Managers felt empowered by the organisation to identify, trial and develop new ways of working to improve the service offer to clients.
- Staff reported positive working relationships as a team and with managers. Staff felt supported by managers.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Humphrey House	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards	9
Overview of ratings	9
Outstanding practice	18
Areas for improvement	18

Good 

Humphrey House

Services we looked at

Substance misuse services;

Summary of this inspection

Background to Humphrey House

Humphrey House is the registered location for the One Recovery Bury service. The service is a community based substance misuse service.

The service is funded to provide support and treatment to adults in Bury and the surrounding areas.

The service was registered with CQC in November 2016.

The service is registered for the regulated activity of treatment of disease, disorder and injury.

There is a registered manager in post.

The service was last inspected in November 2017. The service was not rated at the 2017 inspection as CQC did not rate independent standalone substance misuse services at that time.

Our inspection team

The team that inspected the service comprised of a CQC inspector, a CQC assistant inspector and a specialist advisor with a background in substance misuse nursing.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive inspection programme.

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 including the provider information return that had been completed and submitted by the provider.

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the environment;

- spoke with eight clients who were using the service;
- spoke with three carers of people who were using the service;
- spoke with the registered manager and service delivery director;
- spoke with six other staff members; including nurses, recovery practitioners, safeguarding lead and reception staff;
- collected feedback from seven clients using comment cards;
- looked at seven care and treatment records of clients;
- carried out a specific check of the medication management in the service; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

We spoke with eight clients who were using the service. All clients spoke positively about the care and treatment they received from the service. Clients felt listened to and involved in their care. Clients praised the attitudes of staff and stated that staff were always accessible. The clients we spoke to received information about treatments from staff. Clients described how they could provide feedback to the service about their care and treatment. Clients felt that the service involved their family and carers in their care.

We spoke to three carers and relatives of clients who were using the service. All gave positive feedback about the service. The carers praised the carers forum and explained that it was supportive and informative. The carers forum had created a network of support for people and an instant messaging group had been set up through the forum for additional support. All carers that we spoke

to noted that the community reinforcement and family training (CRAFT) course was beneficial to them. Carers felt included in their loved ones' care. One carer felt that more psychological input would be beneficial to clients and that the service could better advertise what was on offer for carers.

We received seven comment cards that had been completed by clients who were using the service. Five comment cards praised the service that was provided to them. Clients felt that staff listened to them, were encouraging and provided important advice. Clients described staff as being polite, friendly and professional. There were two comment cards that contained negative feedback about the service, stating that staff caseloads were too big and that there were not enough structured activities or groups provided by the service.

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 building was clean and tidy.
- Staff completed risk assessments and reviewed them regularly.
- The service manager had developed a case monitoring tool to ensure caseloads were evenly distributed.
- The service identified safeguarding issues and had a safeguarding lead to support the team.
- The service was safely staffed with low sickness and turnover rates.

However:

- The blood pressure monitor and scales had not been checked or calibrated.

Good



Are services effective?

We rated effective as good because:

- Staff completed thorough, comprehensive assessments for each client.
- All client records contained up to date and person-centred treatment plans.
- The service had effective multi-disciplinary working and managers were involved in inter-agency projects in the local area.
- Staff had a range of skills and experience and could access additional training.
- Staff received regular supervision.

However;

- Staff appraisal rates were 55% for 20 eligible staff. The service had dates booked for all eligible staff members.
- The service used fax machines to share information as part of its communication pathway with GPs. The service should consider this practice in relation to information governance and data protection.

Good



Are services caring?

We rated caring as good because:

- Clients praised staff as being supportive and accessible.
- Clients felt involved in their care and treatment.

Good



Summary of this inspection

- Client involvement and views was evident throughout the records we reviewed. Clients described the service as being person-centred.
- Carers gave very positive feedback about the carers forum and the carers champion. Carers felt involved in their loved ones' care and supported by the service.
- The service collected feedback from clients and carers using a variety of methods.

Are services responsive?

We rated responsive as good because:

- The service was flexible in offering assessments to clients and could provide same day assessments.
- The service had developed a clear engagement and retention protocol to ensure that clients were given opportunities to stay in the service.
- Managers recognised that the needs of clients and the local area could change rapidly and adapted service provision to suit them.
- The service could access interview rooms for client reviews and a large group room for therapeutic activities.

Good



Are services well-led?

We rated well-led as good because:

- Managers were highly experienced and had been with the service for many years.
- The service was committed towards continual improvement and innovation. Managers felt empowered by senior leaders to make changes to the service and try new ideas.
- Staff described a positive team relationship. Staff felt supported by the team and managers.
- The service had a clear governance structure that enabled the performance of the service to be reviewed within the organisation.
- Managers were involved in local programmes and developments to increase awareness of the service and increase inter-agency working.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received training in the Mental Capacity Act with a compliance rate of 83%. Staff understood the Mental Capacity Act and were aware of their responsibilities in relation to this. The service had policies and guidance on






the Mental Capacity Act that staff knew how to access when needed. Staff described that they could access support if they had any questions or concerns about capacity.

Overview of ratings

Our ratings for this location are:

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

Substance misuse services

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

Are substance misuse services safe?

Good 

Safe and clean environment

The One Recovery Bury team were based at Humphrey House and was located across two floors. The building was owned by the local authority and other teams shared the building.

There were two separate receptions for the service with one being a dedicated reception for the needle exchange. All areas of the building were clean and tidy. The local authority was responsible for the cleaning and maintenance of the building.

Staff accessed offices and restricted areas of the building using a key fob system. Staff could use personal alarms when using interview rooms if a need was identified.

Clinic rooms were clean and tidy. Records showed that the rooms were cleaned on a regular basis. All vaccines were stored in the fridge. Fridge temperatures were checked daily and the records showed that these were being completed. Handwashing facilities were provided.

The blood pressure monitor and scales had not been checked or calibrated. Staff were not aware that this equipment required calibration. The service manager confirmed that this issue would be addressed immediately and that a procedure would be put in place to ensure this equipment would be checked and calibrated on a regular basis. No issues with any other equipment was identified.

The service had an infection control policy that was up to date and available to staff as needed. Staff were aware of their responsibilities in respect of infection control.

Arrangements were in place for the collection and disposal of clinical waste on a fortnightly basis. The service had a policy to support this process.

Safe staffing

The service had 23 substantive staff posts. At the time of the inspection, the service had one recent vacancy for a band 5 community detox nurse. This post was being actively recruited to.

Between October 2017 and November 2018, the service reported a sickness rate of 3%. At the time of the inspection, one member of staff was on long term sick.

The service manager was aware of the minimum staffing levels required for the service to be run at a safe level. The service manager reported that these levels were always maintained. Staff did not feel that the service was regularly short staffed.

The average caseloads varied between staff. This was due to cases having different levels of complexities. Staff reported some pressures on caseloads due to the recent vacancy and sickness. We received one comment card from a client that felt that staff had too many clients on their caseloads, which affected the staff members' ability to retain details about each client. The other clients we spoke to and received comment cards from did not state this was an issue.

The service manager had created a caseload monitoring audit tool to review and manage the caseloads across the service. This tool enabled the service manager to ensure that the caseloads were balanced dependent on the

Substance misuse services

complexities of the cases and the numbers allocated to each worker. The service manager noted that staff had some recent frustrations in terms of caseloads due to the impact of sickness and the vacancy. By monitoring the caseloads closely, the service manager felt this alleviated pressure on staff and ensured the caseloads were at a safe level.

The service manager noted that it was important that each practitioner could build therapeutic relationships with their clients and so the service tried to maintain consistency of workers for each client.

Mandatory training records showed that staff had received training in Mental Capacity Act, adult safeguarding, child safeguarding, health and safety, domestic violence and infection control. Nursing staff were trained in basic life support and anaphylaxis.

Assessing and managing risk to patients and staff

Staff completed and updated risk assessments at initial assessment for each client and used these to understand and manage risks individually. We reviewed seven care records. All records reviewed had an up to date risk assessment and management plan where appropriate. Staff would review risk management plans every three months or as and when a risk was identified. Staff could add alerts to the electronic records to flag risks to the staff member who was viewing the record. This included safeguarding concerns, violence, if a male or female worker should be visiting or if a client should not be seen alone. There was evidence in the records reviewed that the risk management plans included a plan for an unexpected exit from treatment. Staff described how they would consider the risks for clients on a daily basis and the actions they would take to manage these risks. The service had a clear lone working policy and procedure to follow.

Safeguarding

Staff knew how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff were trained in adult and child safeguarding to level two. Staff understood their responsibilities in respect of safeguarding and the process they should follow to report abuse. The service had an identified safeguarding lead who offered advice and

guidance to staff. The safeguarding lead had level five safeguarding training and had previously worked in children's social care. The service notified CQC of incidents as required.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Records were electronic and staff could access when required. The service also recorded some information on paper in case there were any issues with the electronic system. This information was securely locked away when not in use. Any paper documents would be scanned on to the relevant client's electronic record.

Medicines management

Staff followed best practice when storing, giving, and recording. Staff regularly reviewed the effects of medications on each client's physical health. The service had policies in respect of prescribing and issuing prescriptions. These were written in consideration of guidance from the National Institute for Health and Care Excellence and other best practice guidance. Staff had a good understanding of medications management and described how they followed the appropriate policies. The service provided additional in-house training on various medications and treatments to staff. Staff reported that there were good links for transferring information between GPs and other agencies.

Prescribing clinics, led by a doctor or non-medical prescriber, took place four times per week. There was access to emergency medical advice outside of these times if needed. The service had a communication pathway document to ensure that GPs were updated about prescription changes in a timely manner.

Track record on safety

There had been 16 serious untoward incidents reported at the service between October 2017 and September 2018. These related to deaths of clients. The service produced a report for each incident which was reviewed by serious untoward incident panel. The reports would review the findings for each incident. This report identified what lessons could be learnt from the incident alongside what good practice was identified in the review.

Reporting incidents and learning from when things go wrong

Substance misuse services

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

Staff were aware of what incidents they were required to report and how they would do this. Staff received feedback and lessons learnt from incidents as part of team meetings and other internal meetings.

The service had a duty of candour policy. The service manager was aware of their responsibilities in respect of this policy. The service had not identified any incidents that met the threshold for the duty of candour policy in the last 12 months.

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

Good 

Assessment of needs and planning of care

We reviewed seven care and treatment records. Staff completed a comprehensive assessment when they first saw a client. The assessment considered a client's substance use, substance use history, physical health, mental health, risk and safeguarding. Staff discussed consent, information sharing and involvement of family with the client at this initial assessment. All records reviewed contained a recovery plan. There was evidence that staff reviewed the recovery plans regularly. The recovery plans were personalised, holistic and recovery orientated.

Where clients were receiving prescriptions, a physical health assessment was undertaken as part of this consultation. Clients who were newly assessed without prescribing needs were offered a physical health assessment with one of the nurses.

Best practice in treatment and care

Staff provided treatments and care for clients based on national guidance and best practice. Staff supported clients with their physical health and encouraged them to live healthier lives.

Staff discussed healthy lifestyles with clients during physical health assessments and at appointments. The service would refer clients on to local services that would benefit them. Staff had received additional training in smoking cessation.

Keyworkers referred clients to the local mental health services for psychological interventions for mental health problems. The nurses ran a mind matters group which included techniques to improve anxiety and mood.

There was close liaison with GP services and any concerns regarding physical health were followed up with GPs. Clients receiving higher doses of methadone had electrocardiogram monitoring arranged at the local hospital or their own GP practice. Blood tests could be arranged from the service and undertaken locally.

Staff completed audits of care records to ensure these contained essential data and were being regularly reviewed. Managers reviewed outcomes and performance data to identify trends and areas of improvement.

Skilled staff to deliver care

The service employed a range of staff including nurses and recovery practitioners. Medical cover was provided via an agreement with a GP with special interest in substance use and a consultant who attended the service. A non-medical prescriber also covered prescribing clinics. Doctors were available for advice by phone when not at the service, and worked locally if urgent prescriptions were required.

The service had an induction procedure and guidance. This was supported by an induction checklist that would be completed by the employee and manager.

Staff received regular supervision. The service manager monitored all supervision dates on a spreadsheet that enabled them to have oversight of the periods between dates and when the next supervision needed to be held. The learning needs of staff were generally identified through supervision where managers asked staff to identify areas where learning was required and what might benefit the service. Staff noted that they could access additional training and the service supported them with this.

Staff received an annual appraisal. Of the 20 staff eligible for an appraisal, 55% had been appraised in the 12 month period reviewed on the day of inspection. Sickness and cancellations had affected this figure. The manager had dates booked for these staff.

Substance misuse services

Multi-disciplinary and inter-agency team work

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care.

The service held multi-disciplinary meetings. The service invited the client, GPs and other relevant organisations to these meetings. The meetings would be in respect of individual clients to discuss specific issues or incidents that the service was aware of. The attendees would review the situation and put actions in place to support the client.

The service manager attended integrated neighbourhood team meetings where discussions could be held regarding clients and local themes and trends. These meetings enabled the service to have closer links with other services and to improve how information was shared. The service manager and service delivery director were part of the Greater Manchester leadership programme. This had created better contact between organisations and assisted services in identifying overlaps. Managers felt that the leadership programme allowed organisations to bring issues together as a group and think about how these could be addressed moving forward.

The service had a regular hepatology (liver treatment) clinic held on site. A consultant and nurse from the local acute hospital saw clients to discuss treatment for hepatitis and treatment could be started and monitored within the service.

The service had developed a communication pathway document to ensure that information was shared with GP's in a timely manner. The pathway indicated clear steps that should be followed by staff. The communication pathway had been revised following a concern identified in another borough. The service audited their own communication with GPs and found that letters were being sent in a timely manner. The service introduced an additional step of sending a fax to GPs immediately with any prescribing changes.

The team had good working relationships with the local authority, local mental health teams, criminal justice services, pharmacies and GP practices.

Good practice in applying the Mental Capacity Act

Staff received training in the Mental Capacity Act with a compliance rate of 83%. Staff understood the Mental Capacity Act and were aware of their responsibilities in

relation to this. The service had policies and guidance on the Mental Capacity Act that staff knew how to access when needed. Staff knew how to access support if they had any questions or concerns about capacity.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

We spoke with eight clients at the inspection. All clients spoke positively about the care and treatment they received from the service. Clients felt listened to and involved in their care. Clients praised the attitudes of staff and stated that staff were always accessible. The clients we spoke to received information about treatments from staff. Clients described how they could provide feedback to the service about their care and treatment. Clients felt that the service involved their family and carers in their care.

Staff spoke about clients in a respectful manner. The team showed a good knowledge of clients and the local area. Staff had an awareness of other organisations and services in the local area that they could signpost clients to.

We received seven comment cards that had been completed by clients who were using the service. Five comment cards praised the service that was provided to them. Clients felt that staff listened to them, were encouraging and provided important advice. Clients described staff as being polite, friendly and professional.

There were two comment cards that contained negative feedback about the service. One card stated that staff had too many clients on their caseloads and this affected the staff members' ability to remember details of each client. Both cards stated that there were not enough structured activities or groups provided by the service. The service produced a quarterly timetable of activities at the service and recovery hub. This included sessions on mind matters, pre-detoxification, motivation to change, acupuncture and toolkit sessions around quitting and coping. Clients we spoke to on the day of the inspection gave positive feedback about the sessions and how they were run. Narcotics anonymous groups were held in the evenings at the recovery hub.

Substance misuse services

The service had a clear confidentiality policy in place although the policy had passed its review date of September 2018. All other policies were in date and the service confirmed that this was an oversight. The service stated that they would act to review this. We saw evidence in all seven client records reviewed of a confidentiality agreement.

Involvement of clients

Staff involved clients and those close to them in decisions about their care, treatment and changes to the service.

We reviewed seven client records. All records reviewed had up to date risk management and recovery plans. We saw evidence of client involvement in their treatment in the client records we reviewed. The goals were individualised, holistic and person-centred. Clients confirmed that they were involved in setting goals at appointments and were offered choices about treatments. Staff explained how they would involve clients in decisions about their care and treatment. Staff understood potential barriers such as communication difficulties, and were aware of how they could attempt to overcome these. Clients had been offered a copy of their care plan in the seven records reviewed.

The service encouraged feedback from clients. The service used a token system to gather feedback from clients about the service they had received. Clients would use a bronze, silver or gold token to show whether they were happy with the service provided. This enabled all clients to be able to give feedback by reducing potential barriers. The service also gathered feedback using the friends and family test. We reviewed feedback received between October 2017 and November 2018. Of the 67 responses reviewed, 99% stated they would either be extremely likely or likely to recommend the service to friends and family.

A suggestion box was available in reception and feedback was encouraged during appointments. Clients confirmed that they were encouraged to provide feedback and suggestions about the service received during appointments.

The service used an internal lifestyle outcome monitoring system as part of the assessment process with clients around service satisfaction. The scores from this monitoring system were reviewed at the quality and performance committee. The service delivery director discussed these scores with the service manager to consider any improvements that needed to be made.

Involvement of families and carers

We spoke to three carers and relatives of clients who were using the service. All gave positive feedback about the service. The carers praised the carers forum and explained that it was supportive and informative. The forum arranged guest speakers and representatives from local organisations to attend and provide information to the group. The carers forum had created a network of support for people and an instant messaging group had been set up through the forum for additional support.

The service had a designated carers champion. Carers described that they could always access the service and that the service was always contactable.

All carers that we spoke to noted that the community reinforcement and family training (CRAFT) course was beneficial to them. Carers felt included in their loved ones' care. One carer felt that more psychological input would be beneficial to clients and that the service could better advertise what was on offer for carers.

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

Good 

Access and discharge

The service did not have a waiting list. Referrals that were identified as high risk or had potential safeguarding issues attached would be prioritised.

The service was flexible in offering appointments and would offer an assessment on the same day. The service offered extended opening hours one day per week.

Clients noted that staff were always available to them when needed.

The service had an engagement and retention process and procedure. This process listed clear steps staff should take if a client did not attend assessments or disengaged from treatment. Staff were aware of this procedure and explained how they followed it.

The service manager had oversight of all clients discharged from the service. This was to ensure that appropriate next

Substance misuse services

steps and support options had been identified. The service manager described how further outreach may be requested prior to discharge if there had been no evidence of outreach or a client had disengaged due to not being physically well. The service considered how transition of care to other organisations could be managed smoothly. The team were asked to consider continuation of care where required and were encouraged to share important information.

The facilities promote recovery, comfort, dignity and confidentiality

The service had access to a range of rooms in the building. Interview rooms were available for review and clinic appointments. Interview rooms were soundproofed for confidentiality. A large group room was available for use by therapeutic groups. Posters and leaflets in the waiting area advised clients of groups that were available and there was health promotion information displayed. A range of information leaflets were available in the service.

Patients' engagement with the wider community

The service provided information and advice about a range of activities and organisations in the local area. The service produced a timetable of activities that they provided. The timetable also included suggestions of other local activities and places that the clients could access. The service had a separate recovery hub where recovery structured activities and mutual aid groups took place regularly.

Meeting the needs of all people who use the service

The service was accessible to all who needed it and took account of clients' individual needs. Staff helped patients with communication, advocacy and cultural support.

The service had a hearing loop system for clients and staff who may require it. A lift and a ramp were available for clients with mobility issues.

Staff had access to an interpretation service when required. Information and leaflets could be translated to other languages at the organisation's head office when needed. The service manager described how the service would tailor information and involvement to individual needs.

The service considered equality and diversity as a standard agenda item at team meetings. Speakers from local

organisations attended team meetings to give presentations to staff and improve their understanding. Managers were aware of the local population and differences between areas.

The service had an identified advocacy service that they could signpost clients to should they require the support of advocacy services.

Managers in the service recognised that the needs of clients could change rapidly on both an individual and at a wider level, such as emerging drug trends. An example of recognising changes in needs at a wider level was a recent outbreak of Hepatitis A amongst homeless people in the local area. The service worked in collaboration with Public Health England to vaccinate clients, give harm reduction advice and provide health warnings. The service also supported clients who had been diagnosed.

Listening to and learning from concerns and complaints

The service had posters and complaints / comments slips in the reception area. Clients felt confident that they could raise concerns or complaints with the service. The service had a policy detailing how compliments, complaints and concerns should be handled. This policy was accessible to all staff.

We reviewed five complaints that the service had received in the last 12 months. Of these five complaints, two were upheld by the service.

The service had received 45 compliments in the 12 months prior to the inspection.

Are substance misuse services well-led?

Good 

Leadership

The service manager and service delivery director had worked within the service for many years and had a wide range of experience. Managers understood the local area, population and needs of the client group. Managers reported positive relationships with senior leaders in the organisation. Managers felt empowered as leaders on a local level and could implement changes and innovation.

Substance misuse services

Staff had a person-centred approach to care and recognised clients as individuals. Managers promoted a client first approach to care and treatment.

Vision and strategy

The service vision was to be recognised as a leading progressive charity excelling in quality care, safety, support, research and innovation; dedicated to improving wider health and wellbeing for our diverse population and communities.

The values of the service were integrity, respect, dignity, pride, compassion, consideration and empathy.

Staff were aware of the vision and values. They felt that the vision and values had meaning to them. Staff had been involved in the development of an acronym to help memorise the values of the service.

Culture

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Staff described good relationships with managers within the service. Staff felt respected and supported by management. Staff felt positive about their jobs and described a strong team dynamic in the service. Staff noted that the team worked well together and that they supported each other. Staff were based in a large open plan office which encouraged good team working and communication.

Staff knew how to raise concerns. They felt confident that could approach management with any problems or concerns. Staff were encouraged to give feedback and suggestions about the service by managers through supervision and team meetings.

The team were under some increased pressures due to sickness and a recent vacancy. Managers described how they were managing these pressures and the demands of the caseloads. The service manager used a caseload management audit tool to review caseload sizes and to try to ensure these were balanced across the team. Managers described how they would provide additional support when necessary.

Governance

The service delivery director attended the board meetings and was a service representative at senior organisational meetings. These included organisational wide oversight, for example, meeting with the quality and performance lead and strategic development lead. Otherwise they were based at the service with the manager which meant information was shared easily. The manager ensured staff were aware of provider level changes and developments. Regular team meetings each month allowed all staff to meet and discuss issues. Team meeting minutes detailed updates that had been given to staff about the service and any changes that were happening.

Policies and procedures were devised centrally and available for staff on an electronic system. These were reviewed and ratified at board level and staff informed of any changes. Staff were required to sign and date that they had read and understood policies. When reviewing the policies on the day of the inspection, one policy was noted to have passed its review date. The service stated that action would be taken to address this. All other policies had been recently reviewed and were up to date.

The service used dashboards to monitor treatment completions, client numbers in treatment, waiting times, use of needle exchange and take up of hepatitis screening and vaccination. These were used to produce a monthly performance return to assess how the service was performing. Outcome measures were routinely reviewed to ensure the service was continuing to meet client's needs and key performance objectives. Service progress was highlighted in regular reports from the organisation and these were displayed for staff to see.

The service had a whistleblowing policy. Staff were aware of the policy and how they could access it when required.

Management of risk, issues and performance

The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

The service had a local risk register. Items from the local risk register could be escalated to the organisational risk register. The service delivery director was the link between the organisation's Head Office and the service. Lessons learnt and key outcomes were shared across the

Substance misuse services

organisation. The service had a clear and structured process for reviewing client deaths. All reports would be reviewed at a panel where actions, lessons learnt and good practice were discussed.

The service had a business continuity plan that detailed the actions to be taken in a variety of scenarios.

Information management

The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Information governance systems included confidentiality of client records. Managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care. Information was in an accessible format, and was timely, accurate and identified areas for improvement. Staff made notifications to external bodies as needed. All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it.

Engagement

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used. A peer mentor at the service had developed a client newsletter. The newsletter provided updates on events and activities alongside motivational stories. The newsletter asked clients for feedback and contributions to the next issue.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Patients and carers described how staff encouraged feedback on the service provided. A suggestion box was available in reception and feedback was encouraged during appointments. The service used a token system to gather feedback from clients about the service they had received. Clients would use a bronze, silver

or gold token to show whether they were happy with the service provided. This enabled all clients to be able to give feedback by reducing potential barriers. The service also gathered feedback using the friends and family test.

Learning, continuous improvement and innovation

The organisation encouraged creativity and innovation to ensure up to date evidence based practice was implemented and imbedded. The service had contributed to a local university's research into end of life care for people with alcohol and drug problems. Clients, carers and staff contributed to this research through surveys, focus groups and interviews.

The service had been involved with a flu vaccination pilot with Public Health England. The pilot was to ensure that vulnerable client groups had access to flu vaccinations. Due to the potential additional demands on the service, the service manager reviewed the process and trialled a process where the vaccinations were offered at pharmacies, linked to the client's prescription. Public Health England were collating the data from this pilot to assess which method was most effective.

The service trialled fingerprint drug testing. The service gathered feedback from clients and staff on this process. Feedback from clients was positive and it was felt that the fingerprint test reduced some stigmas. The service had been unable to continue with the fingerprint testing due to the costs involved. The service had moved to using a new piece of equipment as a result which had received positive feedback.

The service used an additional measure, the lifestyles outcome monitoring system, at assessment and points throughout treatment to measure whether there were positive changes being made across a range of domains, including substance misuse problems, being healthy, building recovery capital, happier families, service satisfaction, and, safer, stronger communities. Results were analysed across all services to ensure that service provision was effective.

Outstanding practice and areas for improvement

Outstanding practice

The service promoted innovation and had been involved in various projects and pilots. The service contributed to a local university's research into end of life care for people with alcohol and drug problems. The service had been involved with a flu vaccination pilot with Public Health England, where the service manager devised a different method for clients to access the vaccine. Managers felt empowered by the organisation to identify, trial and develop new ways of working to improve the service offer to clients.

Following a recent outbreak of Hepatitis A amongst homeless people in the local area, the service worked in collaboration with Public Health England to vaccinate clients, give harm reduction advice and provide health warnings. The service also supported clients who had been diagnosed.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that all staff receive an appraisal of their performance annually.
- The provider should ensure that the blood pressure machine and scales are checked and calibrated regularly. The provider should ensure staff are aware this needs to be completed.

- The provider should consider how it uses fax machines when sharing information in relation to information governance and data protection.