Addaction - Cornwall

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Addaction's ethos was to put clients at the heart of their services, empowering them to be successful and take control of their lives. We saw evidence of this in how staff respected client views and wishes as well as actively seeking client feedback. Clients told us that staff were respectful, supportive and non-judgemental.
- There was an effective clinical governance process in place which ensured audits were happening and learning was disseminated across the service.
- The majority of staff across the Addaction sites had received mandatory training and staff were receiving regular supervision and appraisals.
- Office and clinic rooms were clean, tidy and well equipped to meet client needs. Offices were also designed in a way to protect client confidentiality and promote their dignity.

Summary of findings

- There were no waiting lists at the service and all referrals came through a single point of contact and were triaged. This allowed staff to see urgent referrals quickly.
- All clients had care plans and red, amber and green rated risk assessments. Staff actively followed up clients who did not attend appointments.
- Addaction Cornwall had good links with other local services. Staff were able to refer clients to services appropriate to meeting their needs and understood the value of multidisciplinary and inter-agency working to address their clients' needs.

However,

- There was high staff turnover at the service, meaning that recovery coordinators and team leaders were carrying high caseloads. This impacted on the quality and safety of care that staff could deliver.
- There was a lack of discharge planning and clients did not have unexpected exit plans.
- Staff morale varied across the service and stress levels were high. Not all staff felt protected by Addaction's policies. Some staff expressed reluctance to raise concerns within the organisation.
- Addaction did not routinely ask whether a client would like their family involved in their care.

Summary of findings

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Background to Addaction - Cornwall

Addaction Cornwall is an adult community substance misuse service provided by Addaction. It offers one to one support, structured group sessions and needle exchange programmes to people affected by substance misuse. At the time of inspection Addaction Cornwall ran services from its two offices in Truro and St. Austell. The service was closely linked with two other registered Addaction locations covering east and west Cornwall. Together they provided community substance misuse services across Cornwall and the Isles of Scilly. Addaction Cornwall was registered by CQC in March 2014 for the treatment of disease, disorder or injury and for diagnostic and screening procedures. The registered manager was Caroline Liney.

Addaction Cornwall was commissioned by the Cornwall and Isles of Scilly Drug and Alcohol Action Team (DAAT).

The service provided specialist community support for adults affected by drug and alcohol misuse. Addaction Cornwall also offered support and information to friends and family affected by someone's drug and alcohol use. At the time of our inspection, the three Addaction registered locations were providing support to 1396 clients.

At the time of inspection, Addaction Cornwall had been inspected once by the CQC in January 2014. The service was meeting all the required standards at that time.

The 2016 inspection was completed using our new approach of asking five key questions about the quality of services. CQC does not currently rate substance misuse services.

Our inspection team

The team that inspected the service comprised of two lead inspectors Francesca Haydon and Sarah Lyle. There was an assistant inspector and a specialist advisor. The specialist advisor was a senior nurse who had experience in substance misuse nursing and mental health.

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 that we held about the location. During the inspection visit, the inspection team:

Summary of this inspection

- visited two Addaction Cornwall service locations, looked at the quality of the physical environment, and observed how staff were interacting with the clients
- spoke with three clients who were using the service
- spoke with the registered manager
- spoke with seven other staff members, team leaders, area managers, recovery coordinators and a project administrator
- looked at 15 care and treatment records of current and previous clients
- looked at policies, procedures and other documents relating to the running of the service
- attended and observed one team meeting in Penzance and one prescribing clinic
- asked other organisations for information, including two local pharmacists.

What people who use the service say

We spoke with three clients who used the service.

- All clients we spoke with were positive about the support 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.
- Some clients we spoke with told us that there was a good range of activities and support options offered by Addaction Cornwall.
- One client mentioned how a recovery coordinator had gone out of their way to ensure that they were able to attend a group. The client could not afford to travel to a group session, so the recovery coordinator picked them up and brought them back.

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.

- Recovery coordinators and team leaders were carrying high caseloads which meant that clients were not always receiving safe levels of care.
- We did not see evidence of physical health monitoring by Addaction for clients who were having medication directly prescribed by Addaction as part of their detox or stabilisation programme.
- Staff and volunteers did not have a comprehensive understanding of child safeguarding.
- Clients did not have unexpected exit plans.

However,

- Clients had detailed risk assessments which were rated according to severity.
- All office and clinic rooms were clean and tidy.
- Equipment was maintained to a high standard; medicines fridges were locked and staff carried out regular temperature checks.
- The service carried out robust fire and safety checks. There were fire wardens and first aid officers in each office.

Are services effective?

We do not currently rate standalone substance misuse services.

- There was a robust clinical governance process, audit outcomes were monitored and action plans put in place to improve services.
- Addaction Cornwall had strong collaborative links with local organisations, including shared care arrangement with GPs.
- Recovery coordinators referred clients to local services as appropriate.
- Client care plans were up to date and regularly reviewed.
- Staff had an appropriate level of understanding of the Mental Capacity Act (MCA) and received MCA training.
- Staff and volunteers received regular supervision and appraisals.

However,

- Care plans were not always person centred.

Summary of this inspection

Are services caring?

We do not currently rate standalone substance misuse services

- Clients told us that staff were respectful, supportive and non-judgemental; we observed positive interactions between staff and clients.
- Staff respected client views and wishes as to what they wanted for their treatment goals.
- All client files had a confidentiality contract which showed staff had discussed confidentiality with clients.
- Clients told us that staff went out of their way to ensure clients could access Addaction's services.
- Clients had opportunities to feedback about their care and felt that they could become involved in the service.

However,

- Not all clients had a copy of their care plan.
- Addaction did not routinely ask whether a client would like their family involved in their care.

Are services responsive?

We do not currently rate standalone substance misuse services.

- The service had no waiting lists and all referrals were contacted within two to three days. Clients were also seen face to face within 20 days from referral.
- All referrals came through a single point of access and were triaged according to the presenting needs. This allowed staff to see urgent referrals quickly.
- Staff were proactively following up clients who missed their appointments.
- Offices were designed in way to protect client confidentiality and promote their dignity.
- Addaction Cornwall listened to the feedback received by clients and staff. We saw evidence of changes being made and lessons learnt fed back to staff.

However,

- There was a lack of discharge planning for clients.
- The provider was not offering external advocacy services to clients, which was not in line with their own policy.
- Not all clients knew how to complain.

Are services well-led?

We do not currently rate standalone substance misuse services.

Summary of this inspection

- There was an effective clinical governance process in place which ensured audits were happening and learning was disseminated.
- The majority of staff felt supported by their team leaders and managers felt that they had the authority to do their jobs.
- Staff knew Addaction's visions and values and knew who Addaction's senior managers were.
- The service was actively seeking feedback from clients and staff.

However,

- Staff morale varied across the service, with some staff feeling stressed and not feeling protected by Addaction's policies.
- Not all staff felt comfortable to raise concerns.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff we spoke to demonstrated an understanding of the Mental Capacity Act and told us that a new Mental Capacity Act e-learning course was being created. In the meantime a senior nurse within the team had delivered basic training in team meetings. Separate mandatory training was available for nurses, which four out of six nurses had completed.

Staff were aware that when clients attended an appointment and were under the influence of drugs or alcohol they needed to reschedule the appointment for a time when the client was not intoxicated. This is so that the client would have the capacity to make informed choices about their treatment. However, not all staff knew if Addaction had a Mental Capacity Act policy.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- All clinic rooms we saw were tidy and the furniture was of a good standard, blood pressure monitors were calibrated annually. However, the rooms were not well equipped for physical health monitoring; there were no weighing scales or height charts to help monitor client risk in relation to a client's rapid weight loss or gain due to drug and alcohol consumption.
- All fridges and clinic rooms containing medicines were locked. Staff carried out daily fridge and clinic room temperature checks, records we reviewed showed that they were all in the correct range.
- Arrangements were in place to keep emergency adrenalin and naloxone on sites. We saw that these were kept in locked clinic rooms at Truro and St. Austell.
- There were fire extinguishers in all the premises we visited and these displayed up to date checks by an external company. Each Addaction office had staff trained as first aiders and fire wardens.
- We saw good practice in the needle exchanges where safe supplies of injecting equipment were provided as part of a harm reduction programme.

Safe staffing

- Staff sickness across the six Addaction offices was at 6%, and staff turnover was high at 32% turnover for the year ending April 2016. The services did not use any bank or agency staff.
- At the time of our inspection the Addaction services were fully staffed. A number of staff were new and were completing induction programmes, therefore they had not yet taken on caseloads. This meant that the service was still affected by recent staff vacancies, sickness and high turnover. Staff commented that the shortage of staff had been a problem since the Addaction wide two month recruitment freeze encompassing March and April 2016 where staff who had left could not be replaced due to the recruitment restrictions.
- Some staff in St. Austell and the registered manager told us that staff stress levels were high. Current and previous staff told us that they felt they could not provide safe care to their clients due to high caseloads and having to cover services at other offices. Staff and team leaders told us that recovery coordinators caseloads were too high, with some containing over 60 clients; this was above Addaction's recommendation of 50. Team leaders were also carrying full caseloads of over 50 clients to cover the staff shortage; this was in addition to their management roles.
- The registered manager told us that they no longer needed to cancel activities due to short staffing. Clients we spoke to told us that activities were only cancelled because of a lack of clients. However, staff commented that there was a reduction in the services they could offer and the amount of time spent with each client because of staffing pressures and having to cover for other offices during the week and on Saturdays.
- Volunteers were used to help support and run groups, provide reception cover and carry out maintenance work. There were around 80 volunteers working for the Addaction services. These were a mix of students doing academic placements, recovery champions who had recently left Addaction's services and volunteers. Volunteers were recruited using a standardised recruitment procedure and were disclosure and barring service checked to ensure the safety of the clients.

Assessing and managing risk to patients and staff

- We reviewed nine clinical records at St. Austell and six at Truro. Of these, 14 clients had an initial red, amber and green rated risk assessment, and one of which was not up to date. For this client, there was evidence in their

care progress notes that staff were aware of this and had been trying to engage with the client. Risk assessments were comprehensive and contained details including; risk to self, risk to others and criminal history. Previous treatment episodes could be viewed to enable staff to understand the context of the client's current difficulties.

- We reviewed two records of clients who had received alcohol detox in the past six months. Care plans showed regular contact with the clients and that the community detox was in line with Addaction policy.
- There was a national safeguarding policy for all Addaction services, and training data showed that 77% of Addaction Cornwall staff had received safeguarding training. Staff we spoke to had good knowledge of adults safeguarding. However, staff had limited knowledge of children's safeguarding. Staff and volunteers knew that there were adult and children safeguarding leads and would be able to ask them for advice if needed.
- No safeguarding or whistleblowing referrals were made to the CQC in the period April 2015 to April 2016.
- Staff at the Truro and St. Austell offices were provided with personal alarms.
- Volunteers told us that they would get an e-mail if there was anything they needed to know after a serious incident or possible risk; such as if a client was at risk of being aggressive.
- Addaction had systems in place for managing patients' aggression. To protect the wellbeing of clients and staff, agreements were reached with clients who had a known risk of aggression that they could only come in to the office for booked appointments. Staff were not trained in de-escalation techniques.
- Addaction had robust procedures for assessing a client's suitability to collect their prescription and store their medication at home. Recovery coordinators and prescribers were able to demonstrate how they followed Addaction's policies and local pharmacies confirmed that they followed a prescribed treatment agreement whereby clients had to identify themselves to the pharmacist prior to the prescription being issued.

Track record on safety

- Addaction Cornwall reported no serious incidents. There had been two statutory notifications to the CQC in the 12 month period leading up to the inspection.
- We saw evidence that staff were involved in investigations related to deaths of their clients and lessons learnt were shared in team meetings.

Reporting incidents and learning from when things go wrong

- Staff reported incidents through their incident reporting system, the completed report then went to their line manager for review. The registered manager had overview of all the incidents and these were discussed at clinical governance and team meetings. We saw evidence that incidents were reviewed by Addaction's national critical incident review group (CIRG). This was in line with Addaction policy.
- We reviewed two incident records and saw that staff had taken appropriate action and learning was fed back to staff via team meetings and in the clinical governance group. Staff we spoke to also told us they were able to discuss incidents with their line manager during supervision and could provide examples of recent lessons learnt. This included a reminder about ensuring confidentiality and regularly updating passwords after a client had gained a staff member's log in details.
- The registered manager and team leaders confirmed that they supported staff after an incident, including offering extra support and giving staff protected administration time to complete incident and coroner's reports.

Duty of Candour

- Addaction had a national duty of candour policy. Staff we spoke to commented that there was an environment of being open and transparent which included apologising when things went wrong. One client we spoke to confirmed that this happened and that they had received a written apology after an incident occurred.

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

Assessment of needs and planning of care

- The Addaction services had a single point of contact for all referrals into the service. Staff told us that they ask for each client's history on admission and request permission to contact their GP for further information. During the initial assessment staff would complete a risk

assessment, covering areas such as current substance misuse, any contact with children and domestic violence. Staff also asked for client's consent to contact their GP; this allowed them to check what services the client was engaging in and reduce the risk of dual prescribing.

- The Addaction services were subject to quarterly monitoring by its commissioner, data we reviewed demonstrated that the services were exceeding their targets for numbers of clients retained in effective treatment, they were also exceeding targets for the number of non- opiate and crack users engaging with the service between October to the end of April 2016.
- Most client records we reviewed had up to date recovery plans. The recovery plans were holistic and included a brief record of the client's current physical state and any symptoms. We saw evidence that clients were asked about their goals for treatment and these were recorded in their recovery plans.
- However, one of 15 records we looked at one had not been recently reviewed and was five weeks overdue. Care plans were not written in the first person and we found little evidence of the client's voice being included.
- Addaction nurses carried out some physical monitoring checks. This included giving vaccinations, taking urine samples, and checking for abscesses and infections at client's injection sites. Nurse and recovery coordinators told us that if they had any physical or mental health concerns about their clients they would offer guidance, refer them to a relevant service, or suggest they make an appointment with their GP. Recovery coordinators also commented that if clients had given their permission they would follow up with their GP, to ensure that the client had attended appointments.
- Clients' physical and mental health care remained the responsibility of their local GP. However, premises had examination couches and equipment to monitor blood pressure but did not have the facilities to check weight and height of patients prior to prescribing. We saw evidence that GPs monitored client's height and weight before medication was prescribed. There was also an arrangement in place for GPs to carry out electrocardiogram (ECG) tests on clients with high methadone prescriptions; staff recorded this on the client's care record.
- There were weekly life skills groups across the service where recovery coordinators supported clients with daily living skills. For example, staff facilitated conversations about nutritional care and ran cookery workshops. Staff explained that individual issues raised in groups could be discussed in care plan meetings with a client's recovery coordinator.
- We saw evidence in clients' care records that staff offered clients copies of their recovery plans, recovery coordinators told us that often clients chose not to take a copy. One client we spoke to told us that they did have a copy of their care plan, and another remembered being offered one.
- Clients we spoke to had no concerns about confidentiality or consent at the service. Staff told us that they always asked for a client's consent and discussed confidentiality with them at their initial assessment; staff recorded these discussions in clients' care plans. We saw evidence that clients completed consent to treatment and to sharing information forms.

Best practice in treatment and care

- Staff followed national drug misuse and dependence UK guidelines on substitute prescribing and supervised consumption.
- Staff used, and audited the use of, the Treatment Outcomes Profile (TOP) to measure change and progress in key areas of the lives of their clients. Staff also demonstrated good practice in their use of the Severity of Alcohol Dependence Questionnaires (SADQ) to measure client's dependence on alcohol and the Alcohol Use Disorders Identification Test (Audit) to determine the best course of treatment. This was in line with NICE guidance.
- The Addaction services ran six needle exchange programmes across Cornwall which all Addaction service users could attend. The needle exchange services were fully equipped and complied with NICE guidance. The needle exchange offered information and advice on safer injecting, advice on preventing the transmission of blood borne viruses and access to treatment. Staff and volunteers working at the needle exchange had received training on harm minimisation and were able to advise clients on how to best care for themselves.
- The service had a Blood Born Viruses (BBV) testing and vaccination programme. Recovery coordinators routinely offered this to all clients, and nurses carried out the tests and gave vaccinations to those who were using the service. The Addaction services monitored the uptake of the vaccinations as one of their key

performance indicators (KPIs) and we saw evidence of them analysing what barriers were preventing clients from receiving vaccinations. Staff were proactive in supporting clients to undertake BBV testing and vaccinations.

- Clinical audits were undertaken by nurses and we saw evidence that the results were reviewed and discussed at clinical governance meetings, led by the pharmacy lead. Audits included medicines management, reviews of staff appraisals and frequency checks of client's risk assessments.
- As part of their clinical governance process Addaction staff carried out internal audits at each of their office locations. The audits evaluated their services against Addaction polices and national criteria, including NICE guidance. We saw evidence that the St. Austell office had created action plans to address any issues. For example, the St. Austell office identified that they needed to improve their recovery plans and risk assessments, ensuring that they captured sufficient detail and evidence of clients giving their consent to treatment. However, not all action plans contained timeframes and a number of actions had not been completed. St. Austell did not provide evidence that they had completed their risk assessments and recovery plans by the end of October 2015. No service action plans were submitted for the Truro office.
- The provider was linked to a charity which recycled furniture and sold it in a shop at the St. Austell office. The shop was managed by volunteers and Addaction clients were involved in refurbishing the furniture. This allowed clients to gain practical skills and provided them with links to further employment.
- The service had links with specialist midwives in substance misuse and a care pathway. All staff were also trained in Domestic Abuse, Stalking and Honour Based Violence (DASH2009) and would refer clients on to specialist services were necessary.

Skilled staff to deliver care

- Addaction policy required all service managers and team leaders to have professional management qualifications. We saw evidence that team leaders across the Addaction had level three institute of leadership management training and were told that all staff had received domestic abuse, stalking and honour based violence (DASH) training. Recovery coordinators felt well supported with specialist training and told us that they could access specialist courses run by Addaction's learning and development team. One recovery coordinator in Bodmin we spoke to said that they had recently attended risk recovery training, they were then able to share their learning with the wider Cornwall team.
- However, staff also commented that whilst training was encouraged there was no protected time for training and plans to introduce dedicated time for training had not happened.
- All of the doctors working for Addaction had up to date revalidation.
- Addaction policy was for all new staff to have an induction into the service. We reviewed four staff records and found that they two contained induction checklists and one had a probationary form. We reviewed the service's six month induction programme which included all mandatory training, visits to local detoxification centres as well probationary assessments. The training matrix submitted to CQC showed that 73% of staff across all three Addaction services in Cornwall had completed their corporate e-learning induction.
- A system was also in place to support volunteers which was implemented across the sites we visited. Volunteers received an induction process and were given mandatory e-learning to complete before starting work. Three volunteers we spoke to told us they had received training in blood born viruses (BBV), safeguarding and needle exchanges. They commented that they received appropriate training before taking on a new role, and could observe a group before supporting it.
- We looked for evidence of supervision in eight staff records, randomly selected from the Truro and St. Austell offices. All staff records we reviewed showed evidence of regular supervision at Truro and St. Austell. Recovery coordinators told us that they received monthly supervision and support from a doctor or manager when they needed it. Prescribers received regular clinical and management supervision, and support from the nurses' forum and Addaction's monthly prescribers meeting.
- There were monthly supervision groups for all staff groups and volunteers were required to attend monthly group supervision sessions.
- All staff had received an appraisal within the past 12 months.

- All staff had access to clients' care records which were stored securely on an electronic system. However, staff commented that care records were difficult to navigate because there was several places to look for information and a number of questions were duplicated.

Multi-disciplinary and inter-agency team work

- The three Addaction services held fortnightly joint multidisciplinary team meetings and staff told us these were well attended. No clients attended these meetings. We observed a multidisciplinary team meeting where staff demonstrated respect for clients. There was evidence of staff working together to consider the best courses of action to both support and protect their clients. Staff understood that to deliver effective treatment they had to take a multidisciplinary and interagency approach, and not just consider drug and alcohol use in isolation.
- Staff facilitated contact between their client and external agencies to help them reach their goals. Recovery coordinators and clients gave us examples of staff putting them in touch with local housing services and supporting them in finding accommodation.
- Staff told us, and we reviewed in meeting minutes, that the service had good links with external agencies. This included; local GPs, refuge centres, social housing services, the police and local pharmacies. We saw evidence of good interagency work, with the service having provisionally agreed a shared care and buddy system with local GPs. Recovery coordinators had good relationships with local pharmacies; this was corroborated by local pharmacists who told us that Addaction staff were in regular communication about new clients and any prescription changes. Pharmacists commented that they could also pass on concerns about clients not complying with their medication and one pharmacist explained how Addaction had supported them to put in a process for clients to collect their medication at specific times.
- We saw evidence that the Addaction services invited local services to join their meetings and staff told us that other organisations had opportunities to come and explain their services. Staff had also given a presentation about Addaction's services to a local social care organisation.
- The Addaction services had a number of volunteers and academic placements, qualified and non-qualified, who offered counselling to Addaction's clients. The service also had links with a psychotherapist who worked with clients. Other specific therapy sessions included dyslexia workshops, a veterans' recovery group and intuitive recovery sessions and courses.
- However, staff and managers told us of difficulties in liaising and referring patients to the local community mental health teams. One client we spoke to felt that Addaction Cornwall was not joined up with other local services.
- We saw that the provider had developed good links with other agencies who also worked with the client group. This enabled information sharing where appropriate and allowed for positive multi-agency working with clients.

Good practice in applying the Mental Capacity Act

- Staff we spoke to demonstrated an understanding of the Mental Capacity Act and told us that a new Mental Capacity Act e-learning course was being created. In the meantime a senior nurse within the team had delivered basic training in team meetings. Separate mandatory training was available for nurses, which four out of six nurses had completed. However, not all staff knew if Addaction had a Mental Capacity Act policy.
- Staff were aware that when clients attended an appointment and were under the influence of drugs or alcohol they needed to reschedule the appointment for a time when the client was not intoxicated. This is so that the client would have the capacity to make informed choices about their treatment.

Equality and human rights

- The service was seeking and monitoring feedback from clients with protected characteristics. Changes were made as result of this, staff were exploring how best to support clients with protected characteristics. For example, Addaction had agreed to purchase hearing aid loops for all locations to help clients who were hard of hearing engage in group discussions.
- Management of transition arrangements, referral and discharge • The three Addaction services were commissioned by Cornwall Council's Drug and Alcohol Action Team (DAAT). As part of this agreement they received six rehabilitation places at local inpatient detoxification centres. Recovery coordinators could also refer their clients out of area if needed.

Substance misuse services

Are substance misuse services caring?

Kindness, dignity, respect and support

- All three clients we spoke with talked positively about Addaction staff, saying that they were always approachable, respectful and treated them in an encouraging and supportive manner. Clients also told us of how staff had made them feel relaxed and more confident in group sessions which allowed them engage more fully. We saw examples of this when observing staff interactions with clients.
- Two clients provided examples of how Addaction staff had signposted them to other services when they mentioned about their mental and social needs. Staff we spoke with were also able to describe their links with local services and how they facilitated meetings if this was the client's wish.
- One client we spoke to told us that staff were eager to communicate with them in ways they could understand.

The involvement of people in the care that they receive

- Two out the three clients we spoke to told us that overall they felt involved in their care. Staff asked them and recorded their opinions and what goals they wanted to work towards, whilst challenging them to move forwards. However, one client did not feel involved in their care and had been unable to get in contact with their recovery coordinator for the past three weeks.
- Clients commented that Addaction staff had explained what services they offered when they first engaged and two clients mentioned that staff regularly let them know what activities were happening. However, one client who had recently joined the service was not confident if they knew what services Addaction Cornwall provides.
- Clients commented that they felt confident to give informal feedback to individual members of staff and were invited to give feedback at the end of group sessions. However, their responses were mixed as to whether the service would take action on their feedback.
- There were user friendly feedback forms in reception areas at the offices we visited, although one client was not aware of these forms.
- Clients could input into how their information would be shared, including if they wanted their family members to be informed. However, two clients we spoke to told us that Addaction had never asked if they would like their families involved.
- Clients had the opportunity to become involved in the running of the service by participating in the client forum, which involved helping to recruit staff and becoming recovery champions once discharged. Clients were offered a range of opportunities in Addaction such as refurbishing furniture and helping to run groups, such as photography and gardening.

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

Access and discharge

- Addaction received referrals from a number of local services, including GPs, social services, probation services and prisons. Individuals could also self-refer. All referrals came through a single point of access, via email or a dedicated phone number.
- In January to March 2016 99% of clients across Addaction's six Cornwall offices were seen by a recovery coordinator within three weeks from referral date to treatment. At the time of inspection there was no waiting list, and staff told us that clients would also be contacted within two to three working days from referral. New clients were risk assessed and triaged at referral, allowing high risk clients to be fast tracked into treatment.
- Clients told us that access to the service was mainly good. They were given their recovery coordinator and local office's numbers so that they could easily arrange appointments. However, one client told us that they had been struggling to get hold of their recovery coordinator for the past three weeks.
- Staff told us that they would actively follow up clients who did not attend their appointments and we saw evidence of this in records we reviewed. Clients understood that if they stopped attending appointments their prescriptions would be stopped.
- Clients we spoke with told us that appointments were available and the service was open at times that met

their needs. The service provided a range of activities and psychosocial interventions which were accessible, including life groups, breakfast clubs, photography and cooking sessions.

- Staff told us they created exits plans for clients that focused on activities or pathways for after they left the service. These could include going to college or becoming a recovery champion within Addaction. Staff would also let the client's GP or social care organisation know that they had been discharged.
- However, there was a lack of discharge and exit planning recorded on client's care records. All three clients we spoke with told us that they did not have a discharge plan and had never discussed an unexpected exit plan with their recovery coordinator.

The facilities promote recovery, comfort, dignity and confidentiality

- Addaction Cornwall offices contained a range of small meeting rooms and larger group spaces. The meeting rooms were well equipped for life skills groups, with equipment such as TVs, DVD players and a kitchen area.
- There were facilities designed to enable staff to carry out blood testing and urine screening whilst maintaining clients' dignity. Clients commented that staff members knocked before coming into the private clinic rooms.
- Interview rooms in Truro were sound proofed and clients told us they were confident that their confidentiality was maintained. At St. Austell the clinic room was close to the reception area, staff put the radio on to reduce the risk of voices being overheard.
- We observed that the Addaction offices contained accessible information about local physical and mental health services and harm minimisation information was displayed in the service.

Meeting the needs of all people who use the service

- The service did not supply leaflets in any language other than English, the main demographic of the client population was white British. However, staff could source literature in alternative languages from the organisation and arrange for an interpreter if required. Access to interpreters was through social care and family and friends were often used. There was a Polish and Romanian speaking recovery coordinator and if needed, Addaction would pay for a bus fare for Polish and Romanian speaking clients to come and meet them.
- No information about accessing advocacy services was available in reception areas. Staff we spoke with told us that there were no formal links with independent services but they would advocate on behalf of their clients. This went against Addaction's Complaints and Feedback policy which states that all services must establish a link to an independent advocacy agency, in order that clients can easily access support when making a complaint.
- The offices at Truro and St. Austell were wheelchair accessible and both had an adapted toilet. The St. Austell office included ramped access to a separate meeting room and toilet facilities.

Listening to and learning from concerns and complaints

- Addaction Cornwall received four formal complaints in the 12 months prior to inspection, from April 2015 to April 2016. All four of the complaints were upheld. Addaction monitored all formal complaints and we saw evidence of learning from their complaints. For example, the frequency of drug tests and screening was increased in response to a complaint. Addaction Cornwall had also put in place a system to enable team managers to have oversight of clients who were subject to safeguarding.
- Posters about how to complain to Addaction, and independent bodies, were displayed in reception areas. This was in line with Addaction's complaints policy. Staff also told us that they regularly asked for feedback from clients and would help them complain if they wanted to. Clients we spoke with told us that they were able to give informal feedback but were not confident they knew how to make a formal complaint.
- Eye catching feedback forms and easy read user satisfaction forms were available in reception areas. The completed forms were collected weekly and scanned to head office. Feedback was then displayed in reception areas and fed back to staff at team meetings. Volunteers commented that these feedback forms were used by clients and that the service did respond to their

suggestions. One change was that volunteers became part of the needle exchange programmes, as clients said they would feel more relaxed about approaching a volunteer than a member of staff.
- Clients we spoke to told us that they were confident that Addaction staff would listen to their complaint or feedback, but action taken would depend on what it was about.

Are substance misuse services well-led?

Vision and values

- Addaction's ethos was to put clients at the heart of their services, empowering them to be successful and take control of their lives. All levels of staff at Addaction Cornwall told us that clients were at the forefront of all they do and supported them in their journey of recovery. This included a focus on harm minimisation and helping clients to reach their goals. Staff we spoke to felt that they worked in line with Addaction's values of compassion, determination, and professionalism. They also added that their collaborative and resilient approach enabled them to be effective in their work.
- All Addaction managers we spoke with told us that they had good links with Addaction's executive team and feel part of the wider Addaction. In the past year four members of the executive team had visited the service, including the chief executive officer. Managers spoke positively of the arrangement whereby one of the associate directors visited once or twice a week and was always accessible by phone or e-mail. However, a number of recovery coordinators we spoke to did not feel part of the wider Addaction team and were not aware of the most recent five year plan and Addaction's strategy goals.

Good governance

- The provider's governance structure ensured that performance data was collected monthly, this data was then reviewed and analysed by the management team and action plans created as necessary. Commissioners received copies of the quarterly key performance indicator reviews and monthly performance reports. As of March 2016 the three Addaction services in Cornwall were meeting most and exceeding on some of their targets. This included exceeding its targets for the number of opiate and crack users in effective treatment and seeing 99% of referred clients within three weeks.
- Where key performance indicator trends were negatively decreasing, or areas for improvement had been identified, staff had developed improvement action plans and could seek guidance from Addaction's national quality team.
- Addaction Cornwall had devised a Naloxone improvement action plan to address underperformance in the delivery of Naloxone across Addaction's six Cornwall offices. Actions included providing additional training and support for staff, detailing what staff needed to record through the incident reporting process and displaying information leaflets for clients in waiting areas. We saw evidence that Naloxone updates were a standard item on weekly team meeting agendas.
- However, staff reported that commissioner involvement and Addaction's focus on reporting was contributing to the staffing pressures and staff sometimes struggled to provide the data asked for in the required timeframes.
- In line with Addaction's Clinical Governance Policy we saw evidence that Addaction Cornwall, Liskeard and Penzance reviewed their audit programme at local clinical governance meetings. Audit programmes included blood born virus (BBV) statistics, prescribing, GP letters audit, treatment outcomes profiles and supervision records. We reviewed evidence that internal audits on five out of six office locations were carried out in 2015. These provided an evaluation, and corresponding action plan.
- The service's risk register was three months out of date at the time of inspection; the exact date of update was also missing from the documents. Eight items were contained on the risk register; however there was no indication of the impact and likelihood of each risk. For example 'prescribing' was listed as a risk, with the action 'see clinical improvement plan'. There was also no indication of how long risks had been on the risk register. Recovery coordinators commented that the Addaction services put emphasis on recognising risks across the service. However, there was little reflection or action taken on the risks identified.
- We saw good evidence of interagency working, with local organisations being invited to Addaction services' clinical governance groups and shared care arrangements with local GPs.

Substance misuse services

Leadership, morale and staff engagement

- Managers we spoke to felt that they had the authority to do their jobs effectively. They identified Addaction as a good employer, that they were supported and that staff had the flexibility to move around the service. However, they also recognised that many staff were stressed and that their views of working for Addaction would be mixed.
- Staff morale varied across locations, some staff were happy and felt supported within their teams but felt disconnected from senior managers and teams in other locations. Stress levels were also high, which staff put down to high caseloads and having to cover other offices. This negatively impacted teams' morale and had led to staff members leaving. Recovery coordinators in St. Austell commented that their work was becoming unsafe due to the lack of time they could spend with each client on their caseload. However, Addaction Cornwall had recently appointed a new manager in St. Austell who was addressing staff concerns. They had taken on a case load to support the recovery coordinators until new members of staff were inducted. At the time of inspection the service was fully staffed but new members of staff were in induction and were not carrying full caseloads.
- Staff also raised concerns about Addaction Cornwall's use of policies. Recovery coordinators commented that they did not feel supported in raising issues nor protected even if they were following policy, as there had been occasions where managers endorsed diverting from policy. There were also concerns that Addaction's individual prescribing conflicted with national guidance. However, we did not find any evidence to corroborate this during the inspection.
- There was a whistleblowing policy and staff knew where to find it. However, staff responses varied when we asked if they would feel confident using it. Some staff also expressed reluctance to raise concerns within the organisation; commenting that they did not feel listened to and that raising concerns made no difference. However, we were also told that the Addaction services had recently set up a staff council, with appointed staff who could represent staff concerns to senior management.
- The services were proactive in learning from incidents and used examples of situations to learn from. However, two staff members told us that it was uncomfortable when managers used local concerns as the basis of anonymised case studies in team meetings, as the staff member could often be identified.
- Addaction Cornwall, Liskeard and Penzance managers had an overview of staff training and supervision rates across the service and there were systems in place to monitor that staff received appraisal and regular supervision and training.
- There was a policy in place and a system to performance manage staff were improvements were needed.

Commitment to quality improvement and innovation

- We saw evidence of the Addaction services actively seeking feedback from their clients and acting upon their suggestions. Clients were able to participate in user forum groups and client representatives were involved in the clinical governance group.
- The Addaction services had a staff council, with elected members who would represent the views of staff to senior management. These covered all office locations and managers hoped it would help increase staff morale. However it was in the early stages of development and was not embedded at the time of our inspection.

Outstanding practice and areas for improvement

Outstanding practice

- The Addaction services were actively engaging in communities across Cornwall. Each year staff and volunteers held a 'Festival of Hope', celebrating the success of clients who had completed treatment and remained substance free. Addaction's vision for the festival was to increase awareness and demonstrate that there is hope for anyone who struggles with substance misuse and that there is hope in recovery.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that physical health monitoring is ongoing for all non-shared care clients before they are prescribed treatment by Addaction.

Action the provider SHOULD take to improve

- The provider should ensure that staff use impartial interpreters when meeting with clients for whom English is not their first language.
- The provider should ensure that all clients have discharge plans and emergency exit plans.
- The provider should make sure that all care plans are person centred.
- The provider should routinely ask if client's want their family involved in their care.
- The provider should offer an external advocacy service to its clients.
- The provider should reduce staff' high caseloads.
- The provider should take action to address the low staff morale and provide necessary support.
- The provider should ensure that staff are supported when they raise concerns.
- The provider should ensure that staff can remain anonymous when using local concerns as the basis of anonymised case studies in team meetings.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider was not monitoring the physical health care of clients they were prescribing for who were not subject to shared care arrangements. The provider was not completing physical health care checks before or during these clients' treatment. Clinic rooms were not sufficiently equipped for physical health monitoring.** This was a breach of regulation 12 (1), (2)