The Claverings

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 issues that the service provider needs to improve:

- Medicines were not always stored at a safe temperature, and medicines incidents were not recorded to ensure that learning was taken forward. Relevant staff did not have regular medicines competence checks in place.
- Robust governance processes were not always in place. Complaints from clients were not always acknowledged or investigated.
- There was insufficient oversight of incidents to assess , monitor and learn from errors and near misses occurring at the service, to minimise future risks to staff and clients.
- Staff did not have sufficient training and professional development in their work including in working with clients with challenging behaviour, safeguarding children and adults, first aid, infection control, drug misuse, domestic violence, overdose prevention, dual diagnosis, and new psychoactive substances.
- Staff were not protected in line with the provider's lone working policy when visiting clients on home visits.

However, we also found the following areas of good practice:

Summary of findings

- Clients using the service were very positive regarding staff. Some clients linked their reduction in substance misuse directly to the support staff had provided.
- The service employed a Polish speaking staff member to meet the needs of the local population.
- The service worked effectively and productively with a range of other agencies.
- The service had made a number of changes following the CQC inspection of the other service run by the provider in the local area, so that significant improvements had been made in risk assessment, care planning, and frequency of medical reviews.
- The management team were aware of most areas requiring development and were committed to improving the service.

Summary of findings

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Background to The Claverings

The Claverings is provided by Compass – Services to Tackle Problem Drug Use and is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

There was no registered manager in place for the service at the time of the inspection. The previous registered manager had recently left the service, and a new manager was being recruited. An interim manager was in place and the CQC had been notified of interim arrangements as appropriate.

The Claverings provides a drug and alcohol treatment service for adults in the London Borough of Enfield. The service provides advice and information, detoxification, substitute prescribing and psychosocial groups.

Compass – Services to Tackle Problem Drug Use has two services within the London Borough of Enfield, which work together. The Claverings provides a fully integrated drug and alcohol treatment service for adults with more complex needs, transferring to Compass Enfield when they were near to the end of treatment, or for less complex support provision.

The service had 302 clients on their caseload at the time of the inspection. Clients were seen on a regular basis at a frequency depending on the stage of their recovery or treatment.

Staff managed a needle-exchange service from the site, which operated throughout the week.

We inspected the Claverings twice in 2013 where the outcomes inspected were found to be compliant. At the time of the current inspection the service was undergoing a retendering process, substance misuse services for the Borough due to change within the next few months.

Our inspection team

The team that inspected the service comprised four CQC inspectors, a CQC pharmacist inspector, and two specialist advisors who were a consultant psychiatrist in addictions and a senior nurse with a working background in substance misuse.

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?

Summary of this inspection

- Is it well led?

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

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the physical environment and observed how staff were caring for clients
- spoke with 14 clients
- spoke with the interim manager, the clinical lead and the assistant director
- spoke with 12 other staff members working at the service, including six recovery workers, four nurses (including a nurse non-medical prescriber), an associate specialist doctor and a consultant psychiatrist
- received feedback about the service from commissioners of the service
- attended and observed a clinical team meeting
- observed individual consultations with three clients and a group session
- looked at feedback from 51 comment cards completed by clients
- looked at 15 care and treatment records
- looked at six staff recruitment and training records (including one volunteer)
- looked at policies, procedures and other documents relating to the running of the service.
- Following the inspection we spoke with a further three clients by telephone regarding their experience of the service.

What people who use the service say

Clients using the service told us that they had developed a good rapport with individual staff members. Most spoke positively about the groups held, although some clients thought that more groups and activities could be provided. Two clients said that they thought the service should be open at weekends, which was a particularly high risk time for them.

Clients reported that they did not feel judged because of their substance misuse. Some clients told us that they had reduced their substance misuse directly as a result of the support staff had provided. Clients said that they felt safe, however some clients found that other clients using the service could be disruptive during group sessions.

One client, who had used it previously, indicated that it had not always been helpful in the past. However, this time they felt they were receiving the help they needed to move forward, with better groups and staff support provided.

Clients were positive about the new service user forum being set up, and a chance to have more say about the service. We viewed 51 comment cards (provided by the service) completed by clients. These included many positive remarks about staff being caring and clients feeling listened to, and areas for improvement similar to those mentioned above.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Medicines were not stored at a safe temperature as the clinical room was excessively hot. Medicines incidents were not recorded to ensure learning, and not all relevant clients who might benefit, were provided with naloxone. Staff administering medicines and offering advice to clients regarding medicines did not have appropriate competency checks.
- Not all incidents in the service were reported as an incident by staff so that learning could be shared with the staff team to prevent further risk to staff or clients.
- Most staff did not have current training in addressing challenging behaviour, and no breakaway training was provided for their protection.
- Staff mandatory training was not up to date, and there were insufficiently rigorous procedures for monitoring staff completion of this training.
- Staff were not provided with an alarm for their safety during home visits, as recorded in the provider's lone working policy.

However we found the following areas of good practice:

- Clients had detailed risk assessments in place and risk management plans.
- The potential risks of abuse to clients, or vulnerable adults or children they were in contact with, were explored with safeguarding alerts made when needed .
- Clients had a physical examination before medicines were prescribed. Information was requested from their general practitioners before medicines were prescribed.
- Medical equipment used in the service had been calibrated, to ensure that measurements were accurate.
- Staff absences were covered effectively. The duty worker system was well organised and staff could respond effectively to urgent situations.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

Summary of this inspection

- Staff did not receive sufficient training and professional development in their work. Most staff had not been trained in working with clients with challenging behaviour, safeguarding children and adults, first aid, infection control, drug misuse, domestic violence, overdose prevention, dual diagnosis, and new psychoactive substances. Staff supervision was primarily focussed on case management, with little time available for looking at professional development.
- The service was not conforming to its own volunteer policy, and needed to clarify the role that volunteers were able to undertake, and the appropriate supervision and support that was available to them.

However, we also found the following areas of good practice:

- Clients' assessments were detailed and included a recovery star, goal based approach which they found helpful.
- Medicines were prescribed in accordance with national guidance. All clients were offered testing for blood borne viruses and vaccines where appropriate.
- There were group programmes for clients to attend.
- The service worked effectively and productively with a range of other agencies.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were very positive about staff. They said that staff supported them with all of their needs and listened to them. Some clients linked their reduction in substance misuse directly to the support staff provided.
- Clients were involved with planning their care, and identifying goals.
- Clients could provide feedback to the service in a number of ways.
- We observed very positive interactions between staff and clients using the service during consultations.

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

- There was no evidence that clients were offered a copy of their care plan.

Are services responsive?

We do not currently rate standalone substance misuse services.

Summary of this inspection

We found the following issues that the service provider needs to improve:

- Clients' complaints were not always investigated. Complaints were dealt with informally and clients did not always receive a written outcome to their complaint..
- Client information leaflets were not provided regarding safer injecting, and new psychoactive substances.

However, we also found areas of good practice, including that:

- The service operated two evenings per week. Emergency assessment appointments were available every weekday.
- The service had a programme that enabled clients to become volunteers. Clients had to have stopped using drugs and alcohol to be eligible for these roles.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found areas of good practice, including that:

- Staff sickness and absence rates in the service were low.
- The service was monitoring completion of risk assessments, care plans, and frequency of medical reviews, and had brought about significant improvements in these areas.
- The management team were aware of most areas requiring development and were committed to improving the service.
- The management team were keen to develop a positive working environment.
- Appropriate interim management arrangements were in place while a new registered manager was being recruited.
- A new forum had been set up for clients to be more involved in the running of the service.
- Useful feedback had been obtained from clients via comment cards in the reception area, although the results had yet to be analysed and acted upon.

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

- Incidents within the service were not sufficiently monitored and analysed to ensure that themes and learning could be shared with the staff team to improve the service.
- Policies for staff lone working and volunteers did not reflect what was happening in the service at the time of the inspection.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

MCA training had been undertaken by seven out of 13 staff. Some staff we spoke with had not received MCA training, but all had a basic understanding of the MCA and how it applied to their work.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The entrance to the service was locked. Reception staff controlled access to the building. There were no perspex screens or other adaptations to prevent clients reaching over the reception counter. Staff advised that this had improved the atmosphere at the service, and no incidents had occurred as a result of removing the barrier.
- Alarms were available in all interview rooms for staff to summon assistance. Closed circuit television was used in communal areas.
- There was a clinical room in the service and two rooms had an examination couch. Staff used equipment to monitor the physical health of clients, including alcometers, blood pressure meters, weighing scales, and thermometers. These were calibrated recently to ensure they gave accurate readings. Urine dip sticks were within their expiry date.
- All areas of the building were visibly clean. Contract cleaners attended the service every evening. There was a cleaning rota and checklist for the clinic rooms. However, there was no disposable paper roll to cover the examination couches. Staff told us that this was being ordered, and they were disinfecting the couches using a disinfectant spray between each person's consultation.
- Alcohol gel was available to staff and medical equipment was disinfected regularly. Staff disposed of needles and other sharp objects in the sharps bins provided. Hand washing posters were on the wall at sinks in the building. The service stored and disposed of clinical waste appropriately. Staff gave clients injections and vaccinations at the service. Blood spillage kits were available.
- A first aid kit and defibrillator was available in reception and there were two trained first aiders for the service, and two fire safety wardens amongst the staff team. Records of fire safety and health and safety checks showed these were taking place regularly as appropriate.

Safe staffing

- The service was open 9-7pm on Mondays and Fridays, and 9-5pm on other week days, with no on call service when the centre was closed.
- There was a locum doctor working on 3.5 days weekly at the service to assess clients and prescribe medicines as needed. They could also be contacted on the other weekdays, when they working at the provider's other service nearby. The staff team also included a team leader, seven recovery workers (including one agency worker), and one permanent nurse, and three agency nurses (including a nurse prescriber and two alcohol detox nurses). The agency nurse non-medical prescriber had not yet commenced prescribing in the service.
- There was also a receptionist, a data entry assistant and a volunteer working at the service. Management advised that they were currently recruiting to one nurse vacancy and the nurse prescriber position. They advised that before deploying any agency staff to work at the service they reviewed the prospective staff member's CV, to ensure that they had relevant experience, and interviewed them.

Substance misuse services

- We reviewed staff recruitment records for permanent staff and found that appropriate checks had been made to ensure their fitness to work with clients at the service including interviews, criminal disclosure and barring checks, and written references.
- In the last year the service had a 27% turnover of staff and 1% staff sickness. Agency staff covered 29% of staff shifts.
- Recovery workers had a caseload of approximately 30-45 clients and indicated that this was manageable. A risk based system was used to calculate staffing for the service, allocating more higher risk clients to more skilled staff in a fluid approach to allocation.Staff reviewed clients' risk levels during medical reviews or at reviews of care and treatment.
- Staff leave was managed to ensure that there were sufficient staff in the service. When staff were on leave or sick their diaries could be accessed by other staff, to ensure planned appointments were kept, and duty workers would cover their caseload.
- Managers and staff were required to undertake mandatory training. However, training records indicated that staff training had not been monitored to ensure that all staff were trained in mandatory areas. We noted that three staff had completed cardiopulmonary resuscitation, and infection control, and two completed current safeguarding training. This indicated that staff were not up to date with mandatory training. The provider was in transition to a new training programme using a learning and development framework which we viewed.

Assessing and managing risk to clients and staff

- Staff advised that they did not commence substitute prescribing for clients on a Friday due to the service being closed at the weekend. Clients were encouraged to contact the Samaritans at weekends if in distress.
- Staff assessed areas of potential risk when clients first accessed the service. This included risk areas regarding substance misuse, mental health, housing and neglect, indicating if a risk was current, past or had never been a risk. A risk management plan was then produced to indicate how they would be addressed.
- Risks recorded for clients included dangerous injecting practices and accidental overdoses. However, we found that these varied in quality, In two cases we found that past risks were not recorded on the risk assessments despite these being present in the person's records. In one case we found that one person's use of crack cocaine was not mentioned on their risk assessment, although it was discussed in their outcome star (care plan). We also found that potential risks were not always explored in further detail. For example, contact with another person's child which may have left them at risk of harm. Risk assessments were updated every three months or following risk incidents.
- Staff advised that high risk clients using the service were seen on a weekly basis, or more frequently if they were becoming unwell, or at particular risk of overdose, including calling clients every day if they were in difficulty.Frequency of contact was decided on a case by case basis.
- When clients first attended the service they had a medical assessment. During the medical assessment clients had their weight, pulse and blood pressure taken prior to any medicines being prescribed to ensure that this was safe .
- The service communicated with clients' GPs having received their consent to do so, to ensure that medicines prescribed did not interact with the medicines prescribed by the service. It was the service's policy not to prescribe for over four weeks unless they had contact with a client's GP.
- All staff we spoke with had a good understanding of safeguarding adults and children and how to make an alert. However, the training matrix indicated that only two out of 13 staff were up to date with this training. The team leader kept a register of all safeguarding children referrals, and was in the process of producing a similar register for adult safeguarding cases, to ensure that they were followed up appropriately. The provider also had a hidden harm worker who could be contacted when there were concerns about children.
- The provider had a lone working policy for staff dated September 2014. When staff undertook home visits or outreach work they visited clients in pairs or with a staff member from another agency. However, although the policy indicated that staff should carry personal safety alarms, management advised that these were not

available. Instead staff informed their manager of any appointments outside the location, and called afterwards to confirm that they had been completed safely.

- Approximately 50% of clients were prescribed medicines. A system was in place for the storage and processing of prescriptions. The service did not store any controlled drug medicines on site. Emergency medicines such as naloxone and adrenaline were stored in the clinical room, as well as hepatitis vaccines which were stored in the fridge.
- The room temperature of the clinical room was not monitored prior to the inspection date, when it was found to be approximately 29°C. This was above the manufacturer's recommendation for the medicines stored at room temperature(25°C). The medicines were no longer safe to use as their stability and effectiveness could not be guaranteed, and the management made the decision to destroy the batches of adrenaline and naloxone, which might be needed in an emergency. Following the concerns we raised, the provider suspended the administration of vaccines until safe storage was identified.Clients needing these services were being referred to another provider. However we were not confident that this issue would have been noted and addressed had it not been for the inspection team's intervention. Staff had been monitoring the temperature of the medicines fridges, and took appropriate action to ensure that the vaccines remained safe to use. However they could not be administered until adrenaline was available to use in case of a client experiencing a severe allergic reaction to a vaccine.
- Staff were able to describe how they would report medicines related incidents, how these would be investigated and how any resulting action plan should be implemented. However, we did not see any evidence that incidents that had occurred in the past were reported in a timely manner and appropriately investigated. Also we did not see any evidence that there was shared learning from any incidents that had occurred. One nurse said they had not come across any medicines or prescribing errors incidents in the last six months. However our review of records indicated that there were three errors within this time, thus learning from these errors was not shared with the staff team.
- The provider's policy recommended that naloxone should be made available to clients at risk of opiate overdose as recommended by national guidelines. However, we did not see evidence that naloxone was offered to all clients meeting this requirement as stated in the provider's policy.
- Staff administering medicines and offering advice to clients regarding prescription medicines did not have regular competency checks on medicines management to ensure that their practice was in line with current guidelines.
- Clients had an appropriate health review every three months, including prescribed medicines and physical health. This is in line with current national guidance. Controlled stationery such as FP10 prescription pads were appropriately monitored and audited. The provider also offered a needle exchange scheme and we saw records that staff provided the right advice and training to clients accessing the service.

Track record on safety

- The service reported four serious incidents requiring investigation in the previous year relating to clients deaths but without recurrent themes. However there was no record of the learning from these incidents.

Reporting incidents and learning from when things go wrong

- Staff described how they had, or would, report a range of incidents. These included challenging behaviour from clients, and concerns about clients self-harming. Two prescription errors were not reported as incidents, and a 'near miss' was reported over two months after the incident.
- Although staff reported that they received feedback from incidents, they were not able to give examples of learning from any recent incidents. The management team acknowledged the need to improve feedback from incidents.
- We found reference to five incidents in clients' care records or staff supervision records which were not recorded as incidents for the service, and which staff we spoke with were not aware of. These included three medicines errors, a serious incident in the reception

area, and an accusation of abuse against a staff member. Although the latter was investigated and found to be unfounded, it was not recorded as an incident or a complaint in the service's records.

- Staff said that they received debriefing following incidents, and were also offered access to a telephone counselling service if needed.

Duty of candour

- The management team were aware of their responsibilities to apologise to clients when the service had made a mistake. This had not yet been used other than in acknowledging informal concerns raised.

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

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

- Access to the service was through a single point of access which was provided by another substance misuse provider. They completed the initial triage and then the client was transferred to the Claverings to undertake more in-depth treatment and care. Staff at the Claverings completed a risk management plan and care plan with each person. Staff expressed some frustration at basing their work on an assessment completed by another team, and advised that they sometimes had to repeat parts of the assessment to clarify risks and needs. They noted that as clients moved through the treatment, they produced more detailed risk assessments and care plans including medical and psychosocial intervention. This enabled personalised treatment and care to be offered.
- Staff advised that clients could be seen within 24 hours if urgent, and same day prescriptions could be arranged. They were also able to do home visits, for example for disabled, or agoraphobic clients if needed.
- A validated opiate withdrawal scale known as the Clinical Opiate Withdrawal Scale (COWS) was used during assessments. Clients' alcohol dependency was assessed using the Severity of Addiction Questionnaire (SADQ) in accordance with national guidance (NICE, 2011). This meant clients' withdrawal symptoms could be consistently assessed and monitored over time.
- The service was reorganising alcohol detox pathways, to ensure that they were more structured, and included more preparation and safety measures. Following competency assessments on agency staff involved, the service was to start using a home detox model, with input from the doctor and nurse prescriber, with appropriate group and individual supervision provided.
- Consultations that we observed, and records of sessions indicated that clients were supported to build on their strengths and work towards goals. They received focussed, motivational support, reinforcing changes. The 'recovery star' format was introduced 18 months previously, and was being used successfully to support clients to make holistic changes to their lives.
- However, there was no record to evidence that clients were given a plan for unexpected treatment exit, to ensure their safety as far as possible.

Best practice in treatment and care

- Clients using the service were prescribed medicines recommended by national guidance (Methadone and buprenorphine for the management of opioid dependence, NICE, 2007; DH, 2007; NICE, 2011). A small number of clients were prescribed high doses of methadone. Staff arranged for these clients to have an electrocardiogram (ECG). The ECG was to monitor potential heart abnormalities due to their dose of medicine. This was in accordance with national guidance (DH, 2007; Guidance for the use of substitute prescribing in the treatment of opioid dependence in primary care, Royal College of General Practitioners, 2011). We observed appropriate low dose methadone prescribed for a person with liver disease. When clients were abstinent from alcohol they were also prescribed medicines to assist with their abstinence. This was in accordance with national guidance (NICE, 2011).
- All clients using the service were offered blood borne virus testing for hepatitis and HIV. This was in accordance with best practice (DH, 2007). The service also offered clients hepatitis vaccinations, regardless of the risk.

- Staff working within the service were also advised to have these vaccinations through their own GPs, with the service refunding any cost incurred.
- Clients were supported with employment, housing and benefits advice and assistance.
- Clients' outcomes were recorded using the Treatment Outcome Profile (TOP). Outcomes were measured when clients entered treatment and every three months. A final outcome measurement was undertaken when clients were discharged from the service. However, it was unclear how these findings were used to improve client treatment and care.
- Staff were undertaking a care plan and risk assessment audit. This was used to monitor that care plans and risk assessments were updated at regular intervals. However, the audit did not measure the quality of care plans and risk assessments. We found some variety in the quality of clients records that we reviewed.
- Treatment contracts, and strength based assessments were in use, including a section on 'how to reengage me.' We observed good use of bridging prescriptions to tide clients over with enough medicines until their next appointment, if they had not attended their medical reviews. There was also good liaison with pharmacies to monitor clients using the service.
- An introductory session on recovery was provided weekly. Groups of six sessions were provided for relapse prevention, and outcome star (working towards recovery goals) and a 12-session group was provided for harm reduction (when clients were using substances). There were also twice a week detoxification groups. Groups used motivational interviewing techniques and cognitive behavioural therapy (CBT) principles. However CBT was not offered at the service, and there was a waiting list of six to eight weeks to access psychotherapy through the local mental health trust. In the interim period key working sessions and groups were available to support clients.
- Clinical audits were undertaken regarding clients' prescriptions, screening of blood borne viruses, vaccinations, and safeguarding alerts made, with results discussed at staff team meetings.
- The clinical lead attended working groups run by the National Institute for Health and Care Excellence (NICE). He advised that the provider had drafted a new policy on the re-engagement of clients who had lost contact with the service, which was to include home visits.

Skilled staff to deliver care

- The service employed a part-time doctor who worked 3.5 days a week at the location. The doctor was a specialist in addictions and had experience of working with the client group. The doctor was supervised by the provider's medical director as part of a monthly group , and on an individual basis quarterly.
- Managers in the service had significant experience in substance misuse services. Recovery workers had previously worked in substance misuse services, and some had successfully completed treatment for substance misuse problems.
- Staff had supervision approximately monthly. However, in recent months this had primarily focussed on case management. Staff did not always sign their supervision records to confirm that they accepted the contents. Staff who had been at the service for a year had appraisal records. All staff indicated that they found supervision supportive, and could express any concerns to their line manager, including having too high a caseload if necessary. They also indicated that the team provided a supportive atmosphere.
- When staff were not performing to expected standards this was addressed. A range of informal and formal measures were used to ensure staff recognised their responsibilities.
- We were concerned to note that although one recovery worker was supervising a volunteer, their own supervision notes indicated that they did not receive any training or supervision about this extra responsibility. This was also in breach of the provider's own supervision policy, as the supervisor did not have line management responsibility for the volunteer.
- We looked at the volunteers policy and procedure dated April 2016. This indicated that 'activities will compliment rather than replace the work of paid staff.' However, we were concerned to find that a volunteer had been given a caseload, and appeared to have been undertaking work usually undertaken by a recovery worker, including

making direct entries onto client's electronic records. It was acknowledged in supervision that this was not an ideal situation for the volunteer to be in.Further clarity was required about the way in which volunteers were deployed and supported in the service.

- Staff completed a local induction and corporate induction on commencing work with the service. They also shadowed other staff for a two week period, which they said was helpful. However, most staff said that staff training was an area in which the provider needed to improve.
- Only one staff member had current training in working with clients who challenged the service, and no staff were provided with training in breakaway techniques as recommended to avoid serious injury (NICE, CG10 RCPsychiatrists).
- Training records for 13 staff indicated that all staff had completed HIV and Hepatitis training, eight staff had completed training in naloxone, and in data protection. Five staff completed training in drug misuse, four staff completed training in group work skills, three staff completed training in record keeping, two staff completed training in the cognitive behavioural therapy (CBT) framework, one staff completed training on motivational intervention, domestic violence, and working with offenders who have a learning disability in forensic settings. No staff had received training in overdose prevention, medicines, or chemsex (people taking drugs just prior to having sex) in order to provide clients with appropriate support.
- Only the team leader had undertaken dual diagnosis training, which was important in working with clients who also had mental health issues. Staff told us that they also wanted to undertake training in mindfulness, CBT, and further drug and alcohol training.
- The provider was in the process of restructuring their training provision, and had identified that there was some training required that was more specific to the nature of the work undertaken by the service. This training was to be part of a bespoke learning and development framework, linked to the supervision and appraisal system, according to each staff member's learning needs.

Multidisciplinary and inter-agency team work

- Each week the service had a clinical team meeting which all staff attended. Staff raised the care and treatment of specific clients for the team to discuss. The meeting had a standard agenda and discussed safeguarding, clients' medical reviews and their mental and physical health problems. The team discussed clients' needs, psychosocial interventions and social issues, such as housing difficulties. The staff team offered each other guidance on how best to support clients, and the contents of the meetings were recorded.
- The service had thematic leads for mental health, integrated offender management and the multi agency risk assessment conferences, perinatal services and safeguarding children, and service user involvement. Lead staff liaised with other key stakeholders working with clients and shared good practice updates with the staff team.
- Amongst the nurses, one nurse led on blood borne viruses, and another was due to focus specifically on community alcohol detox.
- The clinical lead nurse ran a clinical working group within the provider organisation, during which medical guidance was discussed with links to NICE and the Controlled Drugs local intelligence networks.
- The mental health lead advised that the service was considering running a group specifically for clients who have a dual diagnosis of mental health needs and substance misuse. They noted that such clients could be disruptive for other clients in the groups.They were also working towards enabling extra support for clients who may have schizophrenia from the local community mental health team (CMHT), who had an allocated worker. They wanted to set up a new pathway between the service and CMHT. There were currently long waiting times for referrals to CMHT during which clients could become increasingly unwell.
- Staff wanted to develop closer work with the local community mental health team, and had invited the dual diagnosis nurse for the borough to attend a team meeting.
- The nurse prescriber was setting up a health and wellbeing clinic for clients using the service, to assess and improve clients' health, promote more GP contact and referrals. This was due to be in place by the end of August 2016.

Substance misuse services

Good practice in applying the MCA

- MCA training had been undertaken by seven of 13 staff. Some staff we spoke with had not received MCA training, and had only a basic understanding of the MCA. The interim manager had produced a MCA flowchart for use by all staff, and we found that most clients had signed consent to treatment and information sharing forms, and these were updated annually.

Equality and human rights

- There were no restrictions on anyone accessing the service. Clients in the service had different ethnic backgrounds and were of different sexual orientation and ages. A specific worker attended a local hospital antenatal clinic to engage with women who were pregnant and using drugs or alcohol. Clients with a disability were able to access treatment at the service or at home. Clients in the service reported that they had not experienced discrimination based on their race or sexual orientation. The management advised that they had arranged more flexible support for clients who were fasting during the month of Ramadan .

Management of transition arrangements, referral and discharge

- When clients were referred to the service from other substance misuse services, staff obtained details from the other service, including information regarding the client's prescription and potential risks. The service provided the same information to other services when clients moved out of the borough.

Are substance misuse services caring?

Kindness, dignity, respect and support

- With the exception of one interaction observed, staff were observed to be caring and thoughtful in their approach with clients. Staff listened to clients and displayed warmth and understanding.
- Clients spoke positively about staff, and said that they did not feel judged because of their substance misuse. They said that staff supported them with all of their needs and listened to them. Some clients linked their reduction in substance misuse directly to the support staff had provided, describing particular staff as 'exceptionally good.' Clients commented that staff had gone 'beyond what could be expected' and had visited them in hospital.
- Staff understood the needs of individuals, and were empathic and supported clients with a range of difficulties.
- Clients were asked to provide consent for the service to share information with other agencies, and had signed a consent form.
- Staff had signed up to the provider's 'stone of truth' posted around the service, which was a protocol for how they would treat clients, colleagues and external partners.
- We observed appropriate use of self-disclosure by a staff member in gently encouraging a client to engage in psychosocial groups.

The involvement of clients in the care they receive

- Clients took an active role in planning their care and goals, although it was not recorded if they were always offered a copy of their care plan to refer to when away from the service.
- The service received feedback from clients in a number of ways, and staff told us of minor changes as a result including providing a fan in the group room, and advocating on their behalf regarding the café menu. The service had just started a monthly service user forum. The service also had feedback boxes at reception. Clients could post suggestions on improving the service in the boxes, as well as indicating what they thought was positive about the service.
- We observed individual consultations and a group facilitated by staff, during which clients were provided with space to share what they wished. Clients were treated positively and where they had made changes this was acknowledged by staff.
- A service user involvement group was co-located at the service and ran a peer mentor training programme. They also provided a café and activities for clients using the service to promote recovery. The provider funded peer mentors to work at this service.

Substance misuse services

- A service user forum had recently been set up, although it had a low turnout so far, clients involved were positive about the potential for clients to have more of a voice about the running of their service.
- There were no formal groups for working with clients' relatives or friends, although staff told us about individual support they provided to people.

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

Access and discharge

- The most recent quarterly performance report, indicated that 639 clients had been in treatment, (meeting the target of 637), but of these 123 clients were there for a new episode (while the target for new clients was 141). One hundred and two clients had been discharged in the last year, of which 20% were drug free (above the target of 13%) and 12% were alcohol free as per the target. Waiting times were always met.
- Clients could refer themselves to the services, and were also referred from mental health services, hostels, the courts, social services and acute hospitals. The service accepted referrals from any source as long as the person lived in the borough. Approximately 80 clients accessed the service each week.
- Another provider undertook the initial contact and assessment with new clients and passed the relevant paperwork including referral to Compass. Clients were usually seen within a week of the initial assessment, and all were seen within three weeks. At the first appointment with Compass, a risk management plan was undertaken and a more in depth assessment was completed. The service was able to offer same day prescribing for clients at high risk.
- Waiting times were monitored for the first appointment with Compass. The service assessed all adults with a drug or alcohol problem. There were no exclusion criteria for the service.
- When clients were assessed by the service they discussed with staff a re-engagement plan. This identified how the client could be contacted if they did not attend for appointments, and we found that these were generally followed.
- When clients telephoned the service they received a prompt response. The service was able to offer flexible appointment times to clients, for example when they were distressed, and appointments were not cancelled by the service. However, some clients were unhappy that the service was not available at weekends, a time when they felt they were most at risk. They were given a crisis helpline number to call, run by another provider, at such times.
- Staff at the service conducted home visits for clients who had access issues. The first visit was always undertaken by two staff members.
- If clients did not attend scheduled appointments, staff attempted to contact them 15 minutes after the appointment time, arranged a home visit if there were concerns, and presented the case at the next multi-disciplinary team meeting for advice.
- Discharge was discussed at appointments, with the option of being referred to the provider's sister service in the area for some clients who needed continued but less intensive support.
- Following unplanned discharge, staff advised that they would undertake a home visit as part of a welfare check in line with the service's new policy on re-engagement. They also attempted telephone contact, sent letters, and text messages in line with the person's recorded information on how best to re-engage them, liaising with other professionals when consent was provided to do so.
- Interpreters were available for appointments and one staff member spoke Polish, and was allocated to key work Polish clients using the service when necessary.
- Staff advised that if a client was experiencing anxiety, they would contact them by phone to support them before the appointment, and allow them to bring someone with them if they were having difficulties in coming in.If a client was concerned about going into a group, they might sit in the group with them or see them immediately afterwards.

Substance misuse services

The facilities promote recovery, comfort, dignity and confidentiality

- The reception area in the service was bright and open, including art work produced by clients and staff, and a television for clients to watch while waiting to be seen. There were also magazines, and a book exchange service available in the reception area. As the reception was not separated by a screen, reception staff were careful not to discuss confidential information in this area. Staff advised that removal of the screen had created a more inviting, and relaxed atmosphere in the reception area.
- The service had a number of individual interview rooms and two group rooms. There was a clinic room, and two consultation rooms used for medical assessments, vaccinations and blood tests. There was adequate sound proofing between the rooms so that clients could speak with staff in these rooms and would not be overheard.
- A range of information was available for clients. Information leaflets were available in a variety of languages regarding blood borne viruses, alcohol, heroin, crack cocaine, cannabis, pregabalin and gabapentin. Other information leaflets covered making a complaint, domestic violence support, parent support, and a lesbian, gay, bisexual and transgender service. However, there were no information leaflets concerning safer injecting, cocaine, MDMA, ketamine, steroids, new psychoactive substances, or chemsex (people taking drugs just prior to having sex).
- Clients were encouraged to recommend a friend to the service, and were provided with vouchers to use at the café on site when attending appointments.
- Clients who had stopped using drugs and alcohol could become volunteers in the service. However, the role of volunteers was not clearly defined and could overlap with the role of recovery workers. Volunteers had successfully applied for employment with the service.

Meeting the needs of all clients

- The local population was diverse, and information leaflets were available in a range of languages, with interpreters available when needed for appointments. A Polish speaking worker was available at the service to meet an increase in clients from Poland. Some female clients had appointments in the provider's sister service in the area to ensure that they felt safe.
- Clients with restricted mobility or wheelchairs could access the service, albeit through a back entrance which was narrow to access. Toilets suitable for disabled clients were available. When clients were unable to attend the service due to their disability, staff conducted home visits.
- The service had links with a lesbian, gay bisexual and transgender charity and could advise clients of the service. Work was underway to engage further with local GPs about services available to their patients.
- The service operated until seven pm on two nights each week, to meet the needs of clients who were working or otherwise unable to access the service during the day.
- Clients were signposted by the recovery worker to another charity, which was locatedin the same building for additional support once theywere abstinent.
- The service had developed links with a local lesbian, gay, bisexual and transgender charity, and the HIV unit at the local hospital. They also had links with the local community mental health team, homeless services, housing, and local hospitals. They were able to signpost clients to alcoholics anonymous and narcotics anonymous services in Polish, and had regular access to a Turkish interpreter.
- Some clients, said that they wanted more groups and activities (including art) provided to them.

Listening to and learning from concerns and complaints

- The service had received two formal complaints in the 12 months before the inspection . Other complaints were recorded and the operations manager addressed complaints informally with the complainant. During the inspection we found written complaints from five clients who had not received a formal written response to their complaint. A written response would highlight how clients could appeal against the complaint response or take the matter further if they were not satisfied with the outcome. The management advised that these were not

considered to be formal complaints, and had instead been addressed as informal concerns. The service did not have a clear protocol for differentiating between informal concerns and complaints.

- Clients knew how to complain about the service. Complaints leaflets were available and clients felt confident to make a complaint. However, the service did not always process complaints formally, even when they focussed on significant issues, such as alleged sexual harassment, or dissatisfaction with treatment decisions. We found these issues discussed in staff supervision sessions and recorded in clients' progress notes at the service.There was rarely learning shared with the team about the issues raised, and improvements that could be made to the service. The system for managing complaints was not effective.
- Staff were able to tell us about some improvements they had made as a result of clients' feedback including advocating for clients in requesting more varied food choices at the café, and providing a fan in the group room, which could become very hot.

Are substance misuse services well-led?

Vision and values

- The provider had a clearly defined vision for services incorporating their values. These included integrity, valuing people , promoting health, providing effective key working, and working towards discharge. Staff we spoke with were clear about and demonstrated these values.

Good governance

- The registered manager for the service left the organisation shortly before the inspection, and the service's team leader was acting as interim manager whilst a new manager was recruited. They were supported by the provider's clinical lead and assistant director for adult services. We were advised that a new manager had been appointed, and pre-employment checks were being carried out.
- The completion of clients' risk assessments, risk management plans, care plans and medical reviews was monitored on an ongoing basis, although this did not always include the quality of these records. The team leader had a rolling spreadsheet in place for ensuring that records were completed on time, with direct links available to each person's records. A significant improvement had been made in care planning and risk management as a result of this monitoring.Treatment outcome profiles were also audited, although we did not find evidence that the findings were acted upon in improving the service.
- Managers were aware that an improvement was needed in the provision of and monitoring of staff attendance at mandatory training and other training relevant to their role. They were planning to launch a new learning and development plan for the staff team.
- The service did not carry out monitoring or auditing of use of the Mental Capacity Act.
- Weekly clinical team meetings included the whole staff team, with standing items of urgent cases, safeguarding issues, groups, engagement, feedback, treatment programmes, discharge, medical reviews, training, and health and safety.
- The clinical working group chaired by the provider's operational leads, met monthly to look at the policies and procedures across services. Most recently these focussed on prescribing guidelines, clinical review and audit framework, needle exchange, infection control and acupuncture.
- The policies for staff lone working and volunteers within the service did not reflect what was happening at the time of our inspection, leaving staff and volunteers insufficiently protected by the provider's protocols.
- Robust governance processes were not in place to provide assurance that all aspects were safe. This included regular review of incidents, complaints, systems to monitor staff training, and comprehensive medicines management audits.
- The clinical governance meeting minutes did not review complaints, incidents and safeguarding referrals in detail in order to have appropriate oversight of these areas. An annual serious incident report was completed for the provider as a whole. However, themes and trends were not monitored and service-wide lessons and action plans were not developed.

- At a more local level, staff told us that complaints, and incidents/accidents were discussed at weekly staff team meetings. However, minutes of these meetings indicated that these were not always discussed in recent months.
- The service had key performance indicators which managers monitored against each staff members' performance and the service performance. However, these were for both services run by the provider in the area, and could not easily be broken down for just The Claverings. Thus the two registered services were effectively run as one, and there was a lack of specific focus on the outcomes for clients specifically using The Claverings service.
- The management undertook a risk assessment of the service in November 2015. Informal meetings took place with other providers using the site to ensure appropriate safety systems were in place.
- Regular audits were undertaken of clients' prescriptions, blood borne viruses screening, vaccinations given, and safeguarding as appropriate, with outcomes discussed with the staff team to ensure that learning was taken forward.
- A comment box had been provided by the provider at reception in the few months prior to the inspection, and we read 51 completed cards, indicating what clients felt was good about the service and what could be improved. Clients were very positive about staff kindness and support, feeling safe, flexibility of the service and positive ethos. Improvements suggested included more groups including music and drama, areas of responsibility for clients, contact after the service, weekend support, and improved waiting times. Management advised that the findings from these cards would be collated, with an action plan put in place to address areas highlighted.

Leadership, morale and staff engagement

- Staff felt able to raise concerns with management and were aware of the provider's whistleblowing procedure. Significant changes had been made to the service, incorporating improvements required at the other service run by the provider, in the local area (managed by the same registered manager) following its most recent CQC inspection. Despite this, and a number of vacancies filled by agency staff, staff morale appeared to be high. Some staff told us that they welcomed the clearer boundaries and more efficient way in which the service was now run.
- Sickness and absence rates in the service were low. No staff survey had been undertaken for the service. Although staff indicated that their caseloads could be high at times, they thought that they were manageable, and they could negotiate support when needed.
- The staff team were supportive of each other and new staff who had joined the team. Staff worked together to provide support, care and treatment to clients. They received regular supervision, and appraisal, and felt supported by the service's management.
- The assistant director visited the service approximately weekly, and attended team meetings monthly. In order to support the acting manager, the clinical lead was also attending the service once or twice weekly. He also provided clinical supervision to the nurse prescriber.
- There were understandable concerns within the team regarding a forthcoming retendering of the drug and alcohol services in the local area. However, staff felt that they were a 'well knit' team, with confidence in their managers. Senior management felt that strengths included a stabilised team, a strong new manager recruited, openness and a supportive environment.

Commitment to quality improvement and innovation

- The service was implementing a health and wellbeing clinic to be set up by the end of August 2016 to meet clients' physical health needs, and encourage further GP links.
- The new service user forum was aimed at giving clients a greater voice about how their service was run.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that medicines are safely stored at room temperature, medicines incidents are recorded to ensure learning, and all relevant clients are provided with naloxone. Staff administering medicines and offering advice to clients regarding prescription medicines must have regular competency checks on medicines management.
- The provider must ensure that all complaints made about the service are recorded and investigated. Clients who complain must receive a written response including how they can appeal against the complaint response and learning from complaints must be shared with the staff team.
- The provider must ensure that all incidents are reported and recorded, and there are rigorous systems to assess, monitor and learn from incidents and near misses occurring at the service, to minimise future risks to staff and service users.
- The provider must ensure that staff are protected when out on home visits, in line with the organisation's lone working policy.
- The provider must ensure that staff have appropriate training and professional development in their work. This included training in working with clients with challenging behaviour, safeguarding children and adults, first aid, infection control, drug misuse, domestic violence, overdose prevention, dual diagnosis, and new psychoactive substances.

Action the provider SHOULD take to improve

- The provider should ensure that there are comprehensive and robust governance processes in place to ensure the safe running of the service.
- The provider should review training provided to staff in addressing challenging behaviour to include breakaway training for their protection.
- The provider should include a review of the quality of risk assessments and management plans within the ongoing audits of completion.
- The provider should review the content of staff supervision sessions to include more staff development in addition to case management.
- The provider should ensure that all clients are offered a copy of their care plan, including a plan for unexpected treatment exit, and this is recorded, to ensure their safety as far as possible.
- The provider should provide information leaflets regarding all substances that can be misused and are illegal and safer injecting and chemsex (people taking drugs just prior to having sex).
- The provider should ensure that the volunteer policy is followed and further clarify the role that volunteers are able to undertake at the service, and their access to appropriate supervision and support.

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
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not ensure that medicines were safely managed. The temperature of medicines stored at room temperature was not monitored, leading to stock having to be destroyed and a temporary suspension of vaccination at the service. Medicines incidents were not routinely recorded to ensure learning, and not all people who would benefit from naloxone were provided with it. Staff administering medicines and offering advice to people regarding prescription medicines did not have regular competency checks on medicines management. This is a breach of Regulation 12(2)(g)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The registered person had established a system for identifying, recording and responding to complaints but this was not effective. The service dealt with complaints informally. Service users did not always receive a written response to their complaint, providing details of how to appeal against the complaint outcome. This is a breach of Regulation 16(2)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not have sufficiently rigorous systems to assess, monitor and learn from incidents occurring at the service, to minimise future risks to staff and service users, and to protect staff when lone working. Not all incidents were recorded as such, despite being recorded in service users' records and staff supervision records. Incidents were not monitored for themes and trends, and learning was not shared with staff to prevent re-occurrences. The service was not adhering to its own lone working policy in keeping staff safe when on home visits. This is a breach of Regulation 17(2)(a)(b)
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person did not ensure that persons employed by the service received appropriate training and professional development in their work. The majority of staff did not have up to date training in working with people with challenging behaviour, safeguarding children and adults, first aid, infection control, drug misuse, domestic violence, overdose prevention, dual diagnosis, and new psychoactive substances. This is a breach of regulation 18(2)(a)