

Swanswell Redditch

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The team was made up of a range of skilled workers such as nurses, substance misuse workers and recovery workers. They had mixed caseloads which managers reviewed and monitored through supervision.
- Staff were knowledgeable about safeguarding for adults and children. They had received training and knew what information to report and how to do this.
- Staff offered clients blood borne virus (BBV) testing for hepatitis and HIV. The county-wide service had increased the number of clients tested from none to 400 since the start of the contract in autumn 2015. The service also offered clients hepatitis vaccinations.
- Staff received regular management and clinical supervision. The notes for these were detailed and contained action points for staff to work to. Staff felt this was useful and appreciated that they worked in a team where they felt well supported by managers. They were able to have open discussions and said there was opportunity for career progression.
- The service had developed shared care agreements with local GP practices. This meant clients could access prescriptions from their GP and receive the support of a worker from Swanswell at their local practice which was often more convenient.

Summary of findings

- The service had a notice board in Polish to help support the large Polish community who lived locally. They also displayed information about other services available in the local area and information about groups that clients could attend.

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

- The needle exchange was used as a clinic. It did not have hand washing facilities and a glass panel in the door made it easy for clients to see in to the room. The service could not ensure privacy for clients using this room. Two of the smaller rooms used for one to one meetings in the service had not been soundproofed and staff could not always ensure confidentiality was maintained.
- Emergency drug adrenaline, which was given if someone suffered a severe allergic reaction, was out of date. Staff were aware of this but had not checked that the new stock had been delivered. Nurses carried their own adrenaline pen however the out of date items should not have been left in the emergency bags as there was a potential risk to clients if used.
- The fridge that stored vaccines had an inbuilt thermometer however the service did not know if the temperature had stayed at an appropriate level has there had been times when the fridge temperature checks had not been recorded.
- The service did not always notify the Care Quality Commission (CQC) of client deaths, which is a requirement of their registration with CQC.
- Risk assessments and recovery plans did not always contain detail. Staff recorded the information in the contact notes on the electronic recording system but did not routinely use this detail to update the risk assessments or recovery plans. This meant that duty workers and staff covering for someone could not easily access this information. The plans did not include information about how staff would contact a client if they unexpectedly exited from the service.
- Consent to treatment and consent to share information forms were completed but staff did not routinely record this on the electronic system.
- Clients used staff toilets, which were in an area accessed by a locked door and next to the staff office and kitchen, which was unlocked during our visit. Staff did not know if clients were monitored leaving this area and could not be sure that conversations were confidential.
- Staff did not receive training in psychosocial interventions such as motivational interviewing and solution focused therapy. This would have enhanced support offered to clients. Not all staff had completed mandatory training.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		see overall summary

Summary of findings

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Swanswell Redditch

Substance misuse services

Summary of this inspection

Background to Swanswell Redditch

Swanswell is a national charity that believes in a society free from alcohol and drug use. The local authority in Worcestershire commissions the service on behalf of Public Health England.

Swanswell started delivering to the contract in April 2015. They took on responsibility for the blood borne virus service from autumn 2015. They provide support to clients who misuse alcohol and drugs.

Swanswell Redditch shares a registered manager with the three other Swanswell services in Worcestershire. Swanswell senior managers are responsible for the delivery of services in fixed bases and county-wide specialist roles delivered in a range of settings by family workers, blood borne virus nurse, young person workers, peer mentor and volunteer co-ordinator, non-medical prescribers, criminal justice workers and an assertive outreach team.

The service provides a needle exchange programme, community detoxification and support to access inpatient detoxification and residential rehabilitation from alcohol and drugs. They also provide support to families and carers of those who use alcohol and drugs.

Swanswell Redditch opens 9am – 5pm on Monday, Wednesday and Friday, 9am – 6pm on Tuesday and 9-7pm on Thursdays.

They provide an outreach service in Bromsgrove so that clients do not have to travel to the Redditch site for support and treatment

The service uses peer mentors who are ex-service users to facilitate group sessions.

Swanswell Redditch offers regulated activities in treatment of disease, disorder, or injury and diagnostic and screening procedures.

This service has not previously been inspected by CQC.

Our inspection team

The team that inspected the service comprised CQC inspector Linda Clarke (inspection lead), two other CQC

inspectors, and an Expert by Experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

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?

Summary of this inspection

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

During the inspection visit, the inspection team:

- visited the team based in Redditch, looked at the quality of the physical environment and observed how staff were caring for clients
- spoke with six clients
- spoke with the registered manager, deputy service manager and team leader
- spoke with nine other staff members employed by the service provider, including nurses, substance misuse workers, criminal justice workers, young person's workers and senior practitioners
- received feedback about the service from commissioners and stakeholders including police, probation, acute NHS trust and the local college
- spoke with two peer support mentors
- attended and observed a support group for clients
- collected feedback using comment cards from nine clients
- looked at 11 care and treatment records for clients
- looked at 11 staff personnel files and four staff supervision records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We received nine comments cards and spoke to six clients. Clients were positive about the service. They said staff had been supportive and treated them with dignity and respect. They said the support they received had seen them through difficult times in their lives.

One client said they had multiple changes of worker and another that there had been a long wait for doctor's appointments.

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:

- The fridge that stored vaccines had an in built temperature gauge. Staff did not always record temperatures on a daily basis. The service did not know if the temperature had always stayed at appropriate levels.
- Emergency drug adrenaline, which was given if someone suffered a severe allergic reaction, was out of date. Staff knew about this but had not checked that the new stock had been delivered. Nurses carried their own adrenaline pen however the out of date items should not have been left in the emergency bag as there was a potential risk to clients if used.
- Staff did not always update risk assessments or transfer information from contact notes on to the risk assessments. This meant duty staff would not easily be able to see this information on the electronic recording system. Records did not include a detailed plan for a client's unexpected exit from the service and therefore staff did not have information about the best way to contact clients in these circumstances.
- The service did not always notify the Care Quality Commission (CQC) of client deaths, which is a requirement of their registration with CQC.
- The needle exchange room had a glass window, which looked out onto the area next to the reception. Staff used this room for clinics. There were two chairs placed opposite this room and anyone using them could see in to the room. This meant staff could not maintain the privacy of a client using this room.
- Staff were required to complete mandatory training however the figures for this were low and staff said that due to lack of time they had completed training outside of working hours.

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

- The service had a camera and buzzer system to allow people access to the building. Staff on reception monitored this and it ensured the safety of people working in the building. All rooms had alarms and designated staff responded to the alarm call.
- Rooms were visibly clean, tidy, and uncluttered. Handwashing posters and gel were available throughout the service. Swanswell contracted an external company to clean the building.

Summary of this inspection

- The service had a skilled team based at Redditch and a county-wide team, which provided support to young people, families and provided assertive outreach. The county-wide team included nurses and non-medical prescribers who worked alongside the substance misuse workers and recovery workers at Redditch, which helped to provide a holistic service to clients.
- The service had a waiting list. The team leader managed this and staff assessed each client according to risk and need. Staff offered those clients deemed to be high risk an urgent appointment. Clients on the waiting list were encouraged to engage with group work while they waited for assessment for one to one support.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients' information was stored securely on an electronic recording system. Staff members had their own password and log in which helped ensure that clients information was protected.
- Staff stored prescriptions in locked cabinets. The prescription administrator logged all prescriptions on a spreadsheet and ensured prescriptions were delivered to pharmacies.
- Staff at the service could complete physical health needs checks for clients or staff referred patients back to their GP for these to be completed.
- Staff received detailed clinical and management supervision and had access to peer support from colleagues and through reflective practice. They could talk about complex cases in the complex case review meetings to gain further advice on supporting clients. Team meetings happened regularly and detailed notes from these were available for staff who could not attend.
- Staff liaised with a range of agencies, which included housing, probation, money advice services, and the community mental health teams to ensure that clients received support appropriate to their needs.
- The service had a service level agreement with seven GP practices for shared care, which meant some clients could access prescriptions from their own GP and support from a Swanswell worker within their own GP practice locally rather than travelling to the service.

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

Summary of this inspection

- Staff had not updated all recovery plans. Some lacked detail and they were not always personalised to the client or holistic in their approach.
- Staff did not receive training in psychosocial interventions such as motivational interviewing and solution focused therapy. This would have enhanced support offered to clients.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff treated clients with dignity and respect. They understood the needs of clients and tailored their support to meet these needs.
- Clients felt they were included in their recovery plans and could have a copy of this if they wanted to.
- Clients were encouraged to become peer mentors once they no longer required support. Peer mentors supported the group work and facilitated the recovery support group that took place in Bromsgrove. They said they felt valued and included as part of the team.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had an open referral policy and clients could refer themselves or be referred by another organisation such as probation, GPs, community mental health teams and voluntary sector organisations. A duty worker was available every day for phone calls, to give advice and take referrals. The service was available Monday to Friday and also on bank holidays.
- The service cancelled very few appointments and always rescheduled them as soon as possible. Clients stated that they thought the service responded to their needs.
- Clients knew how to complain. Staff explained this to them during their welcome visit to the service and again during their support. The service had not received any formal complaints in the last 12 months and staff tended to deal with issues informally as soon as clients raised them.
- The service was accessible for people with disabilities with stair lift access to reception on the first floor. Clients could also be seen at home or in other venues if this made access easier for them

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

Summary of this inspection

- The toilets used by staff and clients were through a locked door in the staff area of the building next to the office, which was not locked. Staff did not routinely check that clients had left this area.
- Not all rooms had soundproofing and conversations could be heard through the walls in the smaller rooms. Staff could not be sure that clients' confidentiality was maintained.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff felt that senior workers and managers were approachable and supportive. They received regular supervision but also felt they could talk about cases and raise issues at any time if they needed additional support.
- Swanswell had regular meetings with local authority commissioners to monitor their targets and ensure the service was meeting its outcomes.
- Sickness levels were relatively low for the size of the team. Staff covered for each other and used agency staff to cover long-term sickness so that clients still received a service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Swanswell provided an e-learning training course in the Mental Capacity Act. Two of the 10 staff based at Redditch had completed this.

Staff demonstrated an understanding of the act and gave examples of applying this through their daily practice. They felt this was particularly important when clients presented at the service in an intoxicated state. Discussion within the team would take place before treatment could continue.

The Mental Capacity Act 2005 is not applicable to children under the age of 16. Gillick competence and Fraser guidelines, which balance children's rights and wishes with the responsibility to keep children safe from harm, should be used for those under 16. Staff in the young person's team showed an understanding of Gillick competence and Fraser guidelines.

Staff discussed mental capacity during complex case reviews and in supervision.

Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse services safe?

Safe and clean environment

- The service had a camera and buzzer system to allow access to the building. The service was on the first floor of the building. Reception staff monitored the camera system and controlled who had access to the building to ensure the safety of staff and other users.
- Staff wear a watch style emergency alarm button when meeting with clients within the building. When used the alarm sounded in the main office. The team leader and duty worker were the designated people who responded to the alarm.
- Clinic rooms were clean and tidy. The blood pressure machine was less than 12 months old. Calibration of the scales had not taken place but safety stickers were visible on other equipment.
- Vaccines contained in the locked fridge were in date and stored correctly. The fridge had an built in thermometer which would indicate if the temperature had changed during the weekend. The fridge temperature records had not been checked and recorded 10 times from July to the date of the inspection and on these occasions staff did not know if the fridge had been at the correct temperature of between 2-8 degrees.
- The adrenaline box (used if a client had a serious allergic reaction) was easy to access however the adrenalin inside was out of date. We spoke to the team leader who stated that they had been made aware of this at the end of August and more was on order but no one had checked that it had arrived. Naloxone (used in cases of opiate overdose) was readily available throughout the service.

- The doctor used the needle exchange room as a clinic room. This room did not have hand-washing facilities. It had a glass panel in the door and on the day of the inspection two chairs were placed opposite at the side of the reception. People using these chairs would be able to clearly see in to the room. This meant confidentiality of clients using the needle exchange or seeing the doctor could not be guaranteed.
- The service used an external cleaning contract. Although they did not have cleaning records available everywhere appeared clean and furniture was well maintained. They had a separate contract for the collection of clinical waste and reported no issues with this.
- Hand washing posters and cleansing gel were available throughout the building.
- Managers kept health and safety documentation in a separate folder. This included the health and safety risk assessment, fire risk assessment and the legionella risk assessment. These were up to date. The service had a trained fire warden and three trained first aiders on site.

Safe staffing

- The service had 10 substantive staff based at the Redditch site. These included five whole time equivalent (WTE) substance misuse workers, one WTE recovery worker, and two WTE criminal justice workers, a team leader and an administrator.
- There were two cross county teams who provided support across the four Worcestershire locations. One is a clinical team and the other a young people and family team. The clinical team included a team leader, the clinical lead doctor, doctors, non medical prescribers, nurses and assertive outreach workers. The young people and families team had a team leader, young peoples substance misuse workers and family

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workers. They worked closely with the team in Redditch to ensure clients had a range of treatments they could access. At the time of the inspection, they only had one non-medical prescriber and were unable to advertise for the second post due to the staff restructure.

- Each key worker had an average caseload of 65 clients per full time worker. These were made up of a combination of prescribing and non-prescribing clients. Supervisors covered caseload management in supervision to ensure cases were moving forward and making progress.
- The service had been through a period of consultation due to a restructure where some staff were due to be made redundant. Staff stated this would increase caseloads for staff going forward and raised concerns about maintaining client safety because of this.
- The service had a waiting list of 37 clients. Staff had offered thirty clients on the list an initial welcome appointment and seven clients were new to the list. The manager checked the list regularly and used a red, amber, green system to ensure they saw urgent referrals promptly. Referrals came in to a single point of contact and a central referral and allocation team would book in appointments. However for this service the team leader was managing the booking system due to the waiting list. They had a duty worker who was able to offer advice, information, and guidance over the telephone.
- The service had access to a GP for clinics on one day a week and one evening from 4-5.30pm for people who worked in Redditch. An additional clinic was provided by the clinical lead GP in Bromsgrove one day a week between 2pm -6pm so that clients did not have to travel to the main office in Redditch.
- All staff were expected to complete mandatory training including case note recording, risk assessment and substitute prescribing. Three staff out of 10 had completed case note recording, four staff had completed risk assessment and three staff substitute prescribing. Staff said that training was a lower priority for the service and some had completed e learning in their own time. Managers were aware of this and said getting the service running well after taking over the contract had been a priority.
- We reviewed 11 case records. Of these, 10 contained risk assessments however only three were up to date and they were not always detailed. Six had risk management plans attached. Staff did not always transfer risk from contact notes on to the risk assessment so that current information would not be easily accessible to any member of the team who was asked to provide support such as the duty worker. This included risks and information relating to safeguarding. This was in part mitigated by the fact it was a small team and we observed staff sharing information and discussing clients informally. However, this was not recorded.
- None of the records included plans for the unexpected exit of a client from the service.
- In the four case records for clients with alcohol issues we looked at only one had a completed alcohol use disorders identification test (AUDIT). None of these records had a completed severity of alcohol dependence questionnaire (SADQ) as part of the assessment.
- Staff received safeguarding training as part of their mandatory training. Staff received safeguarding adults and safeguarding children and young people training through e learning and face-to-face training through Worcestershire safeguarding children board. Seventy per cent of staff had completed the e-learning and 80% the face-to-face training.
- Staff demonstrated a good understanding of safeguarding. They knew what to report and gave examples of when they had sought advice from senior workers if they needed to.
- The service followed Swanswell's policy for lone working. Staff did initial visits in twos until a client's home had been risk assessed. They made phone calls to the office at the end of each appointment or to the team leader at the end of the working day. All staff had access to mobile phones.

Track record on safety

- The service had reported no serious incidents in the 12 months prior to inspection.
- The service provided support to staff if serious incidents took place, which included looking at lessons learnt,

Assessing and managing risk to clients and staff

Substance misuse services

and actions that needed to be taken. Managers could refer staff to the employee assistance programme provided by Swanswell for additional support and counselling.

Reporting incidents and learning from when things go wrong

- Staff had reported 25 incidents on the internal electronic recording system from January 2016 to September 2016. Staff reported on a range of incidents including behaviour, injuries, communication, documentation, and deaths.
- The service did not routinely notify CQC of deaths of clients within the service. Swanswell's clinical implementation group had decided that they would notify CQC of all deaths of clients regardless of the circumstances. This was effective from 1st July 2016. The internal incidents showed that Redditch had recorded one death since this date and the service had not notified CQC.
- The care quality team at Swanswell reviewed incidents and discussed them at the monthly clinical governance implementation group. Lessons learnt, incident themes and trends were discussed and actions agreed.
- Staff received feedback through the lessons learnt bulletin, supervision, and team meetings.

Duty of candour

- Staff gave examples of being open and honest with clients when incidents or mistakes happened. They were aware of the need to keep clients fully informed and provided information throughout any investigations or complaints made. The team leader responded to a concern raised by a client about access to inpatient rehabilitation. They sent out a letter explaining the process and the reasons for the delay.

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

Assessment of needs and planning of care

- Staff offered clients an initial welcome appointment to discuss their needs and to explain what the service could offer. The assessment process started at this point but could take several sessions to complete depending on the needs of the client.
- We reviewed eight recovery plans. Of these, seven had been completed, three had been updated and two were personalised and holistic. Five of the plans were recovery orientated but they lacked detail. Only one client had received a copy of the plan however, clients we spoke to said that they had been offered a copy of their plan but had declined this. Staff did not routinely record this in the records.
- Staff used an electronic recording system for records. They each had an individual login and password. Staff recorded detail in the contact notes on the system but did not transfer this to risk assessments and recovery plans which meant it would be difficult for a duty worker to see potential risk easily without looking through large amounts of notes.

Best practice in treatment and care

- Doctors and non-medical prescribers followed the National Institute for Health and Care Excellence (NICE) guidance when prescribing medication (Methadone and buprenorphine for the management of opioid dependence, NICE, 2007; DH, 2007; NICE, 2011). They also used the Drug Misuse and Dependence: UK guidelines on Clinical Management.
- Staff stored prescriptions in locked cabinets. The service had a trained prescription administrator who printed prescriptions ready for the doctor to sign and logged the prescription numbers on a spreadsheet. Prescriptions were hand delivered to pharmacies or sent by recorded delivery to pharmacies for clients to collect from there.
- The service did not store drugs on site except naloxone and adrenaline for emergency use. Staff were trained to administer naloxone.
- Staff considered physical health needs. Nurses had been trained to provide electrocardiograms (ECG) to monitor for potential heart abnormalities for clients taking over 100ml methadone. Staff also referred clients to their own GP for physical health checks such as liver function tests to be completed.

Substance misuse services

- Staff offered clients blood borne virus (BBV) testing for hepatitis and HIV. This was in accordance with best practice (DH 2007). The county-wide service had increased the number of clients tested from none to 400 since the start of the contract in autumn 2015. The service also offered clients hepatitis vaccinations. The BBV nurse had been responsible for raising awareness of the need for testing and supporting training of other workers.
- Staff completed the treatment outcome profile (TOP) which measured change and progress in key areas of the lives of clients being treated in drug and alcohol services. Staff measured outcomes when clients entered treatment and every three months during support. When clients were discharged from the service, a final outcome measurement was undertaken. The service also provided information to the National Drug and Treatment Monitoring Service (NDTMS).
- Senior practitioners completed regular case file audits and fed back actions from this to staff in supervision. Swanswell had completed an audit of case files in January 2016 and produced a report of their shared care arrangements in December 2015. Action points from both these had been used to develop and improve the service.
- New staff received an induction in line with Swanswell's policy. They did not have a procedure but used a checklist to ensure staff had completed the induction. This included training and shadowing of experienced colleagues.
- Staff received regular management and clinical supervision. This included caseload management, safeguarding cases and completion of the treatment outcome profile. Professional development targets were set during supervision and reviewed regularly. Supervisions were up to date and records contained detail and action points for review at the next session. Staff attended peer support with colleagues and could access reflective practice sessions.
- Staff attended regular team meetings. The minutes from these were detailed and contained information on client allocations and prescribing security.
- Staff had not received training in psychosocial interventions such as motivational interviewing, cognitive behavioural techniques and solution focussed therapy training. However, clients talked about staff undertaking therapies with them such as mindfulness.
- Managers addressed poor staff performance through supervision and use of Swanswell formal policy if necessary. There was evidence of this process being followed in the personnel files.

Skilled staff to deliver care

- The team included a team leader, senior practitioners, criminal justice workers, substance misuse workers, support workers, family workers, support workers, young person's workers and administration staff who brought a range of expertise and skills to the service.
- Substance misuse workers and recovery workers had mixed caseloads of drug and alcohol users. Staff had the opportunity to shadow colleagues who worked in other areas to build skills and understanding of the clients they supported. Recovery workers provided additional support to clients and helped them to maintain accommodation and employment through giving advice on areas such as benefits, training and independent living skills. Across the service in Worcestershire staff were working towards national vocational qualifications or equivalent.

Multidisciplinary and inter-agency team work

- Staff could attend a fortnightly complex case review meeting to discuss complex cases or those where they need additional guidance. The service manager, doctor, senior practitioners attended these meetings to offer support to staff. Staff communicated well in Redditch, and informal discussion and support around individual cases often took place.
- Staff had developed good working relationships with housing, third sector organisations who offered money advice to clients and counselling to clients. The service had built working relationships with individuals within community mental health teams but there was no dual diagnosis service currently commissioned in Worcestershire. Dual diagnosis is where a client has both a substance misuse and a mental health need. In May 2016, Swanswell had developed an information

Substance misuse services

sharing protocol with the community mental health teams in Worcestershire to improve communication. They liaised with the alcohol liaison nurse based at the local hospital.

- The service had a service level agreement with seven GP practices locally to provide shared care. Shared care was an agreement between the service and the GP to provide treatment to the client in their own GP surgery. GPs made clinical prescribing decisions and team members from Swanswell had a clinic slot to offer structured interventions. The worker would feedback to the GP on the client's progress so the GP was making informed prescribing decisions.
- A worker from the young person's team was seconded to the youth offending service. They worked closely with probation, children's services, child and adolescent mental health services, local schools and the pupil referral units.
- The service was involved in the connecting families' project. This project was led by Worcestershire County Council, Redditch Borough Council, Redditch and Bromsgrove Clinical Commissioning Group. It aimed to find innovative solutions in improving the lives of children and families in Worcestershire by bringing together agencies from across the area.

Good practice in applying the Mental Capacity Act

- Two out of ten staff based at Redditch had received training in the Mental Capacity Act.
- Staff demonstrated a good understanding of the Mental Capacity Act through their working practices. They understood that clients might not always have the capacity to make decisions if intoxicated and would discuss this with senior practitioners before providing interventions.
- Staff stated they would not ask clients to sign consent forms if they did not have the ability to understand what they had agreed to.
- The Mental Capacity Act 2005 is not applicable to children under the age of 16. Gillick competence and Fraser guidelines, which balance children's rights and wishes with the responsibility to keep children safe from harm, should be used for those under 16. Staff in the young person's team showed an understanding of Gillick competence and Fraser guidelines. They stated

they would talk to the child and adolescents mental health team if they were concerned about a child's capacity to make a decision about support. They were clear that support was for the young person but would share information and support families if the young person had given consent.

- Staff stated they filled in the form for consent to treatment and consent to share information but did not routinely record this in the electronic records.

Equality and human rights

- All staff were asked to complete equality and diversity training as part of their induction. There was no evidence to show how many staff had completed this.
- The service did not discriminate against clients based on a person's sex, gender, disability, sexual orientation, religion, belief, race, or age. However, they did not provide specific projects for the lesbian, gay, bisexual, and transgender community.
- Leaflets and information were available in other languages on request. The waiting area had a notice board in Polish to help support the large Polish community who lived locally.

Management of transition arrangements, referral, and discharge

- The service provided both a young person's and an adults' service. The young person's service took people up to the age of 21. It was flexible and could keep a young person beyond this age if the team thought this was more suitable for example if they had a learning disability. The young person's service focussed on prevention, harm reduction, and treatment. Young people moved to the adult service with the minimum of disruption to their care as workers had access to their case records on the electronic system.
- Clients were encouraged to access mutual aid such as self-management and recovery training (SMART) groups. The service used peer mentors who were people who had previously used substance misuse services to help facilitate these groups. The service had two noticeboards dedicated to information on mutual aid. This would ensure clients had on-going support within their communities following discharge from the service.

Substance misuse services

- Swanswell employed assertive outreach workers who actively worked to engage hard to reach groups such as clients who were homeless.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Staff treated clients with dignity and respect. In the SMART group (a group which helps people recover from addictive behaviour and lead meaningful and satisfying lives) we saw that that clients felt able to contribute and the facilitator encouraged everyone to participate as much or as little as they wanted to.
- Nine patients had completed comments cards. Of these, seven had positive comments about the service and the kindness and care shown by staff. Clients said that staff had supported them through difficult times. One client said the service had been flexible in seeing them at a time that was convenient as they worked. One client said they had multiple changes of worker and another that they had experienced long waiting times.
- Staff demonstrated an understanding of the needs of clients and spoke passionately about the support they provided.
- Staff demonstrated an understanding of confidentiality and said clients' information would not be shared without permission unless there was a significant risk of harm to the client or another person.

The involvement of clients in the care they receive

- Clients we spoke with felt actively involved in their recovery plans and knew what was in them. They could have a copy of the plan if they wanted it. Not all plans were detailed, holistic, or personalised. Staff had written them and it was not always clear that the views of clients had been taken into account.
- Staff offered support to families through the family support team
- Staff knew who the advocacy provider was and could make referrals if the client requested this.
- Clients were encouraged to become peer mentors once they no longer required support. Peer mentors supported the group work and facilitated the SMART group that took place in Bromsgrove. Peer mentors had

disclosure barring checks completed and staff in the service provided training. The peer mentor and volunteer coordinator supported them in their role. Peer mentors said they felt valued in their role and included as part of the team.

- Clients could give feedback on forms or put comments in the box in reception. They were given a small card called 'have your say' which gave information on how to give feedback to the service.

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

Access and discharge

- Clients could refer themselves to the service. Other referrals came from GPs, community mental health teams, police, probation, and voluntary sector organisations. A duty worker was available every day to talk to clients and take referrals. The national target for referral to assessment was three weeks. Redditch did not meet this target in all cases due to the waiting list.
- Staff saw urgent referrals quickly but other referrals were placed on a waiting list. Clients could attend groups while waiting for allocation to a worker for an assessment.
- This was an inclusive service, which supported young people, adults and provided support to families.
- Staff followed Swanswell's 'did not attend' policy and procedure. Staff tried to contact clients who missed appointments by phone, text, and letter. They would also speak to the referrer for additional information. Staff closed cases if all attempts to make contact failed.
- Criminal justice workers would only close cases after discussion with the allocated probation officer. The service had worked with probation to improve this process so that workers could discharge clients who did not engage and take new clients on to their caseload.
- The service provided community detoxification programmes and supported clients to access inpatient services when required. Two clients had accessed inpatient services for alcohol detoxification from August 2015 to September 2016, three for drugs detoxification

Substance misuse services

and 2 for drugs and alcohol. Eight patients had received community alcohol detoxification and two clients community drugs detoxification for the same period of time.

- The service was open in Redditch from 9am to 5pm on Monday, Wednesday, Friday, 9am to 6pm on Tuesdays and 9am-7pm on Thursdays. The doctor was available all day Tuesday and on a Thursday between 4pm and 5.30pm for people who worked. An additional clinic was provided by the clinical lead GP in Bromsgrove on Wednesdays between 2pm - 6pm so that clients did not have to travel to Redditch. The service operated on bank holidays and provided a phone contact for Christmas day. Clients could also access support through their GP if their practice was part of the shared care agreement.
- Clients said appointments ran to time and were only cancelled if no one else was available to provide support. Where possible staff covered for each other and in the case of long term sickness agency staff provided cover. In the 12 months from July 2015 to June 2016, Redditch had offered 7,118 appointments. Of these, 168 had been cancelled by clients, 18 cancelled for other reasons and 17 cancelled by the service.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had limited space but had divided this up into smaller rooms to provide a needle exchange (which was also used for clinics), a clinic room, a testing room and two rooms used for groups. Appointments were staggered so that there were only 3-4 people in the waiting area unless a group was taking place.
- The service did not have separate toilets for clients to use and they used the staff toilets, which were through a door locked with a keypad. The toilets were next to the staff offices and kitchen, which were not locked during the inspection. Staff did not know if clients were monitored leaving this area and there was no risk assessment or protocol in place for managing this.
- The rooms including the needle exchange had a glass panel in the door. This meant that staff could not be sure that privacy was maintained in the needle exchange, which was visible on the day of the inspection from two chairs placed opposite this room in the reception area. Not all rooms were fully

soundproofed and conversations could be heard through some walls, especially in the smaller rooms. Staff could not guarantee that a client's appointment was confidential.

- Notice boards were well laid out and contained information on mutual aid, rough sleeping, domestic abuse, naloxone, and depression. There was a specific noticeboard for people who spoke Polish.

Meeting the needs of all clients

- The service was on the first floor of the building but there was a stair lift for disabled access. Some rooms would not be accessible for wheelchair users but other rooms were available. Clients had access to a disabled toilet. Staff could see clients at outreach venues or in their own home if access was too difficult. The service was in the town centre of Redditch, near a train station and on main bus routes. Car parking is available close by. Clients could also be seen during outreach in Bromsgrove so that they did not have to travel to Redditch.
- Staff could access an interpreting service and a signing service for deaf clients if needed. One member of the county-wide team was trained in sign language.

Listening to and learning from concerns and complaints

- There had been no formal complaints about the service in the 12 months prior to the inspection.
- Clients were given information on how to complain during their welcome appointment. Staff stated that they encouraged clients to complain and would support them to do this. Staff said they dealt with complaints informally and these were not recorded.
- Staff would review learning from complaints in team meetings, supervision and through the lessons learnt bulletin.

Are substance misuse services well-led?

Vision and values

- Staff knew the visions and values of the organisation which included being innovative, straightforward, honest, and trustworthy. They demonstrated these in the support they provided to clients and to each other.

Substance misuse services

- Staff knew who senior managers were. They felt well supported by managers at a local level who regularly visited the service.

Good governance

- Swanswell provided mandatory training but not all staff had completed this. Managers were aware of this and said getting the service running well after taking over the contract had been a priority.
- Staff received regular and comprehensive management, clinical supervision, and group support through peer groups and reflective practice groups.
- Staff stated client contact was their priority but sometimes administration tasks including answering the phone and taking on the role of duty worker meant they had less time for direct client contact.
- The service used an electronic recording system for reporting incidents. Staff knew how to use this and what to report. Information and learning from incidents and complaints was shared throughout the organisation.
- Staff followed Mental Capacity Act procedures and considered capacity when assessing clients. They had received safeguarding training but did not always follow up issues after discussions about these cases in supervision.
- Public Health England monitored effective performance through the National Drug Monitoring System and the Diagnostic Outcomes Monitoring Executive summary report.
- Staff individual performance targets had been set around testing for blood borne virus, supervision and treatment outcomes profile compliance.
- The service had key performance indicators that linked to outcomes for payment by results. Commissioners for the local authority set the outcomes. These included successful outcomes for clients and number of referrals. Commissioners reviewed these regularly in monthly meetings. The service also met with commissioners quarterly to look at performance, review incidents, deaths, and sub-contracting arrangements.
- The team leader felt they had sufficient authority to do their job and to manage the needs of the service. The

service had recently appointed a new administrator and staff stated this had made a difference to the amount of administration they were doing and management of reception.

- The team spoke highly of the management locally and the senior managers in Worcestershire. They said they felt supported and listened to and that there was a culture of openness. The team also gave examples of the way they supported each other particularly during the recent consultation for staff changes.
- Swanswell had a organisation risk register. Staff could add to this through their managers locally.

Leadership, morale and staff engagement

- Staff sickness levels were 15.4% as of May 2016. This was a small team and this equated to only 2.4 whole time equivalent days lost to sickness in that month.
- The service reported that there were no bullying and harassment cases. Staff stated they could raise concerns with their line managers or senior staff and they would be listened to. Staff knew about the whistle blowing policy and felt confident to use it.
- Staff morale was good although staff raised concerns about maintaining client safety and the delivery of group work once the staffing restructure had been completed. Staff did not feel that they had been fully engaged in the consultation process for this. The team had worked together to try to reduce the impact of proposed redundancies and some had agreed to reduce hours to avoid job losses.
- Swanswell had agreed to provide managers and team leaders with level five management training through the Institute of Leadership and Management. We saw in personnel files that staff had the opportunity for career progression through internal recruitment to senior posts as they became available.
- Staff gave examples of when they had been open and honest with clients if incidents had occurred.

Commitment to quality improvement and innovation

- Swanswell had completed a case file audit in January 2016 and written a shared care report in December 2015. Action points had been developed from both these reports to help further develop the service.

Substance misuse services

- Swanswell has a bronze award for Investors in People. This is an internationally recognised standard for the management of people.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

Action the provider **MUST** take to meet the regulations:

- The provider must ensure that the glass panel in the door of the needle exchange is obscure so that the privacy and dignity of clients can be maintained.
- The provider must ensure they have a system in place for checking emergency drugs such as adrenaline is in date.
- The provider must ensure that temperatures of the fridge are regularly checked and recorded to ensure vaccines have been stored at the correct temperature of 2- 8 degrees.
- The provider must notify the Care Quality Commission (CQC) of client deaths, which is a requirement of their registration with CQC.
- The provider must ensure risk assessments and recovery plans contain detail from the contact notes to ensure the safety of clients and that they have plans in place in case of unplanned exits by clients from the service.

- The provider must ensure that the mandatory training identified is completed so staff are supported to carry out their roles safely and effectively.

Action the provider **SHOULD** take to improve

- The provider should ensure staff receive training in psychosocial interventions to ensure clients can access a wide range of treatments.
- The provider should ensure that staff update electronic records with consent to treatment and consent to share information forms.
- The provider should ensure that they monitor clients in staff areas to ensure staff safety and potential breaches of confidentiality.
- The provider should ensure they only use rooms that are adequately soundproofed for confidential conversations with clients.

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	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>The needle exchange, which staff used for clinics, was accessed via the reception area. It had a glass window and on the day of the inspection chairs were placed opposite this room and people could see in to the room. Staff could not ensure that a client's dignity and privacy was being maintained.</p> <p>This was a breach of Regulation 10 (1)(2)(a)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Risk assessment did not always contain detailed information. Staff recorded information in the contact notes but did not always transfer this to risk assessments. This meant staff could not easily access this information in an emergency.</p> <p>Staff had not completed mandatory or role specific training. This would support them to carry out their roles safely and effectively.</p> <p>The adrenaline in the emergency kit was out of date and the service had not replaced it. This posed a risk to clients' safety when vaccinations were being given.</p> <p>The fridge temperatures were not monitored consistently and staff did not know if the temperature had been maintained on a daily basis. They could not be sure that vaccines had been stored at the correct temperature.</p> <p>This was a breach of Regulation 12 (1)(2) (a)(c)(g)</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 16 CQC (Registration) Regulations 2009
Notification of death of a person who uses services

The service was not notifying the Care Quality Commission of deaths that required notification.

This was a breach of Regulation 16 (1)(a)(b)