

Solent NHS Trust

Substance misuse services

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
R1C	Trust Headquarters, Highpoint venue	Southampton New Road substance misuse service	SO14 0AA
R1C	Trust Headquarters, Highpoint venue	Portsmouth recovery hub	PO5 1JG

This report describes our judgement of the quality of care provided within this core service by Solent NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Solent NHS Trust and these are brought together to inform our overall judgement of Solent NHS Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	7
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	8
What people who use the provider's services say	8
Good practice	8

Detailed findings from this inspection

Locations inspected	10
Mental Health Act responsibilities	10
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Findings by our five questions	11

Summary of findings

Overall summary

We rated Solent NHS trust substance misuse services **good** overall because:

- During this inspection, we found that the services had addressed the issues that had caused us to rate safe as inadequate and effective, responsive and well-led as requires improvement following the June 2016 inspection.
- The substance misuse services were now meeting Regulations 9, 12, and 17 and of the Health and Social Care Act (regulated activities) Regulations 2014.
- Staff ensured that they reviewed prescriptions regularly. There were clear policies in place identifying individual responsibilities and that all clients had a prescribing care plan in place. Both services had signed Patient Group Directions (PGDs) for Hepatitis B injections.
- Staff were supported to monitor and manage caseloads safely and effectively and there were sufficient staffing levels to safely manage and review clients in receipt of prescriptions.
- Staff had carried out necessary home visits for clients on prescribed medication and who had children. The services had an embedded process in place to monitor this.
- Managers ensured the trust risk register reflected all identified service risk issues.
- Staff ensured they discussed discharge plans for all clients who accessed the service, and there were clear protocols in place for those who regularly did not attend appointments or disengaged from the service.
- There was clear and visible leadership and oversight across both services. Managers ensured staff attended mandatory training and received supervision and appraisals. Local and senior managers worked together to ensure the staff were supported in their roles to achieve positive outcomes.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated safe as **good** because:

- The service had addressed the issues that had caused us to rate safe as inadequate following the June 2016 inspection.
- In 2016 staffing levels were low in the Southampton service which resulted in unsafe oversight of caseloads. When we visited in May 2017, we found staffing was now at a sufficient level.
- In 2016 we identified that staff in the prescribing teams did not review prescriptions consistently, thoroughly or regularly. In May 2017, there were now clear safe policies and protocols for prescribing and monitoring.
- Improved systems and staffing had ensured caseloads were lower and manageable.
- In the 2016 inspection staff had not visited the homes of all clients with children to ensure they had safe storage facilities. This essential activity had now been completed.
- Both services now had signed and available patient group directions (PGDs) for Hepatitis B injections.
- There was a risk register available which managers ensured they kept up to date.

Good



Are services effective?

We rated effective as **good** because:

- The service had addressed the issues that had caused us to rate effective as requires improvement in the June 2016 inspection.
- In June 2016 we identified that clients did not have a clear prescribing care plan and so prescribers could not monitor the client pathway nor measure outcomes. Staff did not follow evidence-based guidelines well or consistently around prescribing and monitoring. When we visited in May 2017, there was clear evidence of improvement and clear pathways for clients in treatment
- Staff clearly documented outcomes of reviews and reviewed recovery care plans regularly.
- Staff in both locations ensured they carried out full assessments at the start of the treatment.

Good



Summary of findings

Are services caring?

At the last inspection in June 2016 we rated caring as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Are services responsive to people's needs?

We rated responsive as **good** because:

- In June 2016 there were no clear discharge pathways from the Southampton service. Staff had told us some clients were receiving ongoing support, following successful stabilisation of substitute medication but there was no formal data to support this. In May 2017, care records reflected clear discharge discussions and plans and the trust monitored discharges regularly.
- Access to residential detoxification was good. Staff ensured the client was supported to access this specialist treatment when risks were high.
- Both service had good links with external agencies such as mental health services, social services and the police. There was a joint working protocol for those with mental health and substance misuse problems (dual diagnosis).
- There were clear complaints procedures in place. Staff supported clients to raise concerns.

Good



Are services well-led?

We rated well-led as **good** because:

- In June 2016, staff in the Southampton service were confused and unclear about their specific responsibilities. They were working under pressure without appropriate resources and morale was low. When we visited in May 2017 there was visible and strong leadership in place and staff felt supported and safe
- In the 2017 inspection, service managers ensured all staff had access to and completed mandatory training.
- In 2016 the trust did not have good oversight of the problems around prescribing, monitoring and leadership problems in Southampton. The trust had improved governance of the service since then and ensured clear auditable systems were in place.
- The trust had acted quickly to address our initial findings and ensured there was a robust and detailed action plan in order to ensure a safe and effective service.

Good



Summary of findings

Information about the service

Solent NHS Trust provides specialist clinical support to people suffering from drug and alcohol problems across Southampton. It also provides a small structured prescribing service in Portsmouth as part of a wider commissioned contract through another provider.

The Southampton service offers specialist prescribing, stabilisation, detoxification (drugs and alcohol) and blood-borne virus testing and vaccination and is part of wider integrated substance misuse service. Access to this specialist clinical team is through a single point of entry provided by partner agencies.

Within the wider integrated team, clients also receive specialist psychological interventions and recovery planning and support.

When the Care Quality Commission (CQC) inspected the trust in June 2016, we found that the trust had breached regulations. We issued the trust with nine requirement notices for substance misuse services in Southampton, one of which related to the Portsmouth service. These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 9 HSCA (RA) Regulations 2014: Person centred care.
- Regulation 12 HSCA (RA) Regulations 2014: Safe care and treatment
- Regulation 17 HSCA (RA) Regulations 2014: Good governance

At the time of the inspection Solent NHS trust had given notice with its contract with Southampton City Council and will cease to provide substance misuse services in Southampton from 1 July 2017. Another specialist substance misuse provider will deliver this service from that date. Solent NHS trust had also subcontracted its Portsmouth services to another provider who will manage this area from 1 April 2017. Following the publication of the report CQC will no longer inspect substance misuse services under Solent NHS trust as the provider.

Our inspection team

The inspection team was led by: Gary Risdale, inspection manager.

The team comprised two CQC inspectors. One CQC inspector had a clinical background in substance misuse services. The team had access to a pharmacist specialist for advice.

Why we carried out this inspection

We undertook this focussed inspection to find out whether Solent NHS Trust had made improvements to their substance misuse services since our last comprehensive inspection of the trust in June 2016.

When we last inspected the trust in June 2016, we rated substance misuse services as **requires improvement** overall.

We rated the service as inadequate for safe, requires improvement for effective, responsive and well-led and good for caring.

Following the June 2016 inspection, we told the trust it must make the following actions to improve substance misuse services:

- The trust must ensure that staff in the prescribing services review prescriptions regularly and policies are in place clearly outlining staff responsibilities in this.
- The trust must ensure that staff are supported effectively to monitor and manage caseloads.

Summary of findings

- The trust must ensure that staff complete all safe storage of medication visits for clients with children, and embed a system to identify which new clients starting treatment need a home visit.
- The trust must ensure that all clients have a prescribing care plan in place.
- The trust must ensure that there are sufficient staffing levels to safely manage and review clients who are in receipt of prescriptions.
- The trust must ensure that both services have signed patient group direction forms (PGD).
- The trust must ensure that staff undertake clear discharge planning for all clients accessing the prescribing service. This includes those clients who routinely do not attend appointments or who disengage.
- The trust must ensure that managers add all risk items to the service risk register on an ongoing basis.
- The trust must ensure that staff attend mandatory training.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 9 Person centred care

Regulation 12 Safe care and treatment

Regulation 17 Good governance

How we carried out this inspection

To fully understand the experience of people who use services, we normally ask the following five questions of every service and provider, However, we did not re-inspect Caring as this was rated good at the last inspection:

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

Before the inspection visit, we reviewed information that we held about these services

During the inspection visit, the inspection team:

- visited both service locations and looked at the quality of the environment
- spoke with four senior managers within the trust
- spoke with two service managers
- spoke with eight members of staff
- looked at 22 care records in detail
- collected feedback from nine clients using comment cards
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We received nine comment cards during our inspection. Clients told us they felt staff treat them with kindness and supported them throughout their treatment.

Good practice

Substance misuse staff in Portsmouth were working with the local police to support an initiative called 'operation

Summary of findings

build'. This was a partnership whose aim was to protect vulnerable people from drug dealers visiting the city, and its associated violence. Staff met with the police on an approximately monthly basis to support this initiative.

Solent NHS Trust

Substance misuse services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Southampton New Road substance misuse service	Trust headquarters, Highpoint Venue
Portsmouth recovery hub	Trust headquarters, Highpoint Venue

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

The Mental Health Act is not applicable at this service.

Mental Capacity Act and Deprivation of Liberty Safeguards

Records demonstrated that staff recorded consent to treatment and sharing of information with others.

Staff we spoke with understood how intoxication or an acute episode of mental ill health could affect mental capacity.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- The buildings in both Southampton and Portsmouth were clean and accessible. They contained appropriate equipment for physical health monitoring. Staff checked clinical areas regularly.
- Treatment rooms contained appropriate equipment, including examination couches, electrocardiogram machines and weighing scales. Emergency equipment was available. Staff knew the procedures to follow in an emergency.
- Both locations had access to and stored naloxone safely. This is a medication used to treat an opioid overdose in an emergency. Staff had access to first aid equipment as well as oxygen, masks and pregnancy tests.
- Clients could access harm-reduction equipment such as needles, syringes and ascorbic acid. Staff provided support and advice around harm reduction and minimisation.
- Staff stored and monitored prescriptions effectively. Prescribers and dedicated administration staff monitored, audited and stored prescriptions securely.
- During the June 2016 inspection, staff in Portsmouth were unable to produce a signed copy of patient group directions (PGD) form to administer Hepatitis B vaccinations. At the current inspection, both locations were able to produce an up to date signed copy.
- Both locations displayed infection control information. The trust had infection control policies in place. At the time of the last inspection in June 2016, only 17% of staff in Southampton had completed infection prevention and control training, and only 50% in Portsmouth. No staff in Southampton had completed hand hygiene. At the current inspection all staff had completed this mandatory training.

- Staff had good access to counselling and group rooms in the Portsmouth location. Staff in the Southampton service had smaller premises. However, the staff utilised the space well.

Safe staffing

- During the June 2016 inspection, we found staffing levels to be very low in Southampton. Managers told us they had been consistently low because of recruitment and retention problems and the specialism required to work within substance misuse. These low levels had placed pressure on the staff who were unable to manage their caseloads safely.
- Since the last inspection, the trust had taken steps to ensure the Southampton service was staffed safely. By May 2017 in Southampton there was a band 8a full time manager, three band 6 part time workers, two full time band 5 nurses, one full time band 4, two full time administration staff and two part time administration staff, one consultant, one doctor, one non-medical prescriber (agency) and one band 6 social worker who worked in shared care. There were no vacancies in Southampton.
- The Portsmouth team leader was a combination of a part time band 7 and part time band 6 role. The service also had a band 6 nurses, two band 4 workers, a consultant psychiatrist full time, a full time and part time administrator and a part time doctor. The service had one full time administrator vacancy which was covered by a bank contract.
- We were also concerned at the previous inspection that caseloads were very high. In June 2016 there were approximately 350 clients receiving prescriptions, which meant an average of between 80-90 clients to each member of clinical staff in Southampton. When we visited in May 2017, there were 283 clients and the average caseload in Southampton was 50.

Assessing and managing risk to patients and staff

- At the time of both June 2016 and May 2017 inspections the Southampton prescribing team formed part of a complex integrated contract. Two other agencies had their own contractual arrangements with

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

commissioners. One provided provision of care co-ordination, assessment and brief interventions for those aged 11-25. The other provided the same function but for those aged 25 and over. The Solent contract was provided in conjunction with two subcontracted agencies. These teams included recovery workers and provided aftercare, counselling, work placements and needle exchange. This contract was due to end 1 July 2017.

- During the June 2016 inspection, we established the Solent NHS trust staff had overall responsibility for the opiate substitute prescribing, health assessments, alcohol detoxification, blood-borne virus testing and vaccinations as well as ensuring prescription monitoring took place regularly. At that time staff could not identify who had overall responsibility for monitoring and managing risk to clients. This meant that clients did not have an identified person monitoring their prescription or co-ordinating reviews. The management of risk was chaotic and unco-ordinated.
- It was also apparent on examining care records in June 2016 that staff did not have good oversight of their caseload. There was confusion over individual responsibilities and no clear embedded policies regarding monitoring arrangements for prescribed clients. In May 2017 this was now well managed and the staff had clear robust oversight of their caseloads.
- Staff in the Southampton service did not carry out the initial risk assessment as one of the partner agencies completed this at the point of entering the service. When the service accepted a client for prescribing, staff updated the risk assessment. We saw all care records we looked at had good risk assessments and well documented risk management plans on both inspections. Staff worked much more cohesively with the partner agencies to manage risk and saw improved communication around risk issues.
- Staff discussed risk during meetings at the start of the working day. Staff kept minutes that highlighted current risks and actions.
- Prescribers carried out initial clinical assessments and pharmacological interventions in line with the National Institute for Health and Care Excellence (NICE) guidelines CG52 (2007) drug misuse in over-16's: opioid detoxification.
- In June 2016 clients were not always stable before staff made adjustments to their prescriptions and they did not regularly monitor them.
- Clients receiving methadone prescriptions in May 2017 initially saw a prescriber every three days for dose adjustment. This is when the medicine's starting dose is low and then slowly and carefully increased to an optimum treatment level. This is dependent on the amount of heroin or methadone used.
- Clients then attended twice weekly to collect their prescriptions. A nurse or prescriber then checked that clients were taking their medication by completing urine drug screens to assure the prescriber of compliance. The trust carried out a weekly substance misuse action plan monitoring report and the prescribing policy covered the expectations of staff regarding prescribing reviews. We saw regular audits and monitoring of caseloads. Staff could then reduce monitoring of the client following a stable three-month period. This was not happening in June 2016.
- In May 2017 staff had reviewed 89% of client prescriptions within three months and 95% had medical plans in place. This was a significant improvement from the previous inspection. Staff told us expectations of their roles were now clear and they believed the service was significantly safer for the clients.
- Further to this staff in June 2016 the Southampton service had not been able to identify clients who had undergone home alcohol detoxification. In 2017 this information was now clear and monitored closely and accessible to the wider team.
- In June 2016 we found that the trust had failed to identify all clients who received prescribed medication who had children living at or visiting the home. This meant staff had not carried out home visits to ensure dangerous medication was stored safely. In May 2017, staff had carried out 96.4% of safe storage home visits.
- In 2016 we were concerned that no significant risks were identified on the trust risk register. We checked in May 2017 and found the risk register was clear and identified all relevant risks in the service, with clear actions.
- The Portsmouth team had moved from St Mary's hospital and was now based within a recovery hub in the city. The Solent NHS trust staff had previously been

Are services safe?

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directly commissioned as one fifth of a contract to provide substance misuse services, and had responsibility for the prescribed clients within the wider service. By May 2017 the service had been recommissioned and Solent NHS trust was now subcontracted to provide the clinical interventions for the overall main contract rather than being directly commissioned as during our previous inspection.

- This small team had a consultant psychiatrist as main prescriber who had oversight of the clients and prescribing. Clients were given the prescription to take to their pharmacy. The prescribers then contacted the relevant pharmacy. Once the clients were stable, staff sent the prescriptions to the pharmacy and staff monitored clients every two to four weeks.
- There were 435 on the Portsmouth caseload. Staff had completed 85.7% prescription reviews in the previous three months and 97.6% medical plans completed. The team had completed 93.2% safe storage home visits.
- Staff had an average of 21 clients and managed caseloads well. Managers used a weighting tool to ensure staff were not overwhelmed with complex clients. Staff updated risk assessments when required.
- In June 2016 in the Southampton service staff had completed an average of 65% mandatory training overall. No staff had completed hand hygiene or duty of candour training. Similarly in the Portsmouth service the overall average completion rate was 70%. No staff had completed duty of candour, 50% had completed infection prevention and control and 50% resuscitation.
- During our May 2017 inspection both teams had successfully completed the expected mandatory training, or were booked on a course. This included resuscitation, hand hygiene, safeguarding adults and children, Prevent awareness, Mental Capacity Act, health and safety, information governance, equality, diversity and human rights, fire safety, infection prevention and control, moving and handling, dementia awareness and duty of candour. This training was monitored through a trust training matrix.

Track record on safety

- The trust reported 11 incidents in the Southampton service and three in Portsmouth. Types of incident included emergency treatment, medication error,

episodes of self-harm or antisocial behaviour. The majority reported were related to medication errors (prescribing or dispensing). During the previous inspection in June 2016 we carried out a specific medicines management check and found good safe systems in place. This was also the case in May 2017.

- The trust recorded three serious incidents in the previous 12 months. One was still under investigation. Managers were able to explain the systems for investigating serious incidents and sharing information and areas of improvement with staff. Where the coroner had been involved the trust provided a clear action plan to address areas of improvement.
- Managers had reviewed the information. We saw the team had taken action to address incidents to prevent them from reoccurring where possible.

Reporting incidents and learning from when things go wrong

- Staff used an electronic system to report incidents. Managers reviewed the incidents and cascaded outcomes to staff. We looked at examples of team and governance meeting minutes. Staff discussed incidents and lessons learned as part of a meeting standing agenda item.
- Staff we spoke with gave us examples of incidents resulting in improvements. For example, ensuring improved communication with other agencies.
- The services held integrated monthly meetings with partners where they discussed incidents, including unexpected deaths. Lessons learned and outcomes were shared between the teams. Incidents were also discussed in morning meetings, such as medication errors or incidents of aggression.

Duty of Candour

- Duty of candour is a legal requirement that means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong.
- Staff we spoke with understood their responsibilities around duty of candour. They were able to explain the

Are services safe?

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importance about being open and transparent when mistakes occurred. In June 2016 staff in neither location had attended training in Duty of Candour but in May 2017 all staff had received the training.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- Staff completed assessments of needs during the initial screening. They would identify immediate risks and safeguarding and healthcare needs as a priority. Records we looked at showed staff completed holistic assessments. Clients had recovery plans in place.
- Staff in both locations used electronic systems accessible by the other agencies within the service.
- In June 2016 the electronic system was not fit for the purpose of substance misuse service client management. There was no effective means of identifying individual prescribing responsibilities, did not identify caseloads or clients due to monitoring review. Staff were documenting interventions poorly and did not always document outcomes or plans. However by the current inspection the service had a new electronic system and managers had ensured staff were clear on their individual responsibilities. The care records we looked at demonstrated good clear robust reviews, clear medical interventions and monitoring outcomes.
- Although there were no clients receiving more than 100 millilitres of methadone per day, staff we spoke with knew they needed to take electrocardiogram readings to check they were not experiencing a lengthened heartbeat cycle, which could result from receiving high dose methadone.
- Staff monitored physical health needs and reactions from treatment interventions. A client whose ECG results identified a prolonged heartbeat cycle had a clear plan for regular monitoring and a reduction in their methadone. There was clear liaison with the client who was supported throughout.
- In June 2016 we found little evidence of robust prescribing care plans identifying clear actions, review dates and intended outcomes of the pharmaceutical treatment. However, in May 2017 prescribers had implemented weekly task schedules that clearly timetabled dedicated time for managing prescriptions. Care records we looked at demonstrated prescribing plans had been completed and discussed with the client. Staff audited prescribing care plans weekly.

Best practice in treatment and care

- Staff in both locations offered psychological interventions through their integrated pathways. This included talking therapies, support around social issues such as housing, harm reduction, motivational work and relapse prevention. This was in line with the national guidance 'drug misuse and dependence: UK guidelines on clinical management 4.2.1'.
- Staff in both locations used treatment outcome profiles (TOP) with people who attended appointments to measure substance misuse, social needs, physical health, mental wellbeing and overall quality of life. However, the prescribing service did not always need to carry this out as partner agencies completed this.
- Staff in both services routinely assessed clients' physical health and offered healthcare interventions, such as blood-borne virus (BBV) testing and vaccinations. Staff also visited the homes of clients who could not attend the premises, which was good practice.
- We found in June 2016 staff did not monitor or plan well for clients who did not attend appointments. This monitoring was chaotic and although sometimes expected behaviour for this client group the services did not have proactive plans in place for when this happened. In addition we did not find good evidence of plans for those clients using illicit substances 'on top' of their prescribed substitute prescription. However by May 2017 the trust had implemented a clear prescribing policy outlining individual responsibilities and expectations and frequency of reviews. Care records and audits demonstrated staff were adhering to the prescribing policy and regular reviews, monitoring and planning was taking place.
- In 2016 the service had been running a 'prescription clinic' where clients could drop in and collect their prescriptions. This had exacerbated the problems around monitoring of prescriptions and was described as 'chaotic' by staff at the time. Staff advised us the quality of work had been limited during this time as the client would not always see their Solent nurse and felt they did not work regularly or consistently with the clients. The service therefore stopped the prescription collection clinic and changed to booked appointments

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

to see their Solent nurse in conjunction with their care co-ordinator. Managers and staff told us that this had improved consistently and reduced the chaos significantly.

- Staff demonstrated their ability to manage complex and challenging clients well, now they had clear guidelines and support. We saw several excellent examples in the care records of staff following best practice within National Institute of Health and Care Excellence (NICE) guidelines and achieving positive outcomes with clients. Staff told us they felt a sense of achievement and were proud of their work.

Skilled staff to deliver care

- Staff in both services had a variety of skills and experience. The services included doctors, nurses, non-medical prescribers and experienced administration staff.
- As part of electronic mandatory training the trust provided staff with workbooks. Staff worked through these to ensure they had retained the necessary information from the training. Managers discussed these during supervision.
- Staff received training on naloxone and blood-borne virus testing and vaccinations, as well as online medicines management training.
- During our last inspection, the clinical leads we spoke with did not demonstrate a high level of knowledge around substance misuse which concerned us, despite frontline clinical staff demonstrating a good knowledge. However, in May 2017 the service leads were knowledgeable and skilled. Staff told us this gave them more confidence in the service.
- Consultants held quarterly peer supervision to share best practice and support.
- Managers provided supervision. We saw a completed supervision and appraisal spreadsheet and staff confirmed they had received regular support and supervision. Managers completed staff appraisals annually.
- Staff completed audits of prescribing care plans and reviews on a weekly basis. Administrative staff contacted each worker to inform them when a review was due.

Multi-disciplinary and inter-agency team work

- Managers of the Southampton services held integrated monthly meetings with the service partners. These meetings then fed into the main Solent governance oversight tool and minutes were shared with wider Solent colleagues.
- Southampton managers also held meetings with their partners on a more local basis. This meant issues pertinent to Southampton could be discussed and good practice shared between them. Staff told us relationships had improved due to this.
- The trust held monthly governance meetings. Staff discussed safeguarding, prescriptions, staffing and case management. Each discussion had actions identified.
- During our June 2016 inspection, one of the senior clinical managers had begun to have daily meetings with the team at the start of the day. This was to check in and discuss any specific issues or problems. We considered this good practice then. During our recent inspection this practice had bedded in and was normal procedure. Staff provided minutes of these meetings and we saw clear actions from them.
- The services carried out 'pod' working. This involved the relevant doctor or prescriber, support worker and care co-ordinator from the other relevant agency. These pods met every two weeks to review their clients. Staff told us this had been embedded fully for approximately six months and the system was much more organised.
- Both services had good links with external agencies. For example there was a joint protocol between Solent NHS trust and Southern Health Mental Health NHS trust in order to support clients with a diagnosis of both mental health and substance misuse problems (dual diagnosis).
- Substance misuse staff in Portsmouth worked with the local police to support an initiative called 'operation build'. This was a partnership whose aim was to protect vulnerable people from drug dealers visiting the city, and its associated violence. Staff met with the police on an approximately monthly basis to support this initiative.
- Within the partner agency in Portsmouth clients could access peer support, housing and counselling. The Portsmouth service had close relationships with all these agencies.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- We saw evidence of liaison with social services particularly when there was a safeguarding concern. Staff we spoke with in both locations gave good examples of multi-agency working with child protection agencies.

Good practice in applying the MCA

- Records demonstrated that staff recorded consent to treatment and sharing of information with others.
- Staff we spoke with understood how intoxication or an acute episode of mental ill health could affect mental capacity.
- All staff had completed training in the Mental Capacity Act.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

At the last inspection in June 2016 we rated caring as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- Solent NHS trust was part of an integrated contract to provide substance misuse services in Southampton. This contract began in December 2014 and it was difficult on the previous inspection to disentangle their specific responsibilities within the overall service model. Initial access was through a single point of entry. Clients requiring prescribing services would then access the Solent prescribing team.
- Access into the Portsmouth team was also through a single point of entry. The previous commissioning agreement had changed 1 April 2017. Since this time Solent had no direct contract with commissioners and instead is a subcontract of the lead provider to supply the clinical staff and expertise to carry out the prescribing element of the overall contract.
- Clients could access the service through community settings, criminal justice settings, hospitals, primary care or self-referral. When it was identified the client needed a prescribing service they would access the Solent team.
- The Portsmouth team provided prescribing and stabilisation, detoxification from opiates or alcohol and access to residential rehabilitation or inpatient detoxification if required. The Portsmouth service employed a skilled detoxification co-ordinator who was responsible for all drug or alcohol assessments. They checked whether the client was suitable for community or residential detoxification and made the specific arrangements.
- The Portsmouth service also had made good links with the local acute hospital alcohol detoxification nurses. They liaised closely to ensure the client was safe throughout their treatment when receiving community detoxification. When a home detoxification was considered the co-ordinator would discuss the client in detail in a joint clinical meeting prior to commencement. This involved the family of the client (who would need to agree to stay with and support the client), the GP (who would prescribe chlordiazepoxide) and the client themselves to ensure all risk issues were discussed and an emergency process in place.

- The Portsmouth service had an agreement with the local acute hospital to provide residential detoxification for higher risk clients; however they could also access other residential rehabilitation providers if appropriate.
- During the 2016 inspection the Southampton service could not identify clear discharge plans. We saw a number of clients who had been receiving substitute medication for several years with no clear plans in place around discharge or ongoing maintenance or reductions. This meant caseloads remained high and monitoring of clients was chaotic. Of particular concern also was the number of clients who frequently did not attend appointments and who were receiving prescribed medication. This was not being monitored by the service. However following that inspection the trust carried out a number of audits. In March 2017 the latest re-audit demonstrated clear evidence of communication across the partnership when a client showed signs of disengaging from their plan. The care records demonstrated that staff ensured clear plans were in place as to how to re-engage or restarts put in place.

The facilities promote recovery, comfort, dignity and confidentiality

- Both locations had a variety of rooms available, including group rooms, clinical and interview rooms. Clients could talk to staff privately in these rooms without anyone overhearing the conversation.
- Each service had a good variety of information in waiting areas and interview room relevant to substance misuse, such as mental health, medication, treatment and interventions harm reduction advice, safer injecting, overdose prevention, advocacy services and counselling.
- We saw good information on how to complain displayed in the locations.

Meeting the needs of all people who use the service

- The Portsmouth team had relocated since our last inspection from St Mary's hospital to a recovery hub in the city. The location was accessible to everyone and had disabled access. The Southampton premises was smaller and more inaccessible with stairs, however there was a portable ramp available for wheelchair users.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Listening to and learning from concerns and complaints

- There was one ongoing complaint in the Southampton service and four in Portsmouth over the previous 12 months. The Portsmouth service had received two compliments.
- Complaints were initially sent to the lead contractor in the partnership for review. The four complaints within Portsmouth were regarding hub functions and keyworker complaints.
- Both services received a larger number of 'concerns' which were resolved without reaching formal procedures. Staff told us they positively encouraged clients to raise concerns with them as soon as possible so they could support them before they escalated.
- Staff and managers we spoke with could describe the complaints process and were aware of the steps needed to make a formal complaint. We saw in minutes that complaints were discussed in team and governance meetings.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- During the previous inspection the staff team in Southampton told us they were proud of their service but were confused about their roles and under pressure because of this lack of clarity. In May 2017 staff we spoke with were clear about their expectations and their roles, were proud of their achievements since the last inspection and felt valued by the trust.
- We were told that although the Southampton team were due to be transferred imminently to a new provider and out of the NHS they were determined to remain focused on their values and provide top quality speciality substance misuse interventions.
- The staff team in Portsmouth demonstrated continued confidence and pride in their service.

Good governance

- In June 2016 staff were not completing mandatory training to an acceptable level. We found in May 2017 this training had been completed and managers monitored and reviewed this regularly.
- We were concerned previously that managers had a lack of oversight of caseloads, reviews and prescriptions. They did not have clear systems to identify when a client needed a home storage visit and did not identify means of extracting vital data necessary to ensure a safe and competent service.
- However, the trust took immediate action when we escalated our concerns in June 2016. They provided us with an action plan with clear timeframes and trajectory of completion. This included updating the risk register, reviewing and monitoring clients on a prescription and

identifying clear clinical interventions. They also ensured there was a clear prescribing policy in place including prescribing care plans and a list of clients who required home storage visits.

- During this May 2017 inspection we saw all necessary actions had been achieved to a safe and high standard.
- Managers now held regular team and governance meetings which had minutes and clear actions. Staff received regular supervision and annual appraisals.

Leadership, morale and staff engagement

- In June 2016 a combination of senior managers had been placed into the Southampton service in an attempt to support the team. However, morale was very low and the staff were experiencing high levels of stress and anxiety.
- When we returned a week later in June 2016 to follow up the initial inspection, managers had already started to implement change. The operations manager had agreed a senior manager structure for both services and would regularly meet with senior managers to ensure their roles and responsibilities were clear.
- In May 2017 morale was good despite the impending change in contract and provider, and staff told us they now felt clear about their roles and supported by the manager. The staff team were cohesive and supportive of each other. All staff we spoke with were positive about the improvements that had taken place.
- Leadership was visible in the Portsmouth team. Staff morale was high and staff told us they were confident and happy in their roles.

Commitment to quality improvement and innovation

- The core service was not involved in any programmes around quality improvement and innovation due to the imminent change in provider.