SMART Wokingham

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

Ratings

Overall rating for this location	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

Overall summary

We rated SMART Wokingham as requires improvement because:

- The service has not had a registered manager since August 2018. At the time of our inspection visit, the provider was finalising arrangements for which individual it would nominate for the CQC registration process. CQC requested that the provider confirm it's plans for registering a new manager without further delay. The provider subsequently confirmed that the area manager had commenced the registration process.
- Staff told us that management issues within the service had led to poor staff retention levels. Staff turnover during the 12-month period to 09 January 2019 was over 100%. Staff stated that this high turnover led to the service being short-staffed and clients receiving poor continuity of care.

Summary of findings

- Clients reported that individual and group sessions had been cancelled due to staffing shortages. Some staff expressed a feeling of anxiety due to inadequate staffing levels and the workload pressures that placed upon them.
- Risk assessments we reviewed did not contain a risk management plan in relation to potential risks associated with an unexpected exit from treatment.
- The provider had not conducted any water tests for the Legionella bacteria since it took over the running of the service in 2014. Following our inspection the provider confirmed that a Legionella risk assessment and water sample testing had been completed within two weeks and a plan was in place for monthly water temperature tests and an annual Legionella risk assessment to take place.
- None of the eight care records we reviewed contained a copy of the client's medical history from their own GP; none contained evidence of the client's initial medical assessment within the service; and, only four contained some evidence of ongoing physical health assessments.
- Clients told us they were unhappy with the quality of soundproofing within the building. They said it could be distracting when they were trying to focus on their session, when there was noise within the reception area. In response to the concerns raised by clients, staff tried to minimise the number of people in the vicinity of meditation sessions, which were adversely affected by noise outside the room.
- Some staff we spoke with expressed anxiety about raising concerns, for fear of negative consequences.

However:

- Client records contained recovery plans written with the joint input of the clients and their support worker. Recovery plans were holistic, addressing all the identified needs of each client.
- Staff attended team meetings, that occurred an average of twice per month, during which staff discussed a wide range of topics, including learning from recent incidents. Staff received a supervision session every four to eight weeks. Managers addressed staff performance issues in supervision.
- Staff demonstrated that they had effective working links with local external services such as community mental health teams, housing providers, children and family services, social work and criminal justice agencies. Staff referred clients to partner agencies as appropriate.
- Staff adapted appointment times to meet the needs of clients. The service was open two evenings per week and had early morning clinic slots available, to give working clients additional opportunity to attend appointments and therapy sessions.
- Staff provided a joint monthly drop in session for clients, with a local homelessness charity, a social housing provider and a community mental health team. The venue for the session rotated between the partner agencies. The aim was to provide clients with a one-stop shop advice forum.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Requires improvement 	

Summary of findings

Contents

Requires improvement

Location name here

Services we looked at
Substance misuse services

Summary of this inspection

Background to SMART Wokingham

SMART Wokingham is based in Berkshire and provides a service to adults, older adults and young people. The service is commissioned by Wokingham Drug and Alcohol Action Team, and is one of the services delivered by a charity called SMART Criminal Justice Services. The contract had recently been re-tendered by the local authority and awarded to SMART.

SMART provides opioid substitute therapy (OST), which involves the prescribing of medicines like methadone and buprenorphine to people needing treatment for heroin dependency. In addition, SMART supports clients with community alcohol detoxification. The service provides one to one work and group psychosocial interventions to help people to develop their recovery skills and support networks to sustain their recovery from alcohol or drug misuse. This service operates a needle exchange, which allows injecting drug users to safely obtain and dispose of injecting equipment at no cost. Needle exchanges operate from many pharmacies and community treatment services and reduce the spread of blood borne viruses including Hepatitis C and HIV. Staff had set up information points in local GP surgeries to advertise the service and, in addition, offered support to dispensing pharmacies.

The service did not have a registered manager. The area manager for this service was providing operational management and an application was due to be submitted to the Care Quality Commission following this inspection visit, for the area manager to be the registered manager.

SMART Wokingham was registered with the Care Quality Commission (CQC) in December 2014 for the treatment of disease, disorder or injury.

This is the third time the CQC have inspected SMART Wokingham using our new approach of asking five key questions about the quality of services. At that time of the previous two inspection visits, CQC did not rate substance misuse services.

The first CQC inspection of SMART Wokingham took place in May 2016. CQC issued the provider with two requirement notices in respect of breaches of regulation. The first was in relation to a failure to notify CQC of the death of a client and the second was in relation to staff training and development.

The second inspection took place in April 2017. This inspection focussed on assessing whether the provider had made improvements to its service since the comprehensive inspection in May 2016. On this occasion, CQC found that the provider had made all the required improvements.

Our inspection team

The team that inspected the services comprised two CQC inspectors and a specialist advisor who had experience in substance misuse.

Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services.

Summary of this inspection

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

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

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with two clients
- spoke with the service manager
- spoke with five other staff members
- observed one group therapy session
- looked at eight care and treatment records for clients
- looked at policies, procedures, incident log, meeting minutes and other documents relating to the running of the service.
- looked at supervision, training, references, appraisals, and disclosure and barring service documentation for staff.

What people who use the service say

Clients we spoke with told us they were happy with how staff treated them, and that they felt the provider offered a good quality service.

However, clients told us that staff had previously cancelled group and individual sessions without notice, due to staff shortages. Both clients had arrived at the location after travelling for their session, only to be told that it had been cancelled. They were unhappy that they had not been notified in advance, to save the time and expense of travel.

Clients also told us they were unhappy with the quality of soundproofing within the building. They said it could be distracting when they were trying to focus on their session, when there was noise within the reception area.

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?

Requires improvement

We rated safe as requires improvement because:

- During the 12-month period to 09 January 2019, staff turnover was over 100%. Staff we spoke with told us that continuity of care suffered directly because of the high staff turnover level.
- Risk assessments we reviewed did not contain a risk management plan in relation to potential risks associated with an unexpected exit from treatment.
- None of the eight care records we reviewed contained a copy of the client's medical history obtained from the client's own GP, although staff did request it at the time of the initial assessment.
- This meant that medicines were being prescribed to clients without information about pre-existing health conditions or other medicines being prescribed to the client.
- The provider had not conducted any water tests for the Legionella bacteria since it took over the running of the service in 2014. Following our inspection the provider confirmed that a Legionella risk assessment and water sample testing had been completed within two weeks and a plan was in place for monthly water temperature tests and an annual Legionella risk assessment to take place.
- Clients reported that individual and group sessions had been cancelled due to staffing shortages.

However:

- Staff we spoke with understood the provider's safeguarding policy and procedures on how to raise a safeguarding referral. Safeguarding was a topic discussed during team meetings and the service had strong working relationships with their local authority safeguarding team.
- Staff reviewed client risks within regular team meetings and their daily morning briefing session.

Are services effective?

Good

We rated effective as good because:

- All clients received a comprehensive assessment when they first accessed the service which assessed their physical, mental health and social support needs.

Summary of this inspection

- Staff ran relapse management groups and motivation groups to encourage clients to increase their motivation to reach their goals.
- Staff monitored and responded to clients' changing needs using information captured in their key working sessions.
- All eight client records we reviewed contained recovery plans written with the joint input of the clients and their support worker. Recovery plans were holistic, addressing all the identified needs of each client.
- All client records were stored securely and electronically so that staff could access them when needed.
- Group and one to one work was based on evidence based material recommended by the National Institute for Health and Care Excellence (NICE) including cognitive behavioural therapy (CBT) and motivational interviewing.
- Managers conducted clinical audits in the service and staff carried out self and peer reviews of risk assessments and recovery plans.
- All staff received a supervision session, on average every four to eight weeks. Staff attended team meetings, that occurred an average of twice per month. The minutes of each meeting were recorded and distributed to staff. The minutes demonstrated evidence of a wide range of topics being discussed, including learning from recent incidents.
- Managers addressed staff performance issues in supervision and followed their internal capability procedure with the support of the human resources team where necessary.
- Staff demonstrated that they had effective working links with local external services such as community mental health teams, housing providers, children and family services, social work and criminal justice agencies. Staff referred clients to partner agencies as appropriate.

However:

- Of the eight care records we reviewed, none contained evidence of the client's initial medical assessment and only four contained some evidence of ongoing physical health assessments.
- Client recovery plans were not based upon the strengths of the client, to enable the client to build upon their personal strengths towards recovery.
- Staff we spoke with had variable degrees of knowledge of the Mental Capacity Act and its fundamental principles.

Summary of this inspection

- The provider offered a range of relevant specialist training to staff, to enable them to carry out their roles. However, completion rates for those courses was low.

Are services caring?

Good

We rated caring as good because:

- Staff demonstrated a kind, compassionate approach during their interactions with clients. They treated clients with dignity and respect. Clients told us that staff treated them with compassion and respect and that they demonstrated commitment to helping them.
- During the group session we observed, the facilitator successfully secured a good level of engagement from clients.
- Staff supported clients to access a wide range of other services, where appropriate.
- Staff involved clients when formulating their risk assessment and recovery plan. Recovery plans were personalised to each individual client and included their own views on their needs and treatment.
- Staff offered support to family members and carers and sought their feedback in an annual survey.

However:

- Staff did not offer a community meeting, where clients could discuss areas for service improvement and development in a forum that was independent from the existing structure of individual and group therapy sessions.

Are services responsive?

Good

We rated responsive as good because:

- Staff completed a triage assessment with every client, covering areas such as substance misuse; physical and mental health; housing; employment; family situation and safeguarding; and social support networks.
- Staff adapted appointment times to meet the needs of clients. The service was open two evenings per week and had early morning clinic slots available, to give working clients additional opportunity to attend appointments and therapy sessions.
- The service offered three drop in sessions each week, at which staff could offer informal support and advice to new or existing clients.

Summary of this inspection

- The service had a procedure if a client did not attend which included follow up phone calls and an offer of further appointments.
- The reception room had comfortable seating and a range of information leaflets on substance misuse, health and local service. Clients had the ability to make hot and cold drinks and snacks such as breakfast cereals, toast and fruit in the open kitchen.
- Staff provided a joint monthly drop in session for clients, with a local homelessness charity, a social housing provider and a community mental health team. The venue for the session rotated between the partner agencies. The aim was to provide clients with a one-stop shop advice forum.
- The complaints process was clearly displayed within the service. Staff we spoke with knew how to respond to complaints appropriately and managers provided staff with feedback on the outcomes of complaint investigations.

However:

- Clients told us they were unhappy with the quality of soundproofing within the building. They said it could be distracting when they were trying to focus on their session, when there was noise within the reception area. Clients told us that staff were aware of the issue.

Are services well-led?

Requires improvement

We rated well-led as requires improvement because:

- The service has not had a registered manager since August 2018. At the time of our inspection visit, the provider was finalising arrangements for which individual it would nominate for the CQC registration process. CQC requested that the provider confirm it's plans for registering a new manager without further delay. The provider subsequently confirmed that the area manager had commenced the registration process.
- Staff told us that ineffective management of the service had led to poor staff retention levels. Staff turnover during the 12-months to 09 January 2019 was over 100%. Staff stated that this high turnover led to the service being short-staffed and clients receiving poor continuity of care.
- Effective governance systems were not fully embedded when we carried out our inspection. The area manager was supporting the manager to develop governance systems for the service.

Summary of this inspection

- Some staff expressed a feeling of anxiety due to inadequate staffing levels and the work load pressures that that placed upon them.
- Some staff we spoke with expressed anxiety about raising concerns, for fear of negative consequences.

However:

- Staff we spoke with expressed enthusiasm and pride in their work.
- Staff engaged with external stakeholders, and had a clear understanding of how their service worked with other agencies, to meet the needs of clients.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act (MCA) was part of the service's mandatory training programme.
- At the time of our inspection, 100% of staff had completed up-to-date MCA training. However, not all staff we spoke with had a good working knowledge of the principles of the Act.
- There was an MCA policy which staff could refer to for further guidance.
- Managers supported staff with issues relating to the MCA, as needed.

Overview of ratings

Our ratings for this location are:

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

Notes

Requires improvement

Substance misuse services

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

Are substance misuse services safe?

Requires improvement

Safe and clean environment

- SMART Wokingham operated from a two-storey building that was formerly a detached house. The main entrance to the building had a locked external door controlled by staff and accessible via an intercom system. CCTV was used inside the waiting room and was monitored by staff in the staff office.
- The reception area consisted of a lounge with comfortable seating and an adjoining kitchen. Access to the rest of the building was through an internal door with coded lock.
- All areas that clients had access to were clean, comfortable and well-maintained. A cleaner visited the service twice each week. This meant that staff had to deal with any urgent cleaning jobs on the intervening days.
- All staff members who came into contact with clients were issued with a personal alarm.
- There was a nominated first aider and fire marshall on duty each day.
- The provider had not conducted any water tests for the Legionella bacteria since it took over the running of the service in 2014. Following our inspection the provider confirmed that a Legionella risk assessment and water sample testing had been completed within two weeks and a plan was in place for monthly water temperature tests and an annual Legionella risk assessment to take place.

Safe staffing

- Staff requirement was based on agreed roles with commissioners to meet delivery of individual sessions and group work.
- Clients reported that individual and group sessions had been cancelled due to staffing shortages.
- During the 12-month period to 09 January 2019, staff sickness for the service was 1.5% and staff turnover was over 100%. The service continuously relied upon having some agency staff. Managers tried to uphold continuity of care by arranging block-booked contracts with agency workers, typically for a period of three months or longer. However, staff we spoke with told us that continuity of care suffered directly because of the high staff turnover level.
- The average caseloads across the service was 30 per worker. The highest individual caseload was approximately 40 cases. Caseloads included clients who attended groups and one to one sessions and produced a lot of administrative duties which were monitored by managers in monthly supervision sessions. The service had an administrator in post who supported staff with data input including populating all new assessments onto the case management system.
- Activities were reviewed each morning during the team briefing session to ensure there were enough staff available to cover scheduled activities for the day ahead. Clients told us that individual and group sessions had been cancelled due to staff shortages.
- The service used volunteers to support clients in their recovery. Some volunteers had experience of recovery, but that was not a requirement for them to take on the role. Volunteers completed training to enable them to support clients in recovery in groups or individual sessions.

- Staff had appropriate references and current disclosure and barring service (DBS) checks in place. Staff and students sometimes commenced work prior to receipt of the DBS check result. In such a situation, the manager completed a risk assessment on their first day and they had no unsupervised access to clients until their DBS check result was received.
- At the time of our inspection, staff had not completed all mandatory training. The service had a list of 11 training modules that it categorised as mandatory for staff. Only 44% of staff had completed up-to-date safeguarding training in relation to adults; 33% of staff had completed up-to-date safeguarding training in relation to children; and 0% had completed de-escalation training. However, the provider subsequently informed us that all remaining staff completed their safeguarding training in relation to both adults and children in the two days following our inspection visit. Also, staff had been booked to complete de-escalation and culture and conduct training during April 2019.

Assessing and managing risk to clients and staff

- We reviewed the care records for eight clients, which included their individual risk assessment. Staff used the risk assessment template within the provider's electronic recording system.
- The risk assessments we reviewed contained a consideration of a range of relevant factors for each individual, including physical and mental health; housing; family situation; and substance misuse. In general, the risk assessments were up-to-date and contained evidence that staff had shared information about risks with appropriate stakeholders. However, risk assessments we reviewed did not contain a risk management plan in relation to potential risks associated with an unexpected exit from treatment.
- None of the eight care records we reviewed contained a copy of the client medical history obtained from their GP. This meant that medicines were being prescribed to clients without information about pre-existing health conditions or other medicines being prescribed to the client, and placed clients at risk of physical harm including contra-indications of medicines being unmanaged and overdose.
- Staff reviewed client risks within regular team meetings and their daily morning briefing session.
- The service had a violence at work policy to help staff manage the potential for aggression in the service.
- Staff followed the service's lone working policy when working alone in the community. This included recording where they were going, who they were meeting, journey timings in their electronic calendars which all team members had access to. This meant their whereabouts could be seen at any time by colleagues. All staff had work mobile phones to use when out in the community to call when they had safely completed their visits.

Safeguarding

- Staff we spoke with understood the provider's safeguarding policy and procedures on how to raise a safeguarding referral.
- At the time of our inspection visit, less than half of staff had completed up-to-date safeguarding training in relation to adults and children. However, the provider subsequently informed us that all remaining staff completed their safeguarding training in relation to both adults and children in the two days following our inspection visit.
- Safeguarding was a topic discussed during team meetings and the service had strong working relationships with their local authority safeguarding team.
- No-one under the age of 18 was seen at the location.

Staff access to essential information

- Staff stored information relevant to clients and the running of the service on the provider's electronic recording system. Staff uploaded all paperwork to ensure information was easily accessible.
- Electronic information was available to all relevant staff to deliver client care.

Track record on safety

- During the 12-month period prior to the date of our visit, SMART Wokingham reported a total of one serious incident, which related to the dispensing practices of a local pharmacy. The provider had investigated the incident appropriately and was working to improve the understanding of local pharmacies in respect of correct dispensing practices.

Reporting incidents and learning from when things go wrong

Requires improvement

Substance misuse services

- All staff were responsible for reporting incidents as they became aware of them on their electronic database. The management team investigated incidents and provided feedback to staff in team meetings and daily planning meetings. However, the evidence that the single serious incident reported during the 12-month period to 09 January 2019 had been discussed was limited solely to a brief note in the minutes of one daily meeting.
- Staff were open and honest with clients when things went wrong and discussed how they would improve the service.

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

Good

Assessment of needs and planning of care

- All clients received a comprehensive assessment when they first accessed the service which assessed their physical, mental health and social support needs. Staff referred clients to partner agencies as appropriate.
- Staff ran relapse management groups and motivation groups to encourage clients to increase their motivation to reach their goals.
- Staff monitored and responded to clients' changing needs using information captured in their key working sessions.
- The allocated keyworker for each client contacted the client's GP to obtain their medical history at the time of the initial assessment. However, none of the eight care records we reviewed contained a copy of the medical history obtained from the GP.
- We reviewed the recovery plans for eight clients. The recovery plans were written with the joint input of the clients and their support worker. The recovery plans were holistic, addressing all the identified needs of the clients. However, they were not based upon the strengths of the client, to enable the client to build upon their personal strengths towards recovery.
- All client records were stored securely and electronically so that staff could access them when needed.

Best practice in treatment and care

- The materials the service used in group and one -to-one materials were based on psychological therapies as recommended by the National Institute for Health and Care Excellence (NICE) including cognitive behavioural therapy (CBT) and motivational interviewing.
- Clients had initial and ongoing physical health assessments with the doctor contracted to the service, however only four of the eight records we reviewed contained any evidence of ongoing physical health assessments.
- All community substance misuse services commissioned by local authorities are required to use the treatment outcomes profile (TOPS) tool. Staff used the TOPS tool to measure change and progress in key areas of clients' lives such as substance use, mood, crime, social life and physical health. Staff also measured clients' recovery progress using recovery star plan, which allowed the key-worker and client to reflect on progress made in their recovery and set further treatment goals.
- Managers conducted clinical audits in the service and staff carried out self and peer reviews of risk assessments and recovery plans.

Skilled staff to deliver care

- Staff worked closely with a local GP surgery to contract the services of the doctors who held prescribing clinics at the location. The provider had working arrangements in place with over 30 pharmacies in their local area. The staff team included a range of experienced and qualified substance misuse professionals including support workers and a nurse.
- All staff received a supervision session, on average every four to eight weeks. Staff attended team meetings, that occurred an average of twice per month.
- The provider offered a range of relevant specialist training to staff, to enable them to carry out their roles. However, completion rates for non-mandatory courses was low.
- Managers addressed staff performance issues in supervision and followed their internal capability procedure with the support of the human resources team where necessary.

Multi-disciplinary and inter-agency team work

Requires improvement

Substance misuse services

- Staff met for a team meeting on average twice per month. The minutes of each meeting were recorded and distributed to staff. The minutes demonstrated evidence of a wide range of topics being discussed, including learning from recent incidents.
- Staff also met for a reflective practice session once per month. However, the manager, deputy manager and area manager did not attend the session. Their stated reason for not attending was that they wanted to give the remainder of the team a 'safe' forum in which they could discuss recent events. The reflective practice session was not facilitated by an individual with suitable training. No minutes were recorded, which meant there was no opportunity for anyone not present to benefit from any group learning that took place.
- Staff held a daily team meeting at the service where staff discussed plans for that day. Staff discussed incidents from the previous day and current client risks. Brief minutes for each day's meeting were recorded and made available to staff.
- Staff we spoke with demonstrated that they had effective working links with local external services such as community mental health teams, housing providers, children and family services, social work and criminal justice agencies. Staff consulted with, and referred clients to, these teams as appropriate.

Good practice in applying the Mental Capacity Act

- Mental Capacity Act (MCA) was part of the service's mandatory training programme. At the time of our inspection, 100% of staff had completed up-to-date MCA training. There was an MCA policy which staff could refer to for further guidance. However, staff we spoke with had variable degrees of knowledge of the MCA and its fundamental principles.
- Staff obtained advice regarding the MCA issues from managers within the service.

Are substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- Staff spoke with and about clients in a sensitive, caring and professional manner. We saw staff interacting positively with clients, appearing to be responsive and respectful. Staff demonstrated a genuine interest in client wellbeing and understood the needs of each client.
- Clients told us that staff treated them with compassion and respect and that they demonstrated commitment to helping them.
- During the group session we observed, the facilitator successfully secured a good level of engagement from clients.
- Individual and group sessions took place within a private room. However, clients told us they were unhappy with the quality of soundproofing within the building. They said it could be distracting when they were trying to focus on their session, when there was noise within the reception area. In response to the concerns raised by clients, staff tried to minimise the number of people in the vicinity of meditation sessions, which were adversely affected by noise outside the room.
- Staff supported clients to access a wide range of other services, where appropriate.

Involvement in care

- Staff involved clients when developing their risk assessment and recovery plan. Recovery plans were personalised to each individual client and included their own views on their needs and treatment.
- Clients could give feedback on the service during group and individual sessions. However, the service did not offer a community meeting, where clients could discuss areas for service improvement and development in a forum that was independent from the existing structure of individual and group therapy sessions. Feedback slips were available in reception and staff displayed details on how clients and carers could submit compliments and complaints. There was also a "You said, we did" board in reception, which highlighted developments initiated because of client feedback.
- Staff offered support to family members and carers on an individual and group basis. could access support and give feedback during. They sought feedback from family members and carers via an annual survey.

Are substance misuse services responsive to people's needs?

Requires improvement

Substance misuse services

(for example, to feedback?)

Good

Access and discharge

- Staff completed a triage assessment with every client, covering areas such as substance misuse; physical and mental health; housing; employment; family situation and safeguarding; and social support networks.
- The service accepted referrals from a range of local partner agencies. They worked with those agencies to collectively ensure that the needs of each client were addressed.
- Staff adapted appointment times to meet the needs of clients.
- The service was open two evenings per week and had early morning clinic slots available, to give working clients additional opportunity to attend appointments and therapy sessions.
- The service offered three drop in sessions each week, at which staff could offer informal support and advice to new or existing clients.
- The service had a procedure if a client did not attend which included follow up phone calls and an offer of further appointments.

The facilities promote recovery, comfort, dignity and confidentiality

- A range of rooms and equipment were available to support the delivery of care and treatment in groups and individual sessions to clients. However, clients told us they were unhappy with the quality of soundproofing within the building. They said it could be distracting when they were trying to focus on their session, when there was noise within the reception area. Clients told us that staff were aware of the issue.
- The service had one waiting area adjacent to the front entrance. The room had comfortable seating and access to an open kitchen, so that clients could make hot and cold drinks and snacks such as breakfast cereals, toast and fruit.
- Art created by clients was displayed within the building.
- Information leaflets on local health and advice services, clients' rights and responsibilities, complaints procedures, treatment options, medications and general wellbeing were displayed within the premises.
- Staff offered a range of recovery groups, on topics such as motivation, mindfulness, relapse prevention and anxiety.
- The drop-in room contained a media library, from which clients could borrow books, CDs and DVDs.

Meeting the needs of all people who use the service

- Staff provided a joint monthly drop in session for clients, with a local homelessness charity, a social housing provider and a community mental health team. The venue for the session rotated between the partner agencies. The aim was to provide clients with a one-stop shop advice forum.
- Staff employed a removable aluminium ramp, to assist clients with restricted mobility to negotiate the entrance into the building. Client toilets, the main group room and the needle exchange room and the drop-in room were all level access, on the ground floor of the building.
- The service could provide translation services and leaflets in different languages, as needed. Staff told us they rarely needed to do so, given the make-up of the local community.

Listening to and learning from concerns and complaints

- Clients told us they knew how to make a complaint, or if they didn't, they felt comfortable enough to seek advice from staff. Complaints processes were outlined on posters displayed within client areas of the service.
- Staff we spoke with knew how to respond to complaints appropriately. Managers provided staff with feedback on the outcomes of complaint investigations in team meetings.
- During the 12-month period to 09 January 2019, SMART Wokingham received three complaints, of which two were upheld.

Are substance misuse services well-led?

Requires improvement

Leadership

Requires improvement

Substance misuse services

- The service has not had a registered manager since August 2018. At the time of our inspection visit, the provider was finalising arrangements for which individual it would nominate for the CQC registration process. CQC requested that the provider confirm it's plans for registering a new manager without further delay. The provider subsequently confirmed that the area manager had commenced the registration process.
- The manager and deputy manager were knowledgeable and experienced in the type of work provided by the service. The area manager was supporting them to develop their leadership skills, to enhance the performance of the service.
- The manager and deputy manager were highly involved in the daily operation of the service.
- Staff told us that ineffective management of the service had led to poor staff retention levels. Staff turnover during the 12-months to 09 January 2019 was over 100%. Staff stated that this high turnover led to the service being short-staffed and clients receiving poor continuity of care.

Vision and strategy

- Staff and managers knew and understood the provider's visions and values and how they applied to the work of their team.
- All staff we spoke with contributed their ideas towards the development of the service.

Culture

- Staff we spoke with expressed enthusiasm and pride in their work. Some staff expressed a feeling of anxiety due to inadequate staffing levels and the excessive pressures that that placed upon them.
- Most staff we spoke with said they felt safe to raise concerns. However, some staff expressed anxiety about doing so, for fear of negative consequences.
- Managers dealt with poor performance when needed.
- Staff reported that they had strong working relationships within their team and with staff from partner organisations.
- During the 12-month period to 09 January 2019, staff sickness for the service was 1.5%.

Governance

- The area manager was supporting the manager to develop governance systems for the service. They were not yet fully embedded when we carried out our inspection.
- The manager and deputy manager completed a programme of clinical audits throughout the course of each year. Front-line staff participated in self and peer audits of their work. Audit results were discussed in team meetings.
- Staff we spoke with had a clear understanding of how their service worked with other agencies, to meet the needs of clients.

Management of risk, issues and performance

- Staff had the ability to submit items to the provider's risk register. The service had a contingency plan which outlined how the service would run in the community to meet clients' needs if the building was not operational, for instance in the event of a fire.

Information management

- Staff had access to the equipment and information technology needed to do their work.
- Information governance systems safeguarded the confidentiality of patient records.
- Managers had access to information to support them in their management role.
- Information was stored in an accessible format.
- Staff made notifications to external bodies, such as safeguarding teams, commissioners as needed.

Engagement

- Clients and carers were unable to give feedback or influence the strategic direction of the service via service user involvement meetings or forum, although informal feedback was gathered and there was a suggestion box.
- Managers and staff discussed feedback from clients and carers during meetings.
- Managers engaged with external stakeholders, such as commissioners and the local authority.

Learning, continuous improvement and innovation

- Managers actively engaged with local universities to arrange to several placements for social work and psychology students within the service each year.

Outstanding practice and areas for improvement

Outstanding practice

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that the water supply to its premises is safe for use.
- The provider must ensure that the service operates with clear leadership and a robust governance framework.
- The provider must ensure that staffing levels are adequate so that all individual and group sessions take place as scheduled

Action the provider SHOULD take to improve

- The provider should submit a registered manager application to CQC as soon as possible. Further delays in doing so, may result in the provider being issued with a fixed penalty notice.
- The provider should ensure that all client risk assessments contain a risk management plan in relation to potential risks associated with an unexpected exit from treatment.
- The provider should ensure that a GP medical history is obtained and stored within client records.
- The provider should ensure that client care records contain results of initial and ongoing physical health checks.
- The provider should ensure client recovery plans are based upon the strengths of each client.
- The provider should ensure that rooms are adequately soundproofed to uphold the dignity and confidentiality of clients and visitors.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment At the time of our inspection, the provider had not conducted any water tests for the Legionella bacteria since it took over the running of the service in 2014. This was a breach of regulation 12(1)(2)(a)(b)(h)

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The governance system had failed to highlight gaps in client care records, such as missing GP medical histories and initial medical assessments. The management team did not attend reflective practice sessions and discussions within the sessions were not recorded. As a result, there was a significantly reduced opportunity for shared learning across the whole team. The governance system did not highlight missing health and safety checks, such as water testing for the Legionella bacteria. At the time of our inspection visit, the provider was still to finalise arrangements for which individual it would nominate for the CQC registration process. This was a breach of regulation 17(1)(2)(a)(b)(c)(e)(f)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff turnover during the 12-month period to 09 January 2019 was over 100%. This high turnover led to the service being short-staffed and clients receiving poor continuity of care. Individual and group sessions had been cancelled due to staffing shortages.

This was a breach of regulation 18(1)

This section is primarily information for the provider

Enforcement actions

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.