

# South Tyneside Harm Reduction Service

## Quality Report

96-98 Fowler Street  
South Shields  
NE33 1PD  
Tel: 0191 4146446  
Website: [www.neca.co.uk](http://www.neca.co.uk)

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

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

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

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

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

### Overall summary

We found the following areas of good practice:

- There were enough staff to meet the needs of people using the service. Staff had access to a range of mandatory and other specialist training. This included training in the delivery of brief health interventions.
- The service had developed effective links with other healthcare professionals to support the wider health needs of clients.
- Staff were caring and respectful towards clients.
- A mobile needle exchange was available for clients who could not access the service.

However, we also found areas that the provider could improve:

- The rear door access to the premises was not covered by a camera which made it difficult for staff to establish who was being given access to the building.
- Client records were not stored securely. This was resolved during the inspection, with a keypad being installed on the door to the records room.
- Completion of non-mandatory training was not being monitored effectively.

# Summary of findings

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**Services we looked at**

Substance misuse services

# Summary of this inspection

## Background to South Tyneside Harm Reduction Service

South Tyneside Harm reduction service is provided by NECA (previously known as the North East Council on Alcoholism). NECA is a charity based in the North East of England, providing services to people affected by addiction.

South Tyneside Harm Reduction Service is commissioned by South Tyneside Borough Council. The service supports people with addictions to minimise the risks associated with using harmful substances. The service carries out blood borne virus screening and assists people to deal with physical health needs related to their substance use. People who use the service can access a range of injecting and other harm reduction equipment. This is an

open access service which operates six days a week. Nursing care including wound care and hepatitis A&B vaccinations are provided, as well as general health checks.

The CQC registered the South Tyneside Harm Reduction Service on 7 March 2011 for the treatment of disease, disorder or injury and for diagnostic and screening procedures.

The service has a CQC registered manager.

CQC had previously inspected the service in September 2012 and August 2013. There were no compliance actions following these inspections.

## Our inspection team

Our inspection team was led by CQC Inspector Sharon Baines. The team that inspected South Tyneside Harm

Reduction Service included two CQC inspectors, a substance misuse nurse specialist and an expert by experience (someone with experience of similar services – for example, as a service user or carer).

## Why we carried out this inspection

We inspected this service as part of our on-going comprehensive substance misuse inspection programme.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- 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 service.

During the inspection visit, the inspection team:

- visited the premises and observed how staff were caring for clients
- spoke with two clients
- reviewed feedback on comments cards from two clients
- spoke with the registered manager
- spoke with six other staff members, including a nurse, project workers, administration worker
- observed two needle exchange transactions
- observed a new client registration and assessment
- looked at nine client records
- looked at minutes from team meetings

# Summary of this inspection

- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with two people who used the service. Eight people didn't want to give any feedback on the service. Two people did complete comment cards to give their feedback.

There were no negative comments about the service. The people who spoke to us or provided feedback were very positive.

One person told us it would be better if the service opened on Sundays, as they didn't know of anywhere else they could go to access needle exchange.

People said the staff at the service were always helpful.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We found the following areas of good practice:

- The premises were clean and well maintained.
- There was sufficient staffing to ensure that clients were seen promptly.
- There were effective systems in place for reporting and learning from incidents

However, we also found areas the provider could improve:

- Security at the rear entrance was compromised as staff could not see who they were allowing to enter the building using the rear entrance.
- Client records were not stored securely. This was resolved during the inspection, with a keypad being installed on the door to the records room.
- Compliance with mandatory and other training was not being effectively monitored.

### Are services effective?

We found the following areas of good practice:

- Staff completed appropriate assessments of clients' needs in relation to injecting drug use and associated health needs.
- Staff were knowledgeable and skilled to deliver safe care
- The service was operating in line with relevant national guidelines
- Appropriate client records were being maintained
- The service had developed effective links with other healthcare professionals.

### Are services caring?

We found the following areas of good practice:

- Staff were respectful and non-judgemental towards clients
- Staff took every opportunity to support clients to reduce harm associated with injecting drug use.
- Clients had a opportunities to feedback about the service

### Are services responsive?

We found the following areas of good practice:

- Clients were seen by staff without appointments.
- The service operated six days per week including most bank holidays.

# Summary of this inspection

- A mobile needle exchange was available for clients who could not attend the service in person.
- There was access to translating facilities and easy read information.

## Are services well-led?

We found the following areas of good practice:

- The service benefitted from a clear organisational governance structure.
- Staff felt supported by their colleagues and managers, including senior managers.
- There was an organisational risk register which was monitored at a senior level.
- The service had participated in, and led on, a number of initiatives to improve services to clients.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received training in the Mental Capacity Act. Two members of staff had received training in Deprivation of Liberty Safeguards.

The service had a policy on Mental Capacity Act and staff understood this policy.

Staff assumed that clients had mental capacity, unless there were clear indications that this was not the case.

Where capacity was unclear, staff would carry out a formal capacity assessment. No formal capacity assessments had been undertaken on clients. The only example of clients lacking capacity that staff had experience was occasionally when clients presented to the service under the influence of drugs or alcohol.



# Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

## Are substance misuse services safe?

### Safe and clean environment

The service was clean and well maintained. The premises had an up to date health and safety assessment, fire risk assessment and legionella risk assessment. There were two identified fire wardens.

There was one clinic room which was well equipped. Hand washing facilities were in all of the rooms where blood borne virus testing was carried out. There was a first aid kit which was well equipped and in date.

The service had a contract with a clinical waste company for the weekly collection and disposal of clinical waste.

The entrance and reception were located on the ground floor. Offices for staff were located on the first floor. Access to the premises at the front of the building was via an intercom system. There was an additional entrance at the rear of the property. There was no camera covering the rear entrance. This meant that staff allowing access into the building without having any means to checking the identify of people.

Client records were kept in filing cabinets within a room on the ground floor of the building. This room was not locked and clients, accompanied by staff, had access to the corridor outside of the room. We raised this as a concern with the registered manager in relation to confidentiality of client records. The registered manager immediately increased the security of client records by arranging for a key-pad to be installed on the door of the records office. This was complete before the end of the inspection.

### Safe staffing

There were sufficient staff on duty to provide a safe service for clients. Permanent staff consisted of:

- A regional manager, who was the CQC registered manager
- A recovery and reintegration manager
- An administrator
- A nurse
- Five project workers, one of which was an outreach worker

There were always a minimum of three staff on duty, including two project workers. Staffing levels were based on the operational hours of the service. Opening hours of the service had been decided following consultation with clients who accessed the service.

To cover staff absences including annual leave and sickness, the service used NECA's in-house recruitment agency. Staff within the service would also work additional hours to cover shifts. From August to October 2016, the service had 563 vacant hours. Agency staff covered 376 hours, with the remaining hours covered by permanent staff overtime.

The provider completed pre-employment checks for all staff including references and Disclosure and Barring Service checks.

Staff were required to undertake a range of mandatory training which consisted of:

- Equality and diversity
- Customer care
- Harm reduction
- Lone working
- Dignity at work
- Mental Capacity Act
- Safeguarding
- First aid
- Infection control
- Information handling
- Professional boundaries

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Managers were also required to complete appraisal skills and recruitment and interviewing skills training.

Infection control, lone working and professional boundaries training had been completed by 89% of all staff. Equality and diversity training had a compliance rate of 78%, customer care was 67%, dignity at work was 56% and information handling was 11%. All other training had 100% compliance.

## **Assessing and managing risk to patients and staff**

All new clients into the service completed an assessment at the initial appointment. This assessment included physical and mental health, medication and general health needs, wound care for injecting sites. Staff discussed with clients how drugs, medication and injecting equipment are stored at home. Clients were provided with sharps boxes and medication storage boxes as required. All clients completed a registration form. As needle exchange services are designed to be confidential, clients were only required to provide initials and date of birth, although many clients were happy to give their full name. For clients who were undergoing blood borne virus screening, full names were required.

Staff completed a body map for all injecting drug users, detailing injecting sites. This information was used by staff to provide safer injecting information and wound care information.

The service also provided a mobile needle exchange service for clients who may have mobility issues or who could not attend the service in person. This was arranged in advance via a telephone call. Staff would book in mobile needle exchange at a time when there were suitable numbers of staff available in the service. Two members of staff always travelled on mobile needle exchange appointments.

Although there were very few situations where staff would work alone, there was a lone worker policy, which staff understood. All staff kept a central diary updated with any scheduled appointments. There was a signing in/out board in reception which showed where staff were at all times. In line with the lone worker policy, all staff were aware of the 'safe word' which could be used if staff found themselves in situations where they required additional support.

All staff had completed safeguarding training. Staff knew what constituted a safeguarding alert and the process they

would follow if required. All staff had been trained in local safeguarding protocols. There had been no safeguarding alerts notified to the CQC in the last 12 months, and no safeguarding alerts to the local authority safeguarding team in the last six months.

## **Track record on safety**

There had been no serious incidents in the twelve month period leading up to our inspection.

## **Reporting incidents and learning from when things go wrong**

Staff knew how to report incidents and what was considered an incident. There was a clear process for reporting and escalating incidents. Each incident was given a log number, obtained from the NECA Quality Assurance Manager. The regional manager was responsible for reviewing each incident and identifying any action points. A copy of the review report was shared with the deputy chief executive, medical director and quality assurance manager. A 'lessons learned' meeting was held within the service following completion of the incident investigation report.

We saw that team meetings had an item on the agenda to discuss any incidents.

## **Duty of Candour**

The incident policy included information on duty of candour. Staff were aware of their responsibilities under duty of candour. There had been no incidents that had triggered the duty of candour policy.

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

## **Assessment of needs and planning of care**

Staff assessed the needs of clients specifically in relation to their injecting drug use and associated health needs. All clients were asked about a range of information including employment status, housing status, substances used, blood borne virus status, injecting behaviour (including if clients were sharing needles). There was an additional assessment for clients who were accessing blood borne virus (BBV) testing at the service. This included more detailed information on testing history, the reason for

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requiring testing. Clients undergoing BBV testing were also required to complete and sign an 'agreement to investigation or treatment' form and a consent to testing and treatment form.

Assessments were regularly reviewed, as the service acknowledged that a client's drug use and injecting behaviour could change over time.

Each time a client accessed needle exchange, a transaction form was completed. This detailed basic client information, the type of equipment provided and returned and information on all harm reduction advice provided.

Due to the type of service, clients did not have a care plan. All contact with clients was recorded in the client file. Notes included observation on clients' physical presentation; equipment issued and harm reduction advice offered.

## Best practice in treatment and care

The National Institute for Health and Care Excellence (NICE) has guidance on delivering needle and syringe programmes (PH52). The service was working in accordance with this guidance.

Staff worked closely with a range of other local agencies to ensure that the wider health and social needs of clients was met. We saw a wide range of information displayed in the reception area on other services. A worker from a partner organisation, Changing Lives, had a base at the service. This worker provided support, guidance and advice to sex workers in the South Tyneside area as well as providing support to people experiencing domestic violence.

All staff in the service were trained to complete assessments for the structured drug treatment service in South Tyneside. Staff within the harm reduction service could undertake assessments for those clients who were motivated to commence treatment for their addiction. This meant assessments could be completed quickly, with no need to make an appointment with the treatment team.

The nurse in the service received clinical supervision from NECA's medical director. The clinical environment and equipment were audited by the medical director.

## Skilled staff to deliver care

Staff had the necessary skills and competencies to provide effective care and treatment. In addition to the range of mandatory training, staff had access to a wide range of

additional training. This included drug and alcohol awareness, blood borne virus, dealing with aggressive and abusive behaviour, facilitating groups, deprivation of liberty safeguards, domestic violence, dealing with debt, assessment and care planning, chlamydia and gonorrhoea awareness, CPR, introduction to motivational interviewing and change, recognising mental illness, recovery focused approach.

The registered manager told us that there was no process in place for monitoring compliance with non-mandatory training within specific timescales in this service. During the inspection, this was raised with the HR department within NECA and monitoring was to be implemented.

All of the project workers had received dry blood spot training to enable them to undertake diagnostic testing for blood borne virus. Project workers had received training to provide pre and post-test advice and give test results to clients. Staff had also completed an e-learning module on hepatitis from the Royal College of Physicians.

Staff had monthly supervision in line with the organisation supervision policy. Appraisals were completed annually.

The nurse received clinical supervision from NECA's medical director. The HR department monitored revalidation dates of clinical staff.

## Multi-disciplinary and inter-agency team work

The service had developed effective links with other healthcare professionals and had attended training by the public health team in Stockton. This enabled staff within the service to complete opportunistic health checks on clients. A specialist TB nurse had attended a team meeting and provided information on TB. A dental nurse was scheduled to attend a team meeting to discuss dental hygiene.

There were good links into the local substance misuse treatment system. All staff in the service were trained in the local 'single assessment process'. This meant that staff could complete the initial assessment for entry into structured treatment. This resulted in a faster process for clients as they did not have to wait for an appointment with the drug treatment team for an assessment.

The service provided a good range of information for clients on other services available in the area. This included mutual aid groups.

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## Good practice in applying the Mental Capacity Act

The service had a Mental Capacity Act (MCA) policy. All staff had received training in the MCA. Two members of staff had completed training on the Deprivation of Liberty Safeguards (DoLS). There had been no DoLS applications made in the last twelve months.

The main issue relating to capacity for the service was clients presenting in an intoxicated state. In these cases, clients may be asked to return to the service when they are no longer under the influence of drugs or alcohol.

## Are substance misuse services caring?

### Kindness, dignity, respect and support

Staff showed a caring attitude to people using the service. We observed interactions between staff and clients and found this was respectful. Staff were non-judgemental and compassionate.

At every opportunity, staff discussed ways to manage risks around injecting drug use. Staff gave an appropriate range of harm reduction information.

### The involvement of people in the care they receive

Due to the type of service, clients did not have structured care plans. The service provided access to needle exchange equipment, harm minimisation advice and blood borne virus testing. Clients were able to provide feedback on the service through comments cards in the reception area. The service also undertook quarterly questionnaires for clients to complete. We saw the results of these client surveys for 2015 and the most recent survey in February 2016.

In reception there was a 'you said, we did' board, which provided information on how the service had used client feedback to make changes.

The service had a commitment to listening to the views of people who used the service. Quarterly surveys were carried out to monitor client satisfaction with the service. We saw evidence of client suggestions being used to make improvements to the service. For example, topic specific information packs had been made up in plain packaging to issue to clients. This meant clients had quick access to information relevant to their needs.

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

### Access and discharge

The service had 970 registered clients at the time of the inspection. On average, 88 clients per week accessed the service. Clients accessed the service at their own convenience. There were no appointments required for needle exchange. Clients were encouraged to make appointments for BBV testing, although this was not always necessary. If the nurse was available, BBV testing could be carried out immediately.

Clients continued to attend the service for as long as they required needle exchange and harm minimisation advice.

### The facilities promote recovery, comfort, dignity and confidentiality

The reception area was light, airy and welcoming. Clients were seen in private rooms to maintain confidentiality if required. There was a lot of harm reduction information in the reception area as well as information on other local services.

### Meeting the needs of all people who use the service

The service opening hours were 9am-5pm on Monday, Wednesday and Friday, 9am to 6pm on Tuesday and Thursday and 10am to 5.30pm on Saturday. The service opened on bank holidays, with the exception of Christmas Day and New Year's Day) from 11am to 2.30pm. There were local pharmacies in the area who provided needle exchange daily, including Sundays. Clients were given information on all the pharmacy services in the area.

All of the rooms for clients were located on the ground floor. The main entrance to the premises was via a door on a busy high street. There was also a door to the rear of the building for clients. This provided a more discrete access into the premises. The service had a portable ramp to enable any disabled clients to access the premises from the front door.

We saw information leaflets printed on yellow paper which made it easier for people with dyslexia to read. The service used 'Google translate' to print off leaflets and other information in other languages.

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For clients who had difficulty in accessing the service, a mobile needle exchange was available, by appointment. Clients could telephone the service to request a delivery of injecting equipment. Staff facilitated this at a time when there were enough staff on duty to enable two members of staff to travel to deliver the equipment to the client.

## Listening to and learning from concerns and complaints

There was information on how to make a complaint in the reception area and the clients we spoke to told us they knew how to complain. The service had not received any complaints in the 12 months prior to our inspection, and had received seven compliments.

Although the service had received no complaints, there was a clear process in place to respond to complaints. Staff could explain what they would do in the event of a complaint being received.

## Are substance misuse services well-led?

### Vision and values

The organisation had an aim of working in individuals to reduce the psychological or social harm which they experience as a result of alcohol, drug use or gambling. This was delivered within an ethos of respect, empowerment and partnership.

Staff were able to tell us about the organisation's aims and ethos in their own words. All staff we spoke to were passionate about working with clients to improve health and wellbeing.

### Good governance

The service benefitted from a clear organisational governance structure. This included:

- A clear meeting structure to monitor service level and organisational performance
- An effective system to report, investigate and share learning from incidents and complaints
- Clear organisational policies and protocols

The governance framework was supported by a number of sub-groups including health and safety committee, registered managers group and quality and clinical governance group.

Staff were required to sign and date a log of all organisational policies to indicate these had been read and understood.

There was an organisational risk register which was monitored. An 'executive group' consisting of NECA's chairman, treasurer/company secretary, chief executive and trustees met monthly. This group reviewed organisational policy, planning and resources and risk register.

The service monitored key performance indicators including number of registered clients, number of active clients, access and take up of BBV screening and testing.

### Leadership, morale and staff engagement

Staff were passionate about their roles and spoke highly of service and senior management. Staff knew who the members of the senior management team were. The deputy chief executive occasionally visited the service. The registered manager was in weekly contact with the deputy chief executive.

Staff knew how to raise concerns about the service and felt they could do this without fear of repercussions or victimisation.

There were lots of opportunities for staff to access training, over and above the mandatory training programmes.

### Commitment to quality improvement and innovation

The service had been involved in a local pilot, working with injecting steroid users using a holistic health approach. Unfortunately this had not been continued beyond the pilot due to funding issues.

A new outreach project work post had been created to work with local hostels, landlords and other voluntary and statutory services. The aim of this work was to increase understanding about the needs of injecting drug users in social housing.

Staff in the service had been trained to undertake health checks with clients. This had been part of a local initiative to ensure that every contact is a health contact. Staff were delivering brief interventions to promote good health and well-being.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

The provider should review the entry system for the rear door of the premises.

The provider should ensure that there is a process to monitor completion and compliance of mandatory and other training requirements.