

Addaction Recovery Centre - Roscoe Street Liverpool

Quality Report

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

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

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

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

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

Overall summary

Since July 2018, CQC has had the powers to rate substance misuse services provided by the independent sector. Planning for this inspection started before that date.

We found the following areas of good practice;

- Clients told us they were treated with respect and could raise concerns without fear of discrimination.
- Staff were aware of the vision and values of the service and were able to contribute to them.

- Managers were approachable and staff told us there was a visible manager presence even during the transition between service managers.
- Staff were given equipment to help them in their role.

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

- Treatment and recovery plans lacked information and were not person centred
- Risk assessments were not being completed fully.

Summary of findings

- Mandatory training compliance was low.

Summary of findings

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Summary of this inspection

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Addaction Recovery Centre – Roscoe Street Liverpool

Services we looked at

Substance misuse services

Summary of this inspection

Background to Addaction Recovery Centre - Roscoe Street Liverpool

Addaction Recovery Centre - Roscoe Street Liverpool is a community based service situated in the centre of Liverpool and is commissioned by the local authority. The service is registered to provide the following regulated activities:

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

The service is owned and provided by a company called Addaction. Addaction have three drug and alcohol services across Liverpool including Addaction Recovery Centre - Roscoe Street. Clients can self refer or be referred through their GP or through the criminal justice system. The service has a shared care agreement with local GP's. Shared care is when a client is referred to the service by their GP and the prescribing of medication is shared between the two. All communications are shared between the client, service and GP.

The service does not store or dispense controlled drugs.

The treatment being provided for clients includes assessment, recovery planning and individual support.

This was an announced inspection. The last inspection was 31 August 2016.

Findings from the last inspection were that the service should ensure that recovery plans were person centred with clear goals and information leaflets should be accessible for all clients that use the service.

The service did not have any compliance actions, requirement notices or any enforcements as a result of the previous inspection.

At the time of this inspection, a service manager had recently been recruited and had been at the service two days.

Our inspection team

The team that inspected the service comprised of one Care Quality Commission inspector and two specialist advisors who had experience of working within substance misuse services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

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

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

Summary of this inspection

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

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the physical environment, and observed staff interactions with clients
- spoke with two clients
- spoke with the service manager, contracts manager and associate director
- spoke with five other staff members, including a senior nurse prescriber, pharmacist and key workers
- attended and observed one client session
- reviewed four care and treatment records, including medicines records and facilities
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients told us that they felt supported, and felt comfortable approaching staff when needed. They said they were happy with the care and treatment they were receiving.

We observed positive interactions between staff and clients both over the phone and face to face.

We reviewed minutes from service user forums. They confirmed that clients were involved in the service developments.

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?

Since July 2018, CQC has had the powers to rate substance misuse services provided by the independent sector. Planning for this inspection started before that date.

We found the following areas of good practice;

- The service had enough staff to cater to client need. At the time of inspection there were no staff vacancies.
- Staff had access to naloxone (a medication used to counter the effects of opioid overdose). Staff had received training on how to use it and training was available to local agencies, families and carers.
- The service had wheelchair accessible rooms to see clients in and the rooms were clean and tidy.
- The clinic room and equipment was clean. Staff adhered to infection control principles, including hand washing and displayed guidance at hand wash areas.
- Staff followed clear policies and procedures on what action to take if a client left treatment unexpectedly or did not attend appointments.
- Case management supervision was being completed every six weeks and included highlighting any safeguarding issues or risks relating to the number of clients staff were supporting.

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

- The service should ensure that the needle exchange facility is locked when not in use by staff. During inspection, the room had been left open.
- Risk assessments were not being completed fully and we were not assured that the service procedures were being followed when managing risks.
- The building had areas of damp which affected a large group area that could not be used because of it.

Are services effective?

Since July 2018, CQC has had the powers to rate substance misuse services provided by the independent sector. Planning for this inspection started before that date.

We found the following areas of good practice;

Summary of this inspection

- Shared care arrangements with GP's worked well and the service linked in with local services including hospitals, prison service and lesbian, gay, bisexual and transgender communities.
- The service recruited volunteers and clients had the option to become recovery champions.
- Staff took part in local and national best practice forums to keep up to date with emerging trends and improve service delivery.

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

- Treatment and recovery plans lacked detail and some were not person centred.
- Staff did not fully understand the scope of the Mental Capacity Act. This had been recognised by managers and was on the service improvement plan.

Are services caring?

Since July 2018, CQC has had the powers to rate substance misuse services provided by the independent sector. Planning for this inspection started before that date.

We found the following areas of good practice:

- There were positive interactions between staff and clients.
- Clients told us that staff were courteous and they felt supported and were comfortable approaching staff when needed.
- There was a variety of information leaflets and support advice available for clients, friends and family.
- Clients were given the option to involve friends or family with treatment choices.
- The service encouraged feedback from clients. There was a suggestion box in the waiting room and clients could submit suggestions online.

Are services responsive?

Since July 2018, CQC has had the powers to rate substance misuse services provided by the independent sector. Planning for this inspection started before that date.

We found the following areas of good practice:

- Staff supported clients to maintain and build relationships with family, friends and engage with the wider community.
- Staff understood the potential issues faced by vulnerable groups.
- There were no waiting lists to access the service.

Summary of this inspection

- Treatment and recovery sessions were rarely cancelled.

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

- The service did not have clear discharge pathways documented in two of the client treatment and recovery plans we looked at.

Are services well-led?

Since July 2018, CQC has had the powers to rate substance misuse services provided by the independent sector. Planning for this inspection started before that date.

We found the following areas of good practice;

- Managers were approachable and staff told us there was a visible manager presence even during the transition between service managers.
- Staff were given equipment to help them in their role.
- Staff were aware of the vision and values of the service and were able to contribute to them.
- Staff morale was high, they told us they felt welcome and part of a team.
- The service had a framework in place to monitor and promote effective behaviour, quality leadership and performance development.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a safeguarding adults policy that included the Mental Capacity Act.

Managers recognised that not all staff had a clear understanding of the Mental Capacity Act and had placed this on the service improvement plan.

The service had not been involved in any deprivation of liberty safeguards.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

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The service does not store or dispense controlled drugs.

The treatment being provided for clients includes assessment, recovery planning and individual support.

This was an announced inspection. The last inspection was 31 August 2016.

Findings from the last inspection were that the service should ensure that recovery plans were person centred with clear goals and information leaflets should be accessible for all clients that use the service.

The service did not have any compliance actions, requirement notices or any enforcements as a result of the previous inspection.

At the time of this inspection, a service manager had recently been recruited and had been at the service two days.

Are substance misuse services safe?

Safe and clean environment

All clients had access to the ground floor of the building and the first floor was used only by staff. The service was clean and tidy but the maintenance of the building was poor with areas of damp in some rooms. There was a large room that was being used for storage as problems with damp meant that it was not suitable for group sessions. The building lacked space for group sessions and staff told us that they would like to have more interview rooms. The service made use of space at other buildings to provide groups sessions and other recovery related activities. A new building had been identified, with plans to relocate the service a few weeks after the inspection had taken place.

The service had a drug testing room which had a toilet next door and three accessible interview rooms that allowed for private one to one sessions. Each of the three interview rooms were fitted with urgent assistance alarms. Staff did not wear alarms and told us alarms were rarely used. If an alarm was raised, there was a monitor which displayed where the alarm was coming from.

The clinic room and equipment including weighing scales, stethoscopes and dressing trolleys were cleaned regularly. Contact points between client and equipment were cleaned after each use and records showed a deep clean was done weekly.

An external cleaning company was being used by the service to maintain cleaning standards. Cleaning records for the toilets and clinic room were up to date although

Substance misuse services

cleaning recording for other areas of the building were not found. Control of substances hazardous to health information was not stored at the service but it was supplied by the external agency when requested.

The service had recently completed an infection control audit and signage of good hand washing was displayed at all hand wash sinks.

The service had a needle exchange facility which was fully equipped and there was a robust policy in place. However, during inspection, we found that the door to the storage room had been left open. This was immediately highlighted to staff and the room was promptly locked. Staff told us that this was not a regular occurrence.

Fire risk assessments, including evacuation plans, had been completed and were up to date.

Safe staffing

The service had 32 substantive staff and had recently recruited a new service manager. At the time of inspection, there was one vacancy for an administrator. Between July 2017 and June 2018, there had been three staff leave the service and 2.48% of staff sickness. Staffing levels were based on caseloads. Managers told us that staff would be brought in from other services or managers would work with clients if there was a sudden increase.

We saw that agency staff were being used at the service to cover staff absence but they would only cover reception duties. During inspection, we saw one agency worker being supported by an Addaction staff member on reception.

There was a health and safety notice board for staff that included information about liability insurance, evacuation plans, the location of first aid equipment, health and safety law and rights and details of safeguarding leads.

Assessing and managing risk to clients and staff

Risk assessments were completed with clients prior to starting recovery treatment. We reviewed four risk assessments and found that all lacked detail. There was limited information on how risks would be managed. Managers recognised this and were starting to incorporate a risk assessment training package for staff.

Case management supervision was being completed every six weeks and included highlighting any safeguarding issues or risks relating to client case load. The service used a case management toolkit to maintain an overview of the

service, team and individual caseloads. The tool helped to identify service strengths and areas for development and as a result case note workshops were being rolled out to frontline staff to highlight the importance of case notes, recovery plans and risk assessments and how they linked together.

Between 30 June 2017 and 30 June 2018 there were no abuse notifications, including alleged abuse, and no safeguarding alerts or concerns reported. There had been one whistleblowing concern regarding staff treatment which had been thoroughly investigated and staff at all levels had come together to work on making improvements.

Track record on safety

The service reported 22 serious incidents to the care quality commission in the 12 months between June 2017 to June 2018. Two of these were of people that did not use the service, 12 were for clients under the shared care agreement and eight were receiving sole treatment from the service. The service followed procedures in reporting incidents and investigating them. Outcomes were shared with staff at team meetings.

There were no serious untoward medicine incidents associated with the service reported but staff confirmed they would know what to do if they occurred and would follow the service policy and procedures that are in place.

Reporting incidents and learning from when things go wrong

Staff confirmed they knew how to report and record incidents. Incidents were discussed with line managers and at team meetings. Managers encouraged staff to report all incidents or near misses so they could have a full overview. Staff used an electronic system to report and review incidents, complaints and feedback. Staff were trained to use the system and managers received alerts when an incident had been reported. The service had an incident group that met monthly and shared information with the care quality commission, the charity commission and other relevant professional bodies. The service linked up with the local university and other providers across Liverpool to review drug and alcohol deaths in the area.

Staff we spoke to said they felt involved and had learnt from internal reviews and investigations. This was

Substance misuse services

confirmed when reviewing action taken after a recent whistleblowing at the service. We saw that meetings had been held to bring the staff together and discuss possible changes to address the concerns raised.

Duty of candour

Minutes from staff meetings confirmed that the service made efforts to ensure that staff demonstrated an open and transparent culture. Staff we spoke to described an understanding of Duty of Candour.

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

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

The service used electronic systems for care and treatment records but staff also completed paper records. We reviewed four treatment and recovery records. Two were personalised and had clear recovery focused plans. The other two lacked detail and recovery plans were unclear and weren't personalised. This had been identified as an area for improvement that the provider should have considered following our previous inspection in August 2016.

Referrals were made either by the client, through a doctor or the prison service. Treatment was being provided solely by the service or through a shared care arrangement with GP's. Each client was allocated to a key worker who completed initial assessments and provided support to the client throughout their treatment.

Medicines were not stored on the premises. The service used a medicines management audit tool to monitor compliance of the services medicines management policies and procedures. Results of the audits were reported nationally, locally and at service level. Improvement action plans were being completed by managers and progress was reported to local clinical governance groups.

Clients were given prescriptions to collect their own medication from an agreed pharmacy. The pharmacies worked with the service to inform staff of any incidents such as non collection of medication.

Best practice in treatment and care

The service provided staff with access to naloxone. Naloxone is used to reverse the effects of opiate overdose. We saw a policy for emergency use and for home use of naloxone. Training on the use of naloxone was provided for staff and it was available for client's family, carers and stakeholders.

The service had good networking between local services including hospitals, prison service and GP's. When required, staff would take part in multi-disciplinary meetings (a group of professionals that come together to make a collective decision regarding clients. Clients, carers and family would usually be invited too).

Skilled staff to deliver care

The service had recently recruited key workers and a service manager. Staff were receiving comprehensive inductions and had monthly supervision and annual performance appraisals. Staff completed individual performance and development plans that included setting targets and identifying specific development needs. There was a clear policy for staff to understand why the plans were used. These plans gave staff a clear understanding of what they were expected to achieve, standards they were expected to maintain and how they were meeting the requirements.

The service told us they provided staff with mandatory training which included infection control, safeguarding adults, safeguarding children and young people, safeguarding information, equality and diversity, health and safety, alcohol awareness and care quality commission training. Training compliance rates received from the service were low and included safeguarding adults and children, infection control, equality and diversity, health and safety and motivational interviewing.

Multidisciplinary and inter-agency team work

The service had a shared care arrangement with GP's which included shared support and prescribing for clients. We saw that the service had good procedures in place for the shared care of clients. The service had links with the local mental health hospital and other external agencies and community services such as homeless support, social services and criminal justice services.

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Staff participated in local and national forums and networks including practitioner forums where they shared information and contributed to the assessment of emerging needs and developments in the local area.

There were regular multidisciplinary meetings that were attended by a clinician, key worker, client, service manager and other relevant external agencies, including social services or criminal justice services when required.

Good practice in applying the MCA (if people currently using the service have capacity, do staff know what to do if the situation changes?)

The service had a safeguarding adults policy that included the Mental Capacity Act.

A Mental Capacity Act training module was available for staff to help them understand their role in assessing capacity and the principles of the Act.

Managers recognised that not all staff had a clear understanding of the Mental Capacity Act and had placed this on the service improvement plan.

All clients were presumed as having capacity when receiving treatment.

Equality and human rights

The service had an equality and diversity policy and training for this was mandatory. However, compliance for this was low. The service did not allow any alcohol, drugs, weapons, children or animals, except for assistance dogs, on the premises.

The service had a non-discriminatory approach by having flexible open times, meeting with clients away from the service at a place that was more suitable for them, offering literature in a variety of languages and formats, providing access to interpreters including signers and engaging with the homeless at community settings.

Management of transition arrangements, referral and discharge

The service had good links with local GP's, community services including detox and sexual health services, police, the prison service and the courts. Managers told us they had good communication with other services when needed.

Are substance misuse services caring?

Kindness, dignity, respect and support

We observed positive interactions between staff and clients. Clients told us staff were courteous and were always there for them.

Clients were supported to build and maintain relationships with family, friends and wider community by attending local activities or becoming a recovery champion within the service.

The communal waiting room had a range of information leaflets available for clients. This included advice on where to get additional external support such as domestic abuse services, support for friends and family, advocacy, information on how to complain and helpline numbers.

Clients were given choices of treatment including being asked about the involvement of friends and family.

We looked at three previous team meeting minutes and handover documentation (known as flash meetings within the service), which showed that clients had been discussed with respect and dignity.

There were three rooms that were used for one to one sessions between staff and clients in private. Each room was clean and had further information and support advice displayed.

The involvement of clients in the care they receive

Clients told us they were always given the opportunity to provide feedback about the service and they would not feel uncomfortable about doing so. Clients could make suggestions online or through the suggestion box located in the communal waiting area.

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

Access and discharge

Clients were seen within an average of five working days from point of referral to assessment. Managers told us there were no barriers to treatment and the service did not have a waiting list. Data received from the service for the

Substance misuse services

dates between 30 June 2017 and 30 June 2018, showed that approximately 308 clients were seen each week from a caseload total of 860. Clients would see their key worker every four weeks.

The service was open Monday to Friday which included extended opening hours until nine on a Tuesday.

The service had clear guidelines that staff followed when clients did not attend appointments. Clients were sent three reminders in the week prior to appointments. Clients were contacted when they did not attend and partner agencies informed including the clients GP (when on shared care pathway).

The service had many links with community networks and guidelines for clients moving on including an employability model but discharge pathways were not clear in half of the treatment and recovery files we viewed. Managers recognised that work still needed to be done on this.

The facilities promote recovery, comfort, dignity and confidentiality

The service was situated close to public transport links.

Clients were able to have one to one sessions with their allocated key worker in private rooms. All information was kept confidential and the clients were asked for permission to share information with external agencies if needed.

Posters displayed support information and leaflets were available for clients.

Meeting the needs of all clients

Staff we spoke to demonstrated an understanding of potential issues facing vulnerable groups such as clients experiencing domestic abuse, young adults, elderly, and sex workers.

The service provided home visits for clients with mobility or physical health problems.

As a result of a recent pilot, the service had employed two staff to provide support because of the rise in chemsex activity in the local area. Chemsex refers to gay or bisexual men that use drugs to facilitate sex with other men. Staff worked closely with the lesbian, gay, bisexual and transgender community and sexual health services. Information received from the service informed us that feedback from the pilot had highlighted that people from

the community did not feel comfortable visiting local drug services so the service made changes with their approach and now worked remotely at different locations such as hospitals and sexual health clinics.

The service planned to provide lesbian, gay, bisexual and transgender awareness sessions to be delivered by service's chemsex support workers. An e-learning module to raise awareness of chemsex and the differing needs, had been created for staff.

Clients told us that communication was good with their key workers and sessions were rarely cancelled.

Listening to and learning from concerns and complaints

Information on how to complain was available in leaflets and posters displayed in the client waiting area along with a suggestions box.

Clients told us they would feel comfortable making a complaint if they needed to and they would know how to do it.

The service had a critical incident review group that analysed feedback to find trends. They would present a report to the clinical social governance group monthly. The minutes of the meeting were reviewed at board level and learning from complaints was being shared at team meetings.

There was a service user forum every six weeks. This gave clients, recovery champions and volunteers the opportunity to discuss potential improvements of the service. The forum encouraged feedback on individual experiences in the service.

Are substance misuse services well-led?

Vision and values

Staff were able to contribute to the service vision and values and received regular emails asking for their input on them. Staff confirmed they understood the service vision and values and team objectives were based on them.

Managers told us they would be embarking on a new strategy by having roadshows which would give staff the opportunity to meet the executive team as staff did not know who the leaders were above direct line managers.

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Good governance

Clinical leads were supported by a clinical governance framework and overseen by the service medical director. Information provided by the service informed us that all clinical governance and performance matters were reviewed by the clinical social governance committee, a sub-committee of the board of trustees.

The service used an overarching framework which was underpinned by the service's values and staff guiding principles. The framework incorporated the organisational business plan, strategic objectives and governance and was used to promote expected behaviours around personal development, ownership and responsibility. Managers were responsible for translating the framework to staff through induction, team meetings, supervision and through individual performance development plans.

The service demonstrated good interagency working.

Leadership, morale and staff engagement

The service had recently restructured to have one contract manager, one service manager and two operational managers across the Liverpool contract. Managers aimed to have sufficient support in place for staff at all levels, and allow for each manager to take a lead on specific areas of service delivery.

Staff that had recently started at the service told us they felt welcome and part of the team and had been provided with robust induction packs.

Staff told us they felt able to approach managers when needed and there was a visible manager presence even during the transition between service managers.

There had been a recent whistleblowing incident at the service which had been thoroughly investigated and staff told us that morale had improved as a result. Staff felt that issues were not being ignored. Meetings had been held to discuss ways forward for the service. Managers we spoke with had the right skills, knowledge and experience to perform their roles and had a good understanding of the service being provided.

Commitment to quality improvement and innovation

The service had identified areas for improvement and used a spreadsheet to record and monitor action plans for the service which included staffing, finance, premises, data, performance, clinical and governance, culture, service model delivery and closed actions.

Information received from the service confirmed that the service regularly seek feedback from stakeholders to evaluate the service being provided. The feedback would then be reviewed at local, regional and national level.

Staff said the service had supported them by providing dragon software (speech recognition software) to enable them to carry out their role.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

We found the following areas that the provider should take to improve:

- The provider should ensure that the needle exchange facility is locked when not in use.
- The provider should ensure that discharge plans are clear and present in all client treatment and recovery files and reflect client preferences.
- The provider should ensure that treatment and recovery plans are person centred.
- The provider should ensure risk assessments are completed fully and include risk management plans.