

Jacobs Clinic Ltd

# Jacobs Clinic

## Inspection report

Firsway Health Centre  
121 Firs Way  
Sale  
M33 4BR  
Tel: 01616478039

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

This is the first inspection for this service. We rated it as good because:

- The service provided safe care. Clinical premises where clients were seen were safe and clean. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented treatment plans informed by a comprehensive assessment. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the clients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Staff treated clients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of clients. They actively involved clients in care decisions.
- The service was easy to access. Staff assessed and treated clients who were referred promptly.
- The service was well led and the governance processes ensured that that procedures relating to the work of the service ran smoothly.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based mental health services for adults of working age	Good 	
Community-based substance misuse services	Good 	

# Summary of findings

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# Summary of this inspection

## Background to Jacobs Clinic

This service provides community based care. The service was initially registered to provide care and treatment to clients with substance use problems, including community detoxification arrangements and maintenance treatment. This was provided on a private basis.

The service had then registered additionally to provide an assessment and treatment service for adults who may have attention deficit disorders. This was predominantly provided through commissioning arrangements and included assessment, diagnosis and treatment initiation and review.

At the time of this inspection, the substance misuse service had seen less than ten patients and the attention deficit disorder service had seen 70 patients.

The service was registered with CQC in 2021 and had a registered manager.

This was the first inspection for this service.

## How we carried out this inspection

Before this inspection, we reviewed information that we held about the service.

During the inspection we:

- attended one scheduled review appointment
- gathered feedback from six clients of the service via electronic feedback and reviewed client feedback to the service
- spoke with two staff; the registered manager and practice manager
- reviewed eight care records
- reviewed eight prescription records and the prescription log
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Outstanding practice

We found the following outstanding practice:

- Staff went the extra mile to ensure clients received good care, for example, purchasing and supplying blood pressure monitors to ensure clients could monitor blood pressure at home, as this was necessary when titrating medication and ensured treatment was not stopped or delayed.

## Areas for improvement

**Action the service SHOULD take to improve:**

## Summary of this inspection

- The service should seek guidance and clarity from the Home Office re transportation/storage of controlled drugs injections
- The service should consider for completeness that records include when prescriptions were signed and sent
- The service should record that ID has been seen for video consultations

# Our findings






## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Community-based substance misuse services	Good	Good	Good	Good	Good	Good
<b>Overall</b>	Good	Good	Good	Good	Good	Good

# Community-based mental health services for adults of working age

Good 

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

## Are Community-based mental health services for adults of working age safe?

Good 

### Safe and clean environment

**All clinical premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.**

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified.

Consultations were carried out in specific rooms within several locations, including the service address. Some consultations were carried out remotely using video and phone calls.

All consultation rooms had the necessary equipment for clients to have thorough physical examinations.

All areas were clean, well maintained, well-furnished and fit for purpose.

Staff followed infection control guidelines, including handwashing.

Staff made sure equipment was well maintained, clean and in working order.

### Safe staffing

**The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm.**

### Medical staff

The service currently operated with one permanent member of medical staff, although recruitment had taken place for additional medical staff to work within the service on a sessional basis as the service grew. This would ensure adequate cover for leave.

Managers made sure all medical staff had a full induction, any specialist training needed and that they understood the service.



# Community-based mental health services for adults of working age

Good 

## Mandatory training

Staff had completed and kept up-to-date with their mandatory training.

The mandatory training programme was comprehensive and met the needs of clients and staff.

Mandatory training included basic life support training, infection control training and information governance training. Staff also completed safeguarding training and training in the use of the Mental Capacity Act and Mental Health Act.

Managers monitored mandatory training and alerted staff when they needed to update their training. The manager maintained a training register to ensure training was not overdue.

## Assessing and managing risk to clients and staff

**Staff assessed and managed risks to clients and themselves well. Staff followed good personal safety protocols.**

### Assessment of client risk

Staff completed risk assessments for each client at assessment and reviewed this regularly.

Staff used a recognised risk assessment tool.

### Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. Safety planning was included within each consultation.

Staff followed clear personal safety protocols, including for lone working.

## Safeguarding

**Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role. All staff received safeguarding adults and children level 3 training which was provided by the local authority.

Staff kept up-to-date with their safeguarding training.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The provider had a safeguarding policy which had been reviewed with the local authority and included contact details and referral information.

# Community-based mental health services for adults of working age

Good 

## Staff access to essential information

**Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**

Client notes were comprehensive and all staff could access them easily. The provider used an electronic system where all records were stored.

Records were stored securely.

## Medicines management

**The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.**

Staff followed systems and processes to prescribe and administer medicines safely. Medicines were prescribed by appropriately qualified staff. Consultations were conducted remotely, and prescriptions were posted directly to the clients preferred pharmacy. Prescriptions were sent by signed and recorded delivery so in the event of a prescription going missing staff could check who had signed for the prescription.

On remote consultations staff verified identification prior to commencing the consultation, however we found that this check was not recorded on the client's record.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. After initial prescription, review appointments were completed to check for dose adjustments and effects/side effects. Medication prescribing was transferred to the GP once a stable dose was determined.

Staff completed medicines records accurately and kept them up-to-date.

Scanned copies of prescriptions were stored in the electronic records. Records were made on a dedicated system which all appropriate staff could access.

Staff stored and managed all medicines and prescribing documents safely. Prescriptions were scanned to clients records for future reference. Prescription stationary was not kept on site at the clinic and were stored off site with the medical secretary. Use of prescription pads was tracked, and the service had a record of what had been used.

Staff followed national practice to check clients had the correct medicines when they were referred into services. The service checked with GP's for other medicines clients were prescribed.

Staff learned from safety alerts and incidents to improve practice. There had been several instances where prescriptions had been delivered to pharmacies but when clients had tried to collect their medicines they were not available. The service had identified that this was sometimes due to medicines being stored in controlled drug storage and informed clients at appointments that this may be the case, this had led to fewer instances of treatment being delayed.

Staff reviewed the effects of each client's medicines on their physical health according to National Institute for Health and Clinical Excellence guidance. The service had good monitoring arrangements in place for physical health monitoring as outlined in the NICE guidance NG87 Attention deficit hyperactivity disorder: diagnosis and management.

# Community-based mental health services for adults of working age

Good 

This included baseline and review weight, height, pulse and blood pressure. The service had developed several strategies to ensure blood pressure readings were available, including purchasing and delivering monitors to client's home addresses where other strategies had been unsuccessful. This meant that treatment could continue whereas without evidence of monitoring, prescriptions may have needed to be stopped.

The service had access to emergency drugs although these were not managed directly by the service.

## Track record on safety

**The service had a good track record on safety.**

The service had noted five incidents with prescriptions since commencing operation. The theme with four of these was around misplaced medicines at chemists and the service took action to prevent further issues. One incident related to a prescription which had not arrived, despite being sent recorded delivery and the service had cancelled this and informed the controlled drugs accountable officer local network.

## Reporting incidents and learning from when things go wrong

**The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.**

Staff knew what incidents to report and how to report them. We saw incidents reported and actions taken. Staff raised concerns and reported incidents and near misses in line with trust/provider policy. Staff reported serious incidents clearly and in line with service policy.

Staff understood the duty of candour. They were open and transparent, and gave clients and families a full explanation if and when things went wrong.

Managers investigated incidents thoroughly.

There was evidence that changes had been made as a result of feedback.

## Are Community-based mental health services for adults of working age effective?

Good 

## Assessment of needs and planning of care

**Staff assessed the mental health needs of all clients. They worked with clients and families and carers to develop individual care plans and updated them as needed. Treatment plans reflected the assessed needs, were personalised, holistic and recovery-oriented.**

We reviewed five treatment records for the attention deficit disorder service.

Staff completed a comprehensive mental health assessment of each client.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems.

# Community-based mental health services for adults of working age

Good 

Staff developed a comprehensive treatment plan for each client that met their mental and physical health needs.

Staff regularly reviewed and updated treatment plans when clients' needs changed.

Treatment plans were personalised, holistic and recovery-orientated.

## Best practice in treatment and care

**Staff provided a range of treatment and care for clients based on national guidance and best practice. They ensured that clients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes.**

Staff provided a range of care and treatment suitable for the clients in the service. Treatment plans were developed with clients and there were discussions about treatment choices, including if clients did not want to engage with pharmaceutical treatment.

Staff delivered care in line with best practice and national guidance. In the attention deficit disorder service delivered treatment as outlined in the National Institute for Health and Clinical Excellence guidance NG87 Attention deficit hyperactivity disorder: diagnosis and management and the service policy reflected this.

Staff made sure clients had support for their physical health needs, either from their GP or community services.

Staff used recognised rating scales to assess and record the severity of client conditions and care and treatment outcomes. In the attention deficit disorder service clients and significant others were sent self report questionnaires prior to assessment.

Staff took part in clinical audits. In September 2022 the service had audited a random sample of records to check baseline physical health monitoring against National Institute for Health and Clinical Excellence criteria which showed all monitoring had been completed. As the services developed there were plans for further regular audits of practice.

## Skilled staff to deliver care

The service had access to a full range of specialists to meet the needs of each client. The attention deficit disorder service was overseen by a medical consultant with extensive experience and skills who had been involved in the setting up and running of similar services. The service was commissioned by a local clinical commissioning group which included medicines management specialists.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care. The attention deficit disorder service had recruited further clinicians to work within the service. Their skills and qualifications were checked at appointment and any further training needed was arranged.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through regular, constructive appraisals of their work. Managers supported permanent medical staff to develop through yearly, constructive appraisals of their work. Managers supported medical staff through regular, constructive clinical supervision of their work. Clinical oversight and supervision was provided by a specialist doctor with extensive experience in adult ADHD services.

# Community-based mental health services for adults of working age

Good 

Managers made sure staff attended regular team meetings and gave information to those who could not attend. The fortnightly team meetings currently covered both clinical and managerial oversight of the service, with plans for these to be completed as separate meetings as the service expanded. These were well structured and attended.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

## **Multidisciplinary and interagency team work**

Staff held regular multidisciplinary meetings to discuss clients and improve their care.

Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care.

Staff had effective working relationships with external teams and organisations. There were regular commissioning reviews for the attention deficit disorder service. The service maintained good contact with clients GP's and other agencies as needed.

## **Adherence to the Mental Health Act and the Mental Health Act Code of Practice**

Whilst this was a community service, managers ensured that staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

## **Good practice in applying the Mental Capacity Act**

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access.

Staff knew where to get accurate advice on Mental Capacity Act.

Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so. In the attention deficit disorder service, there were clear arrangements in place to assess capacity to consent to treatment, including detailed discussions and the benefits and drawbacks to treatment. Clinicians were able to describe actions they would take if a client lacked capacity to consent.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision.

# Community-based mental health services for adults of working age

Good 

## Are Community-based mental health services for adults of working age caring?

Good 

### **Kindness, privacy, dignity, respect, compassion and support**

**Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.**

We received feedback electronically from clients prior to inspection. Six clients had sent feedback and all were positive about the care and treatment they had received. The service had also gathered feedback from clients and this had all been positive.

Staff were discreet, respectful, and responsive when caring for clients. Staff gave clients help, emotional support and advice when they needed it. Staff supported clients to understand and manage their own care treatment or condition. Staff directed clients to other services and supported them to access those services if they needed help. We saw instances in clinical records where clients were signposted to other services where needed.

Clients said staff treated them well and behaved kindly. Staff understood and respected the individual needs of each client.

Staff followed policy to keep client information confidential.

### **Involvement in care**

**Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to independent advocates.**

### **Involvement of clients**

Staff involved clients and developed treatment plans with them. We received feedback about the collaborative approach to planning treatment and we saw in records evidence of informed discussions about treatments, including where clients then chose not to proceed with treatment.

We observed a review with a client and noted this was unhurried, covered all areas needed and was supportive and client centred, the client said they were grateful for their treatment within the service.

Staff made sure clients understood their care and treatment (and found ways to communicate with clients who had communication difficulties). We saw where reasonable adjustments had been considered for clients, including the use of locations which were convenient for clients to attend and arrangements made for carers to attend where this was beneficial for clients.

Clients could give feedback on the service and their treatment and staff supported them to do this.

The service had gathered feedback from clients and maintained a log of this, including whether any actions were needed.

There had been feedback from 12 clients for the attention deficit disorder service, all positive feedback, including managing anxiety about the process, friendly and professional staff and excellent care.

# Community-based mental health services for adults of working age

Good 

## Involvement of families and carers

Staff helped families to give feedback on the service. Carers were welcome to attend appointments and be involved in their loved ones care.

## Are Community-based mental health services for adults of working age responsive?

Good 

## Access and waiting times

**The service was easy to access. Its referral criteria did not exclude clients who would have benefitted from care. Staff assessed and treated clients who required urgent care promptly and clients who did not require urgent care did not wait too long to start treatment. Staff followed up clients who missed appointments.**

The service had clear criteria to describe which clients they would offer services to.

There were no waiting lists at the time of this inspection and clients were offered appointment choices.

The service met target times for seeing clients from referral to assessment and assessment to treatment. Staff saw urgent referrals quickly and non-urgent referrals within the target time.

The attention deficit disorder service had targets set as part of the contract and the service was exceeding these. Clients had some flexibility and choice in the appointment times available. Appointments ran on time and staff informed clients when they did not.

## The facilities promote comfort, dignity and privacy

**The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.**

The service had a full range of rooms and equipment to support treatment and care.

The attention deficit disorder service offered face to face or remote secure video consultations and follow up phone reviews.

Interview rooms could be used at the service base, and arrangements could be made to see clients in other community locations if needed. Interview rooms in the service had sound proofing to protect privacy and confidentiality.

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

**The service met the needs of all clients – including those with a protected characteristic. Staff helped clients with communication, advocacy and cultural and spiritual support.**

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. Examples of this included seeing clients with their carers for support and use of alternative community locations to aid attendance.

# Community-based mental health services for adults of working age

Good 

Staff made sure clients could access information on treatment, local service, their rights and how to complain. The service had written information and leaflets. The service could provide information in a variety of accessible formats so the clients could understand more easily.

Managers made sure staff and clients could get hold of interpreters or signers when needed. This could be arranged if needed.

## Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

The service had not received any complaints since starting to see clients.

Clients, relatives and carers knew how to complain or raise concerns. Staff understood the policy on complaints and knew how to handle them. Staff knew how to acknowledge complaints.

The service used compliments to learn, celebrate success and improve the quality of care.

## Are Community-based mental health services for adults of working age well-led?

Good 

### Leadership

**Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.**

The registered manager was the lead clinician in the service. They had extensive clinical skills and experience.

### Vision and strategy

The service had a strategy and plans to develop the service.

### Culture

The service had a client centred culture. Recruitment had taken place to employ suitably skilled staff who would continue to develop this.

### Governance

The managers had developed systems to manage performance and risk. They had developed a risk register to ensure they managed risks as the service developed and grew.

This included business risks, risks to patient care and human resources risks and was regularly reviewed and updated.

### Management of risk, issues and performance

The service had access to the information they needed to provide safe and effective care and used that information to good effect. Clinicians used an electronic record system to record consultations, treatment plans, risk assessment and prescribing.



# Community-based mental health services for adults of working age

Good 

The service were aware of the risks of growing too quickly and had structured plans for expansion of the service over time.

## Information management

### **Staff collected analysed data about outcomes and performance.**

In the attention deficit disorder service, there were regular performance reviews with service commissioners. Performance within the substance misuse service was also monitored with targets for accepting referrals and initial appointments.






## Engagement

Managers had developed good links with local services, including primary care services and pharmacy providers. There were effective relationships with local commissioners who commissioned the attention deficit disorder service.

## Learning, continuous improvement and innovation

This was a new service which was continuing to develop and refine approaches since the service started.

# Community-based substance misuse services

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

## Are Community-based substance misuse services safe?

Good 

### Safe and clean environment

**All clinical premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.**

(applies only if clients are seen on provider premises.)

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified.

Consultations were carried out in specific rooms within several locations, including the service address. Initial assessments were always carried out face to face at the service to enable a physical examination and any testing needed. Review consultations were carried out either face to face or remotely using video and phone calls.

All consultation rooms had the necessary equipment for clients to have thorough physical examinations.

All areas were clean, well maintained, well-furnished and fit for purpose.

Staff followed infection control guidelines, including handwashing.

Staff made sure equipment was well maintained, clean and in working order.

### Safe staffing

**The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm.**

### Medical staff

The service currently operated with one permanent member of medical staff, although recruitment had taken place for additional medical staff to work within the service.

Managers made sure all medical staff had a full induction and understood the service.

# Community-based substance misuse services

## Mandatory training

Staff had completed and kept up-to-date with their mandatory training.

The mandatory training programme was comprehensive and met the needs of clients and staff.

Mandatory training included basic life support training, infection control training and information governance training. Staff also completed safeguarding training and training in the use of the Mental Capacity Act and Mental Health Act.

Managers monitored mandatory training and alerted staff when they needed to update their training. The manager maintained a training register to ensure training was not overdue.

## Assessing and managing risk to clients and staff

**Staff assessed and managed risks to clients and themselves well. Staff followed good personal safety protocols.**

### Assessment of client risk

Staff completed risk assessments for each client at assessment and reviewed this regularly.

Staff used a recognised risk assessment tool.

### Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. Safety planning was included within each consultation.

Within the substance use service, a full face to face assessment was undertaken, including physical examination and urine screening as needed.

Staff followed clear personal safety protocols, including for lone working.

## Safeguarding

**Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role. All staff received safeguarding adults and children level 3 training which was provided by the local authority.

Staff kept up-to-date with their safeguarding training.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The provider had a safeguarding policy which had been reviewed with the local authority and included contact details and referral information.

# Community-based substance misuse services

## Staff access to essential information

**Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**

Client notes were comprehensive and all staff could access them easily. The provider used an electronic system where all records were stored.

Records were stored securely.

## Medicines management

**The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.**

Staff followed systems and processes to prescribe and administer medicines safely. Medicines were prescribed by appropriately qualified staff. Clients were provided with prescriptions or these could be posted directly to the clients preferred pharmacy. Prescriptions were sent by signed and recorded delivery so in the event of a prescription going missing staff could check who had signed for the prescription.

On remote consultations staff verified identification prior to commencing the consultation, however we found that this check was not recorded on the client's record.

Staff reviewed each client's medicines regularly and provided advice to clients and carers about their medicines. After initial prescription, review appointments were completed to check for dose adjustments and effects/side effects. For clients seen in the substance misuse service, prescribing continued within the service for clients.

In the substance misuse service, if medication was to be administered by injection this took place in the clinic. Injectable medicines were prescribed and obtained by the prescriber when the client attended the service. The service did not have storage facilities for controlled drugs. We recommended that the service seek further guidance from the Home Office. Although administration was documented on the patient record the service did not record batch numbers and expiry dates of administered medicines. This meant that in the event of an alert or recall the service would not be able to identify affected clients.

Staff completed medicines records accurately and kept them up-to-date.

Scanned copies of prescriptions were stored in the electronic records. Records were made on a dedicated system which all appropriate staff could access.

Staff stored and managed all medicines and prescribing documents safely. Prescriptions were scanned to clients records for future reference. Prescription stationary was not kept on site at the clinic and were stored off site with the medical secretary. Use of prescription pads was tracked, and the service had a record of what had been used.

Staff followed national practice to check clients had the correct medicines when they were referred into services. The service checked with GP's for other medicines clients were prescribed.

Staff learned from safety alerts and incidents to improve practice.

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance.

# Community-based substance misuse services

The service had access to emergency drugs within the practice building although these were not managed directly by the service.

## Track record on safety

**The service had a good track record on safety.**

There had been no incidents relating to the substance misuse service but incidents had been managed well in the attention deficit disorder service.

## Reporting incidents and learning from when things go wrong

**The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.**

Staff knew what incidents to report and how to report them.

We saw incidents reported and actions taken.

Staff raised concerns and reported incidents and near misses in line with trust/provider policy.

Staff reported serious incidents clearly and in line with service policy.

Staff understood the duty of candour. They were open and transparent, and gave clients and families a full explanation if and when things went wrong.

Managers investigated incidents thoroughly.

There was evidence that changes had been made as a result of feedback.

## Are Community-based substance misuse services effective?

## Assessment of needs and planning of care

**Staff assessed the mental health needs of all clients. They worked with clients and families and carers to develop individual care plans and updated them as needed. Treatment plans reflected the assessed needs, were personalised, holistic and recovery-oriented.**

We reviewed eight treatment records, three for clients seen for substance use treatment and five records for attention deficit disorder service.

Staff completed a comprehensive mental health assessment of each client.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems.

# Community-based substance misuse services

Staff developed a comprehensive treatment plan for each client that met their mental and physical health needs.

Staff regularly reviewed and updated treatment plans when clients' needs changed.

Treatment plans were personalised, holistic and recovery-orientated.

## Best practice in treatment and care

**Staff provided a range of treatment and care for clients based on national guidance and best practice. They ensured that clients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes.**

Staff provided a range of care and treatment suitable for the clients in the service. Treatment plans were developed with clients and there were discussions about treatment choices, including if clients did not want to engage with pharmaceutical treatment. The service was looking to recruit a psychosocial interventions practitioner and psychosocial interventions had been incorporated into the treatment plans reviewed.

Staff delivered care in line with best practice and national guidance. The service followed recognised good practice guidance in the delivery of treatment and interventions for clients in the substance misuse service, including National Institute for Health and Clinical Excellence guidance and Public Health England good practice guidance.

Staff made sure clients had support for their physical health needs, either from their GP or community services. Staff used recognised rating scales to assess and record the severity of client conditions and care and treatment outcomes. Recognised scales were used to assess severity and dependence in the substance misuse service.

Staff took part in clinical audits. In September 2022 the service had audited a random sample of records to check baseline physical health monitoring against National Institute for Health and Clinical Excellence criteria with all records showing evidence of this. As the services developed there were plans for further regular audits of practice.

## Skilled staff to deliver care

The service had access to a full range of specialists to meet the needs of each client. The substance misuse service was led by a consultant with extensive experience and training in substance misuse work. They had access to other specialists within the field to share knowledge and expertise.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care. The attention deficit disorder service had recruited further clinicians to work within the service. Their skills and qualifications were checked at appointment and any further training needed was arranged. Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through regular, constructive appraisals of their work. Managers supported permanent medical staff to develop through yearly, constructive appraisals of their work. Managers supported medical staff through regular, constructive clinical supervision of their work.

Managers made sure staff attended regular team meetings and gave information to those who could not attend. The fortnightly team meetings currently covered both clinical and managerial oversight of the service, with plans for these to be completed as separate meetings as the service expanded. These were well structured and attended.

# Community-based substance misuse services

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

## Multidisciplinary and interagency team work

Staff held regular multidisciplinary meetings to discuss clients and improve their care. Staff made sure they shared clear information about clients and any changes in their care, including during transfer of care.

Staff had effective working relationships with external teams and organisations. The service maintained good contact with clients GP's and other agencies as needed.

## Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Whilst this was a community service, managers ensured that staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

## Good practice in applying the Mental Capacity Act

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access.

Staff knew where to get accurate advice on Mental Capacity Act.

Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so. Clinicians were able to describe actions they would take if a client lacked capacity to consent.

Staff assessed and recorded capacity to consent clearly each time a client needed to make an important decision.

## Are Community-based substance misuse services caring?

## Kindness, privacy, dignity, respect, compassion and support

**Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.**

We received feedback electronically from clients prior to inspection. Six clients had sent feedback and all were positive about the care and treatment they had received. The service had also gathered feedback from clients and this had all been positive.

Staff were discreet, respectful, and responsive when caring for clients.

Staff gave clients help, emotional support and advice when they needed it.

# Community-based substance misuse services

Staff supported clients to understand and manage their own care treatment or condition.

Staff directed clients to other services and supported them to access those services if they needed help. We saw instances in clinical records where clients were signposted to other services where needed.

Clients said staff treated them well and behaved kindly.

Staff understood and respected the individual needs of each client.

Staff followed policy to keep client information confidential.

## Involvement in care

**Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to independent advocates.**

## Involvement of clients

Staff involved clients and developed treatment plans with them. We received feedback about the collaborative approach to planning treatment and we saw in records evidence of informed discussions about treatments, including where clients then chose not to proceed with treatment.

We observed a review with a client and noted this was unhurried, covered all areas needed and was supportive and client centred, the client said they were grateful for their treatment within the service.

Staff made sure clients understood their care and treatment (and found ways to communicate with clients who had communication difficulties). We saw where reasonable adjustments had been considered for clients, including the use of locations which were convenient for clients to attend and arrangements made for carers to attend where this was beneficial for clients.

Clients could give feedback on the service and their treatment and staff supported them to do this.

The service had gathered feedback from clients and maintained a log of this, including whether any actions were needed.

Two clients had fed back specifically about the substance misuse service, noting the service had been excellent and responsive, with appointments and treatment started promptly.

## Involvement of families and carers

Staff helped families to give feedback on the service.

One carer had feedback positively to the service on the treatment their loved one received and the differences it was making following many years of difficulties engaging in structured treatment. Treatment had been tailored to needs and easy to arrange.

## Are Community-based substance misuse services responsive?



# Community-based substance misuse services

## Access and waiting times

**The service was easy to access. Its referral criteria did not exclude clients who would have benefitted from care. Staff assessed and treated clients who required urgent care promptly and clients who did not require urgent care did not wait too long to start treatment. Staff followed up clients who missed appointments.**

The service had clear criteria to describe which clients they would offer services to.

There were no waiting lists at the time of this inspection and clients were seen promptly after referral.

The substance misuse service offered flexibility in terms of appointments, including weekends and clients were seen quickly following referral.

Clients had some flexibility and choice in the appointment times available.

Appointments ran on time and staff informed clients when they did not.

## The facilities promote comfort, dignity and privacy

**The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.**

The service had a full range of rooms and equipment to support treatment and care.

Initial appointments for the substance misuse service were always face to face appointments.

Interview rooms could be used at the service base, and arrangements could be made to see clients in other community locations if needed.

Interview rooms in the service had sound proofing to protect privacy and confidentiality.

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

**The service met the needs of all clients – including those with a protected characteristic. Staff helped clients with communication, advocacy and cultural and spiritual support.**

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. Examples of this included seeing clients with their carers for support and use of alternative community locations to aid attendance.

Staff made sure clients could access information on treatment, local service, their rights and how to complain.

The service had written information and leaflets.

The service could provide information in a variety of accessible formats so the clients could understand more easily.

# Community-based substance misuse services

Managers made sure staff and clients could get hold of interpreters or signers when needed. This could be arranged if needed.

## Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

The service had not received any complaints since starting to see clients.

Clients, relatives and carers knew how to complain or raise concerns.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints.

The service used compliments to learn, celebrate success and improve the quality of care.

## Are Community-based substance misuse services well-led?

### Leadership

**Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.**

The registered manager was the lead clinician in the service. They had extensive clinical skills and experience.

### Vision and strategy

The service had a strategy and plans to develop the service.

### Culture

The service had a client centred culture. Recruitment had taken place to employ suitably skilled staff who would continue to develop this.

### Governance

The managers had developed systems to manage performance and risk. They had developed a risk register to ensure they managed risks as the service developed and grew. This included business risks, risks to patient care and human resources risks and was regularly reviewed and updated.

### Management of risk, issues and performance

The service had access to the information they needed to provide safe and effective care and used that information to good effect. Clinicians used an electronic record system to record consultations, treatment plans, risk assessment and prescribing.

# Community-based substance misuse services

The service were aware of the risks of growing too quickly and had structured plans for expansion of the service over time.

## Information management

**Staff collected analysed data about outcomes and performance.**

Performance within the substance misuse service was monitored with targets for accepting referrals and initial appointments.

## Engagement

Managers had developed good links with local services, including primary care services and pharmacy providers.

## Learning, continuous improvement and innovation

This was a new service which was continuing to develop and refine approaches since the service started.