

SMART Wokingham

Quality Report

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

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 do not currently rate independent standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- The service did not report the unexpected death of a client in 2015 to the Care Quality Commission.
- Staff did not receive specialist training in substance misuse but SMART have recognised this and a robust action plan was in place to improve training for all staff and volunteers.
- Overdose prevention training was not provided for staff, clients or carers but will be provided by the recently accredited specialist, level 3 training for staff working with substance misuse and complex needs.
- SMART has provided training to all staff for Mental Capacity Act 2005 in the form of a workshop during a team meeting. Some staff was still not confident to provide mental capacity assessments and further support is required.
- Not all staff had received adult safeguarding training; 62% of staff had received local authority training in Adult Safeguarding Level One which included the lead for safeguarding within the team.

Summary of findings

- Not all of the volunteers working at the service had been screened by the Disclosure and Barring Service (DBS) and the prescribing doctor had not been revalidated.
- Carers told us that they would have liked more advice, guidance and support in the early stages of their relative's treatment to enable them to support the client.
- Some areas of the building appeared unclean and in need of repair. There was no system in place to check what cleaning had been done.
- Risk assessments did not include a plan for unexpected treatment exit.
- There was a lack of staff clarity around the service's complaint's procedure.
- Staff asked clients about their physical and mental health as part of the comprehensive drug and alcohol assessment. Staff liaised with the client's GP if further medical information was needed or if a physical intervention was required before treatment could begin.
- The policies we looked at were thorough and included references to NICE. There was a good system in place to ensure that staff have read the policy.
- There was good evidence of recovery plans in place, holistic, personalised and that clients were offered a copy.
- Risk assessments were present and reviewed regularly, every twelve weeks or more frequently if necessary.

However, we also found the following areas of good practice:

- The prescribing doctor at the service prescribed medicines approved by National Institute for Health and Care Excellence (NICE) for reduction from opiates. The service prescribed dosages within the range recommended by the British National Formulary.
- Shared information from the service to the client's GP kept the GP informed and updated regarding substance misuse medicine the service had prescribed.
- SMART Wokingham had introduced a 'skills level one employability course' for clients in response to client feedback that there was not enough support for education or employment. Following completion clients could go on to become a volunteer at SMART.
- Clients and carers told us that staff were compassionate and committed; we observed caring and respectful interactions between staff and clients.
- The recovery facilitators were also leads within the service as a point of contact for colleagues, such as a criminal justice lead, and had developed good links with external organisations.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		See overall summary.

Summary of findings

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SMART Wokingham

Services we looked at

Substance misuse

Summary of this inspection

Background to SMART Wokingham

SMART Wokingham is based in Berkshire and provides a service to adults, older adults and young people. The service is a charity commissioned by Wokingham Drug and Alcohol Action Team (DAAT) and comes under the umbrella organisation called SMART Criminal Justice Services.

The service provides substitute prescribing such as methadone and buprenorphine to help people to stop using heroin and community alcohol detoxification. The

service provides one to one work and group psychosocial interventions to help people to develop their recovery skills and support network to sustain their recovery from alcohol or drug misuse.

The service has a registered manager.

SMART Wokingham is regulated to offer substance misuse services and to provide treatment of disease, disorder or injury. The Care Quality Commission has not inspected the service before.

Our inspection team

The team that inspected the service comprised of Care Quality Commission inspector Jane O'Connor, two other Care Quality Commission inspectors, a specialist advisor doctor and a specialist advisor nurse.

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?

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information, and gathered feedback from staff members in response to an email we asked the provider to send to them.

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with one doctor
- spoke with two clients
- observed a group that was attended by five clients

Summary of this inspection

- observed a doctors clinic which was attended by two clients
- collected feedback using comment cards from three clients
- looked at 12 clients care and treatment records, including medicines record
- spoke with two carers of clients
- spoke with the director of corporate services, the deputy manager and the lead nurse
- spoke with five other staff members employed by the service provider, including recovery facilitators and a youth worker and student social worker
- spoke with two peer support volunteers
- looked at policies, procedures and other documents relating to the running of the service

What people who use the service say

We looked at three comment cards and spoke to two clients. Clients told us that there wasn't enough group therapy, that there wasn't enough structure to the groups and that they could be more beneficial, such as helping them cope with feelings and triggers.

Clients also told us that they felt engaged with the service and that staff understood them. Clients were aware of their care plan.

Carers told us that they thought the treatment their relative received was very good and that staff they had contact with were supportive. However they would have preferred more information initially to help them support their relative and they were not clear about at what point they should contact the service to alert them to any changes to how their relative was progressing. Not all of the carers we spoke to were aware of the weekly evening carers group available at the service.

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 do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- There was an unexpected death in May 2015 which had not been reported to the Care Quality Commission.
- Staff mandatory training rates were below 75% uptake for each subject. The training matrix we saw showed that 62% of staff had received local authority training in Adult Safeguarding Level One.
- The kitchen and waiting room area was in poor repair and unclean in places. Although a cleaning schedule was in place there was no system in place to evidence what cleaning had been done.
- The service had a high turnover of substantive staff at 62.5%.
- There were no plans in place to recruit a substantive nurse to the post occupied by an agency nurse.
- The service reported that only 66.6% of the active volunteers had Disclosure and Barring Service (DBS) checks done.
- Risk management plans were in place but these did not include a plan for unexpected exit from treatment.

However, we also found the following areas of good practice:

- Risk assessments were completed on admission using a risk assessment tool template and were thorough and reviewed regularly. There was a traffic light system on electronic patient notes which alerted staff to any changing risk to the client.
- Staff had a good knowledge of the policies and procedures around safeguarding children.
- The assisted alcohol detoxification was in line with National Institute for Health and Care Excellence (NICE) recommendations.
- The doctor at the service prescribed medicines approved by NICE for reduction from opiates. The service prescribed within the range set by the British National Formulary.
- Staff knew the procedure for reporting incidents and had the opportunity to receive external counselling. We saw changes that had been put in place as a result of two incidents.
- The nurse provided testing for Blood Borne Viruses (BBV) and administered vaccinations.
- All staff that came into contact with clients were issued with a personal alarm.

Summary of this inspection

- The service had a low sickness rate of 0.15%.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service incorporated the use of the International Treatment Effectiveness Programme (ITEP), a cognitive approach used to discuss issues with clients and visualising them in a series of 'maps' and a tool recommended by NICE.
- All of the clients had a client led reduction plan and were offered a choice of either buprenorphine or methadone treatment in line with NICE guidance.
- There was evidence in all of the client records we looked at that a full assessment of the client's substance misuse, injecting history and previous access to treatment had been completed. Staff asked clients about their physical and mental health as part of the comprehensive drug and alcohol assessment. Staff liaised with the client's GP if further medical information was needed or if a physical intervention was required before treatment could begin.
- Recovery plans were reviewed with the client every six weeks.
- The nurse at the service offered blood borne virus testing for clients considered to be at risk, such as sex workers and intravenous injectors.
- We observed good engagement between the prescribing doctor and clients during the clinic and the clients seemed satisfied with service.
- All of the staff received monthly supervision and had had an appraisal within the previous 12 months.
- Some of the staff had attended a three day 'restorative practice' training which they found helpful in assisting with communication issues between clients and family/carers.
- All of the recovery facilitators also had lead roles within the team to act as a point of contact for colleagues, such as a criminal justice lead, and had developed links with external organisations.
- The service had developed good links with external and internal agencies, including social services, community mental health teams and the probation service.

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

- In the client care records we viewed there was no evidence of a prescribing rationale.

Summary of this inspection

- The prescribing doctor at the service did not routinely send letters to the client's psychiatrist if the client had a dual diagnosis of substance misuse and mental health problems.
- Staff had not received specialist training in substance misuse as recommended by National Institute for Health and Care Excellence (NICE). SMART have recognised this and a robust action plan was in place to improve training for all staff and volunteers.
- There was no overdose training provided for staff, clients or carers in line with NICE guidelines, but will be provided by the recently accredited specialist, level three training for staff working with substance misuse and complex needs.
- Doctors prescribing at the service had not been revalidated.
- A new Mental Capacity Act 2005 policy had just been introduced but had not yet been read by staff members. The new policy clearly stated that staff could assess for capacity rather than refer elsewhere. Some staff was still not confident to provide mental capacity assessments and further support is required.
- Only one of the client records we looked at demonstrated the use of the Severity of Alcohol Questionnaire (SADQ), a validated measure of the severity of dependence.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients and carers told us that staff were compassionate and committed and that the service overall was good. We observed caring and respectful interactions between staff and clients.
- Staff demonstrated a good knowledge of the client's needs and wishes. We observed that clients who attended the opiate prescribing clinic were included in their treatment plan and their wishes were taken into account.

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

- Not all of the staff or carers we spoke to were aware of the friends and family support group. Carers told us that they would have liked more information about how to support their relative at the start of treatment and more information on what the service offered.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- There was no waiting list for people waiting for assessment and referral to treatment times were two to three days. The service considered initial assessment as the start of treatment.
- The service had open access and people could drop in for informal support.
- The service responded to client feedback by providing an acupuncture group which was well attended. This was run by one of the recovery facilitators who was trained by the National Acupuncture Detoxification Association.
- We observed a 'managing emotions' group attended by five clients and facilitated by a recovery worker. Clients' feedback was positive about the group and we observed that the facilitator structured the session well.
- The service had a procedure if a client did not attend which included follow up phone calls and an offer of further appointments.
- The service hosted a family and friends support group in the evening once a week.

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

- There was a group programme in place at the service however groups were not always well attended. Clients commented that the type of groups on offer did not always meet their needs. However, senior management from SMART had formed a working party in April 2016 to review the group work programme.
- Not all staff we spoke to were aware of the complaints procedure.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- There was a lack of governance around staff recruitment and training. The service did not have any plan to recruit a permanent nurse into agency nurse position.
- There was lack of oversight and management of the group programme structure to ensure that it was responsive to both client and staff feedback and offered a comprehensive, varied range of groups. However, senior management from SMART had formed a working party in April 2016 to review the group work programme.

However, we also found areas of good practice, including that:

Summary of this inspection

- Overall staff had good morale, told us they were happy in their work and felt they worked well as a team. Staff also told us that they felt connected with the organisation.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

We looked at 12 client care records and spoke to staff. Consent to treatment was sought and client's mental capacity was assumed. Senior management and staff told us that mental capacity difficulties tended to be short term related to alcohol misuse and a client would be sent away if they arrived at the service intoxicated.

SMART has provided training to all staff for Mental Capacity Act 2005 in the form of a workshop during a team meeting. Some staff was still not confident to provide mental capacity assessments and further support is required.

We looked at the service's new policy outlining the service's procedure around the Mental Capacity Act 2005. As this was very new it had not been read or signed by staff. The new policy stated that any member of staff could access for capacity on a decision specific basis rather than refer the client to their GP or community mental health team.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- SMART Wokingham was situated in a former detached house. There had previously been a leak from above in the reception area, there was a crack in the ceiling and a large section of the ceiling was discoloured. The floor and counter in the kitchen appeared unclean and the floor was sticky. The group rooms had lots of light and the furnishings appeared well-maintained and clean.
- We saw the cleaning schedule which indicated that cleaning took place once over the weekend and once in the week. There was no record of what cleaning had been done so this could not be confirmed.
- There was a blood pressure machine and weighing scales kept at the service.
- The entrance to the site had a locked door controlled by staff and was accessible via an intercom system. CCTV was used inside the waiting room and was monitored by staff in the staff office. All staff members who came into contact with clients were issued with a personal alarm.

Safe staffing

- Staff mandatory training rates were below 75% uptake for each subject. None of the staff had received training in equality and diversity, health and safety, or information governance.
- SMART has provided training to all staff for Mental Capacity Act 2005 in the form of a workshop during a team meeting. Some staff was still not confident to provide mental capacity assessments and further support is required.
- The service management comprised of a service manager and a deputy manager. There were five whole

time equivalent recovery facilitators, one and a half whole time equivalent young people's worker, three volunteers and a GP who ran three clinics a week at the service. The service also employed a part-time agency nurse. There were no plans in place to recruit a permanent nurse to this role.

- The service reported a 62.5% turnover of substantive staff which meant that a high number of staff had left the service. There was just 0.15% staff sickness reported. There was one full time recovery facilitator vacancy.
- As at 1 February 2016, 66.6% of the active volunteers had disclosure and barring service (DBS) checks done, which equated to two out of three volunteers working at the service.
- Doctors prescribing at the service had not been revalidated.
- The service had 126 clients on a structured treatment programme that included eight clients on recovery with a client to worker ratio of 24:1. The average worker caseload fell between 20-32, depending on worker experience and complexity of client need.

Assessing and managing risk to people who use the service and staff

- There was no shared care system in place between the service and primary care as SMART Wokingham took over the prescribing of methadone from primary care. Shared information from the service to the client's GP kept the GP informed and updated regarding substance misuse medicine the service had prescribed.
- The service prescribed medication but this was not kept on the premises, clients collected it from the pharmacy. Naloxone was not prescribed by the service for heroin users. Naloxone is a potentially life-saving medicine used to resuscitate someone in an emergency if they had taken an overdose of opiates.

Substance misuse services

- The nurse at the service assessed the safety and suitability of the detoxification and monitored the detoxification in the community. The service did not offer home visits for alcohol detoxification, the clients were seen at the team base. If a client had complex needs or did not have a carer at home to support them through the process, the service would refer them to the local acute hospital for inpatient detoxification.
- Risk assessments were completed on admission using a risk assessment tool template and these were thorough and reviewed regularly. There was a traffic light system on electronic patient notes which alerted staff to the risks for each client.
- Clients had a risk management plan in place, however these did not clearly state if there was a risk of the client not completing their treatment and where this was a concern or how this would be addressed.
- Staff had a good awareness of how to safeguard children and knew the policy around this. Clients with children potentially at risk were informed at the start of the treatment of the policy on safeguarding children. The policy on safeguarding children was comprehensive and included definitions of harm.
- The training matrix we saw showed that only 62% of staff had received local authority training in adult safeguarding level one which included the safeguarding lead within the team. However staff knew who their team's safeguarding lead was and would discuss any concerns with that person. The safeguarding adult's policy included information on how to make safeguarding referrals. We saw that safeguarding was discussed in team meetings.

Track record on safety

- There were no serious incidents, safeguarding alerts or concerns reported by the service for the previous 12 months. However there was an unexpected death in May 2015 which had not been reported to the Care Quality Commission. The service had reported the death to Public Health England. There had been two incidents at the service; one involved a patient who had a seizure while on the premises. The service had recorded these as incidents in their internal systems.

Reporting incidents and learning from when things go wrong

- Staff knew the procedure for reporting incidents and received individual debriefs following an incident as well as the opportunity to receive support from an external counselling service.
- Following an incident where a client had a seizure in the building, the service had installed CCTV cameras installed in the waiting room as a preventative measure. There was no evidence that other aspects of learning had been applied following the incident.
- We saw minutes from three previous team meetings that highlighted an administration error by staff. It was evident that learning was discussed and a plan in place for the clinic procedure guide to be amended as a result.
- The service held a monthly incident review panel that discussed incidents and any learning from these were fed back to staff in team meetings. The incident investigation procedure we looked at was thorough and had a definition of serious incident and who in the service would decide if an incident required investigation. The service aimed to report every incident within 24 hours and had a clear procedure in place of how this should happen.

Duty of candour

- We did not see a duty of candour policy at the location.

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

Assessment of needs and planning of care

- The service provided well-being checks that included blood pressure and weight. Staff asked clients about their physical and mental health as part of the comprehensive drug and alcohol assessment. Staff liaised with the client's GP if further medical information was needed or if a physical intervention was required before treatment could begin. However there was no protocol in place to ensure that the outcome of these referrals was communicated to the service.
- Routine letters were sent to GPs to inform them of changes to substance misuse medicines.
- Only one of the client records we looked at demonstrated the use of the Severity of Alcohol

Substance misuse services

Questionnaire (SADQ). SADQ is a validated measure of the severity of alcohol dependence which allows staff and client's to gain awareness of the severity of their alcohol use and therefore informs the treatment planning.

- The service carried out oral screening for opiates and used alcometers to breathalyse clients.
- The recovery plans we looked at were individualised and personalised with client goals and strengths considered. The majority of these were signed by the client and reviewed with the client every six weeks.
- All of the clients had a client led reduction plan and in accordance with the UK guidelines on clinical management (the orange book) were offered a choice of either buprenorphine or methadone treatment. The prescribing doctor at the service saw clients for opiate reduction two weekly, initially and then monthly.
- Clients received monthly 1:1 sessions with their recovery facilitator and they had access to groups at the service. The frequency of client 1:1s could be amended depending on the client's stability.

Best practice in treatment and care

- In accordance with UK guidelines on clinical management known as 'the orange book', the service did not prescribe above 100mls of Methadone without an electro-cardiogram test and clients were given a choice between methadone or buprenorphine. The doctor at the service prescribed medicines approved by the National Institute for Health and Care Excellence (NICE) for reduction from opiates. The service prescribed within the range set by the British National Formulary.
- The assisted alcohol detoxification was in line with NICE recommendations. Clinical staff at the service followed the Community Alcohol Detoxification policy thoroughly with an emphasis on informing patients and carers of the risks around the procedure.
- The service had incorporated the International Treatment Effectiveness Programme (ITEP) into their programme. ITEP is a cognitive approach used to discuss issues with clients and visualising them in a series of 'maps'. This is a tool recognised by NICE. Staff also used a treatment outcome profiles tool to measure each client's progress.

- Three alcohol detoxifications had been carried out by the service in the previous seven months. The nurse did an alcohol assessment and if taken on the client was seen by the service every day for five-ten days. The records we looked at showed that a thorough risk assessment had been completed which included whether they had received previous treatment for their alcohol use. The nurse at the service did not see all of the clients, only those referred by recovery facilitators in the team. The alcohol detoxification was based on units as recommended by NICE. There was a good policy in place for alcohol detoxification which was clear and updated frequently. The policy recommended the use of oxazepam for poor physical health and for those who cannot tolerate chlordiazepoxide.
- The nurse at the service offered blood borne virus testing for clients considered to be at risk, such as sex workers and intravenous injectors. If the client's result showed positive the nurse referred them to a genitourinary medicine clinic (GUM) and for counselling. There was no counselling available within the service. This is contrary to guidance in Drug misuse and dependence (The Orange Book) which states "Before and after testing, information, advice or counselling for patients, relatives and carers is always necessary and might be undertaken by an interested clinician or with the help of an outreach worker from a specialist clinic or an agency with expertise"
- If recovery workers had any non-emergency concerns about a client's physical health, they referred to the nurse who then contacted the client's GP.
- SMART Wokingham were not commissioned to offer a needle exchange service.

Skilled staff to deliver care

- All of the non-medical staff received monthly supervision and had had an appraisal within the previous 12 months. Staff members had a performance development plan, a midway and end of year review.
- Staff had not received specialist training in substance misuse but SMART have recognised this and a robust action plan was in place to improve training for all staff and volunteers.
- The training manager completed a skills audit for all staff which led to the implementation of a specialist

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training level three certificate in working with people with substance misuse and complex needs. However this had not yet started during our visit. Staff were not trained in basic counselling skills or cognitive behavioural therapy interventions.

- Overdose prevention training was not provided for staff, clients or carers but will be provided by the recently accredited specialist, level three training for staff working with substance misuse and complex needs. NICE guidelines state that staff should provide information and guidance around the increased risk of overdose and death from illicit drug use.
- The prescribing doctor was a GP and had been trained by Royal College of General Practitioners in substance misuse prescribing part two.
- Staff told us that the training provided was quite basic in content and there were long gaps between training updates.
- Some of the staff had attended a three day 'restorative practice' training which they found helpful in assisting with communication issues between clients and family/carers.
- All of the recovery facilitators all had lead roles within the team to act as a point of contact within the team, including criminal justice lead, safeguarding lead and mental health lead.
- The service had a weekly staff meeting.
- Volunteers had access to training and team meetings in SMART Wokingham and facilitated groups in the service.

Multidisciplinary and inter-agency team work

- The service had good links with the community mental health team via the dual diagnosis worker, who ran a weekly clinic at the service. SMART recovery facilitators attended monthly meetings at the community mental health team. The prescribing doctor attended monthly meetings with senior managers of the service.
- The service had links with housing association for tenancy sustainment.
- A representative from the service attended multi-agency risk assessment meetings with the local authority where information was shared on the highest risk domestic abuse cases between services such as the police,

probation and child protection. The service also had links with Berkshire women's aid, an organisation that works with women and families around issues relating to domestic abuse.

- The criminal justice lead at SMART Wokingham facilitated clients on alcohol treatment requirements and drug rehabilitation requirement orders that stipulated substance misuse or alcohol treatment as part of a community sentence. This included contacting clients on these orders if they did not attend for a structured session. The criminal justice worker attended multi-agency meeting with the police and the domestic abuse meeting and had developed links with the probation service for clients under the criminal justice system.
- The young people's worker at the service worked with 11-17 year olds. Good safeguarding procedures were followed with all caseloads incorporating a safeguarding file. No-one under the age of 18 was seen at the location or received prescriptions from the service; if prescribing was required this was carried out by another service and coordinated by the young people's worker. The worker had developed links with the youth offending team, the children's service as well as schools and offers awareness workshops on the prevention of drug and alcohol use in schools.
- The safeguarding lead at the service attended three monthly forums at local authority and had developed links with the safeguarding team at the local authority.

Good practice in applying the MCA

- SMART has provided training to all staff for Mental Capacity Act 2005 in the form of a workshop during a team meeting. Some staff was still not confident to provide mental capacity assessments and further support is required.
- We looked at 12 client care records and spoke to staff. Consent to treatment was sought and client's mental capacity was assumed. Senior management and staff told us that mental capacity difficulties tended to be short term related to alcohol misuse and a client would be sent away if they arrived at the service intoxicated.
- We looked at the service's new policy outlining the service's procedure around the Mental Capacity Act 2005. As this was very new it had not been read or

Substance misuse services

signed by staff. The new policy stated that any member of staff could assess for capacity on a decision specific basis rather than refer the client to their GP or community mental health team.

Equality and human rights

- None of the staff had received training in equality and diversity.

Are substance misuse services caring?

Kindness, dignity, respect and support

- Clients and carers told us that staff treated them with compassion and were committed; we observed caring and respectful interactions between staff and clients.
- During the clinic we observed that the prescribing doctor had a good level of engagement with clients and clients seemed satisfied with service.

The involvement of people in the care they receive

- The service hosted a family and friends support group in the evening once a week. However not all of the staff or carers we spoke to were aware of the group. Staff told us that they referred carers to the prince's trust and other external support services. Carers told us that they would have liked more information about how to support their relative at the start of treatment and more information on what the service offered. The service maintained confidentiality with regard to involvement of carers at clients' discretion and only shared information with carers if this had been agreed with the client.
- Clients were encouraged to complete questionnaires to feedback on the service and clients were able to participate in the development of the service via client forum and boards. An example of the service having acted upon feedback was the setting up of the acupuncture sessions.

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

Access and discharge

- Referrals into the service came from a number of different routes, including GPs, the criminal justice system and the community mental health team. Staff felt that some of the referrals they received from GPs were inappropriate and there was a lack of understanding of the services' remit and what they offered. However there was no evidence that this had been addressed by the service. Clients referred told staff they didn't always know why the referral was made and staff felt that this increased the chance of a client not wanting to engage with the service or not attending for appointments.
- Appointment times could be adapted to meet the needs of clients.
- The service had a procedure if a client did not attend which included follow up phone calls and an offer of further appointments.
- The service counted treatment start as the first assessment. Referral to treatment times were: two days for opiate referrals, three days for non-opiate and alcohol referrals. There was no waiting list for people waiting for assessment. In 2015/2016 quarter 1-3 there were 218 adult referrals for alcohol, 60 for opiates and 70 for non-opiates.
- The service had open access and people could drop in for informal support. The service sometimes invited representatives from external organisations to speak to people during the drop in, such as Alcoholics Anonymous.

The facilities promote recovery, comfort, dignity and confidentiality

- The reception area contained a facility to make hot drinks and a kitchen which was accessible to clients.
- There was a group programme in place at the service including a 'women's only' group; however groups were not always well attended. Clients commented that the type of groups on offer did not always meet their needs. However, senior management from SMART had formed a working party in April 2016 to review the group work programme.

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- The service responded to client feedback by providing an acupuncture group which was well attended. We saw team meeting minutes from the previous month that explored the option of more physical based groups like yoga and zumba classes.
- We observed a 'managing emotions' group attended by five clients and facilitated by a recovery worker. Client's feedback for this group was positive. We observed that the session was well structured by the facilitator and included the sharing of practical suggestions and mutual support. Another group we hoped to observe did not take place as nobody attended.
- Staff did not always feel that their feedback to management regarding group attendance and group structure was acted upon. There seemed to be no oversight or strategy for the group programme in its entirety or a plan of action to increase attendance. There was also a lack of communication among staff about what groups were being held when which had led to some sessions being repeated by different facilitators. However, senior management from SMART had formed a working party in April 2016 to review the group work programme.

Meeting the needs of all people who use the service

- There was a 'language line' interpreting service available for clients.
- The service encouraged links between the clients and community support networks such as Narcotics Anonymous, Alcoholics Anonymous and religious communities.
- We saw leaflets distributed around the building on how to complain, how to access safeguarding and information and contact numbers for people at risk of domestic abuse.
- SMART Wokingham had links with a local college that provided basic literacy skills training for clients.

Listening to and learning from concerns and complaints

- The service had received two formal complaints over the previous 12 months, one of which was upheld. We

did not see any evidence that learning from complaints was distributed across the service. Not all staff we spoke to were aware of the complaints procedure. The service had also received 32 compliments.

Are substance misuse services well-led?

Vision and values

- The service's values of Respect, Trust, Flexibility, Perseverance and Simplicity were evident on walls and desks throughout the building.

Good governance

- There was a lack of governance around staff recruitment and training. The service did not have any plan to recruit a permanent nurse into the agency nurse position. Only two of the three volunteers had been screened by the Disclosure and Barring Service.
- The service over the past year had completed a number of incident governance frameworks and recruited a medical director who sat on the clinical governance committee.
- A duty manager was on call 24 hours a day 7 days a week, however this system was not in place to offer additional support to clients directly but to support staff and the running of the service.
- The policies we looked at were thorough and included references to National Institute for Health and Care Excellence (NICE) guidelines. There was a good system in place to ensure that staff had read the policy.
- SMART merged with another provider in April 2015 and was reviewing its organisational structure.

Leadership, morale and staff engagement

- There was lack of strategy, oversight and management of the group programme structure to ensure that it was responsive to both client and staff feedback and offered a comprehensive, varied range of groups. Staff did not always feel that their feedback to management regarding poor group attendance and the effectiveness of the group structure was acted upon. However, senior management from SMART had formed a working party in April 2016 to review the group work programme.

Substance misuse services

- Overall staff had good morale, told us they were happy in their work and felt they worked well as a team. Staff also told us that they felt connected with the organisation. One staff member told us that they had previously raised concerns and that this was dealt with satisfactorily.
- Staff were aware of the whistleblowing procedures. There had been no incidents of whistleblowing in the service between December 2014 and February 2016.
- Staff told us that senior managers visited the service frequently and sometimes attended team meetings.

Commitment to quality improvement and innovation

- Following a skills audit SMART Wokingham had started a 'skills level one 'employability course' in response to client feedback that there was not enough support for education or employment.
- Following a staff skills audit SMART Wokingham had organised a specialist training level three certificate for staff in working with substance misuse and complex needs.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that mandatory and specialist training is sufficient to support staff to carry out their roles safely and effectively. All staff must undertake this training.
- The provider must ensure that the service notifies the Care Quality Commission in the event of a death of a client under their care so this can be properly regulated.
- The provider must ensure that all staff, including volunteers, are screened by the Disclosure and Barring Service (DBS) and that all clinical staff are revalidated.

Action the provider **SHOULD** take to improve

- The provider should improve on communication with carers of clients who use the service where

appropriate and provide the necessary advice, guidance and support that would enable them to support the client, particularly in the early stages of treatment.

- The provider should ensure that there is a system in place to check what cleaning has been done and review areas of the building that require further cleaning/maintenance.
- The provider's risk assessments should include a plan for unexpected treatment exit.
- The provider should ensure that all staff are aware of the complaints procedure and that learning from complaints is shared.
- The provider should ensure they have a duty of candour policy in place and this is fully embedded in practice.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services</p> <p>There was one recent death of a client in receipt of the service. The provider did not notify the CQC of these incidents.</p> <p>Regulation 16 (1)(a)</p>

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Figures for mandatory training completion were low.</p> <p>Doctors prescribing at the service had not been revalidated.</p> <p>Staff must receive such appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform.</p> <p>The service reported that only 66.6% of the active volunteers had Disclosure and Barring Service (DBS) checks done. This impacted on the safety of the service as appropriate screening of all appropriate staff had not taken place.</p> <p>Regulation 18(1)(2)(a)(b)(c)</p>