

Delphi Wellbeing Centre

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 was aware that the premises and facilities were unsuitable at the Cookson Street location where staff visited. The visiting rooms did not afford privacy for clients, the furniture was shabby and the workstations staff were using were unsuitable.

However, we found the following areas of good practice:

- The building was clean, and safely maintained. Staff at the Harrowside location completed building safety assessments and regularly inspected equipment and facilities.
- Compliance with mandatory training was high. Staff received regular clinical and managerial supervision and an annual appraisal.
- Clients were involved in decisions about their treatment. Clients received a full clinical assessment before prescribing commenced.
- Clients also received additional health and wellbeing assessment to consider and address any wider health needs.

Summary of findings

- Recovery was embedded in the delivery and culture of the service. Clients played an active role in their care and were supported to develop recovery capital. Recovery capital refers to social, physical, human and cultural resources a client needs to develop to help them achieve and sustain their personal recovery.
- Care and treatment was underpinned by best practice and national guidance. Clients had access to mutual aid groups.
- Clients we spoke to were positive about the service they received.
- There were clear processes for access and discharge from the service. The service worked with referral and partner agencies to ensure appropriate assessments and treatments were delivered.
- The service had a clear set of vision and values. Staff were aware of these and reflected them in their daily practice.
- Staff morale was very positive. Staff felt supported by senior management within the service and the provider organisation. Senior managers were visible to staff and were considered approachable and available.
- There was a governance structure to support the delivery of care. The service monitored performance through the national drug treatment monitoring system. Senior managers carried out regular quality checks at the service.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Substance
misuse
services**

Inspected but not rated

Summary of findings

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Summary of this inspection

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Delphi Wellbeing Centre

Services we looked at

Substance misuse services

Summary of this inspection

Background to Delphi Wellbeing Centre

This service is registered by the CQC to provide the following regulated activity: the treatment of disease, disorder or injury, under the inspection category of community substance misuse.

The service provides community detoxification and prescribing treatment for those who misuse drugs and alcohol. They work in partnership with public and third sector organisations. The pathway and single point of entry for accessing drug and alcohol services is through another provider and Delphi Wellbeing is commissioned by a local council. This service provides a fully integrated substance misuse service for clients who are Blackpool residents, over the age of 25 and who have problems with alcohol or drug use.

Delphi Wellbeing also provides input to young people aged 24 and under. This is a free service provided by the

local council. They are commissioned to provide part of a fully integrated pathway offering advice and information on all substances including alcohol, tobacco and solvents.

The service operates Monday to Friday and provides some variable extended hours to meet local need. For example, staff attended outreach services at 7am early mornings, to assist people who were on the streets and may have been homeless. They also had a late opening until 19:30 each Thursday. The service also provides staff in satellite locations.

There was a registered manager in place. The Care Quality Commission has not previously inspected the service.

Our inspection team

The team that inspected the service comprised of two Care Quality Commission inspectors, a CQC pharmacist and an inspection planning coordinator.

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 and asked other organisations for information.

During the inspection visit, the inspection team:

- visited two other satellite sites where staff worked.

Summary of this inspection

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with two clients
- spoke with the registered manager and the head of clinical and nursing services
- spoke with six other staff members employed by the service provider, including nurses and support workers
- received feedback about the service from one commissioner
- collected feedback using comment cards from five clients
- looked at eight clients care and treatment records, including four medicines records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients we spoke to were positive about the care and treatment they received at the service. They considered staff interested in their wellbeing and confident their social needs would be addressed and signposted onto other services.

Clients told us that they were involved in decisions about their care and were encouraged in their recovery.

We received five comment cards these were all positive with comments made about staff that they were empathetic, sympathetic, and polite and caring and they met their needs.

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:

- The premises their staff visited at a satellite base were unsuitable. The visiting rooms did not afford privacy for their clients, the furniture was shabby and the health and safety checks were not in place for staff workstations. Other options were being considered and staff had been consulted about this.

However, we found the following areas of good practice:

- There were appropriate checks to ensure the safety of the building at Harrowside. Health and safety and fire risk assessments had been completed.
- The service was well staffed and staff had received mandatory training to support them in their role. Staff received an induction when employed by the organisation.
- The service had effective systems and processes to ensure clients had access to safe storage and administration of medications.
- There was a process to report and learn from adverse incidents. Incidents and lessons learnt were discussed with staff at team meetings. Learning from across the organisation was shared at joint governance meetings with partner organisations.
- Staff were aware of the duty of candour duties.
- All staff were trained in safeguarding adults and children and had a good understanding of the local alert process.

Are services effective?

We found the following areas of good practice:

- Staff received regular supervision, clinical supervision and appraisals.
- There were good links with other organisations. These included health care providers such as GPs, pharmacists, community mental health teams and other recovery agencies. The service was part of the local recovery community.
- Clients were involved in decisions about their treatment. Clients received a full clinical assessment before prescribing commenced.
- Clients also received additional health and wellbeing assessment to consider and address any wider health needs.

Summary of this inspection

- Regular audits were carried out to ensure continuous improvement of the service.
- The service had experienced and appropriately qualified staff.
- The service followed National Institute for Health and Care Excellence guidelines when prescribing medication regimes for clients.
- Staff were trained in the Mental Capacity Act and staff had experience of the Mental Health Act within their team.
- The service completed reviews and follow up appointments for clients that were discharged from their service.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We saw staff interacted with clients in a relaxed, kind and respectful way. Staff showed positive engagement and willingness to support clients. Staff actively listened to clients.
- The service encouraged client feedback and there was a suggestions box to enable clients to do this.
- Staff showed an understanding of clients' needs regarding, equality, diversity and human rights, they were none judgemental about how these may relate to substance misuse.
- We saw clients were actively involved in their care. We saw evidence of client involvement in the care records that we reviewed.
- Clients we spoke with and comment cards we received were positive about the staff.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service responded to clients quickly and could facilitate access to their service on the same day where clients were at risk.
- The service monitored their clients that did not attend their appointments and liaised with partner organisations to ensure they were followed up.
- The service had information leaflets in English and could have these produced in other languages. Interpreter services could be made available when needed. Staff gave clients relevant information that was useful to them such as treatment guidelines and conditions.

Summary of this inspection

- The service was meeting the needs of all the clients that accessed their services and provided advice about other agencies and local groups to assist in a client's recovery.
- The service was responsive to client needs, provided flu vaccinations, and Hepatitis screening.
- The service had set targets they were monitored against by commissioners and the service was meeting their targets.
- There was a complaints process and staff all received training in complaints.
- The environment was accessible to those requiring disabled access and home visits could be arranged where clients had restricted mobility issues.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were aware of the vision and values and reflected them in the delivery of care.
- There were a range of policies and procedures to support the delivery of safe care.
- The service monitored performance through engagement with the national drug treatment monitoring service. This was supported a series of internal audits and quality monitoring by the commissioners of the service.
- Staff morale was very positive. Absence rates were low and staff told us that management were supportive and that enjoyed working at Delphi Wellbeing.
- Staff told us they could raise concerns without fear of victimisation and that senior managers were open and approachable. There was an open and honest culture in the service seeking to improve the service provided to their clients.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the service provider's compliance with the Mental Capacity Act 2005 and, where relevant, the Mental Health Act 1983 in our overall inspection of the service.

All clients who were referred to the service were presumed to have capacity. Staff received Mental

Capacity Act awareness training as part of their mandatory training. If there were concerns over an individual's capacity staff were aware of whom to contact. Further information about findings in relation to the Mental Capacity Act appear later in this report.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The building at Harrowside was clean, comfortable and well maintained. All communal areas and waiting rooms at Harrowside were clean, comfortable and tidy. A cleaner was employed over the weekend period and staff maintained the cleanliness of the building during the week.

Comprehensive health and safety checks of the building and environment were in place. These included legionella and water temperature checks. Staff adhered to infection control principles, there was hand sanitiser available, and hand-washing posters displayed.

The clinic and visiting room did not have access to an alarm system. However, following the inspection the manager of the unit confirmed one had been purchased and evidence was provided. This was to ensure assistance could be called if needed.

The service had staff visiting and working in other buildings we visited. The location at Cookson Street was owned by the local authority and leased by a third party who delivered part of the community service provision. Six visiting rooms afforded no privacy and conversations could be overheard from room to room. The furniture was shabby. Staff had access to two workstations, which was not enough to complete their assessments. The chairs were too low to provide a safe environment for staff to work from and no workstation assessments had occurred. There was a clinic room but there was no access to a sink. The management team had raised this by email to staff to provide feedback on solutions and options and to comment on how they could resolve these issues.

All communal areas and waiting rooms at Harrowside were clean, comfortable and tidy. A cleaner was employed over the weekend period and staff maintained the cleanliness of

the building during the week. Comprehensive health and safety checks of the building and environment were in place. These included legionella and water temperature checks. Staff adhered to infection control principles, there was hand sanitiser available, and hand-washing posters displayed.

Arrangements were in place for the collection and disposal of clinical waste. A separate toilet area was available to enable urine screening and other tests to take place. A locked hatch into a screening room was in place to enable clients some privacy where testing for blood borne viruses and drug and alcohol testing was required. There were arrangements in place for the collection and disposal of clinical waste. We found that clinical waste was managed safely.

The clinic room was clean and tidy and had access to an examination couch, a blood pressure monitor and scales. The equipment had been checked regularly and was safe for use.

The service had identified fire wardens and an up to date fire risk assessment. Portable appliance testing was routinely carried out to ensure that equipment was safe to use.

Child visiting was discouraged but where this could not be avoided, the parent would supervise their children. The location at Harrowside had access to toys and books for children.

Safe staffing

The service employed 18 staff in total. The provider reported a total permanent staff sickness of three per cent overall and a substantive staff turnover of zero per cent, as at August 2016.

Substance misuse services

They employed eight whole time equivalent nurses and two support workers. They reported no qualified nurse vacancies and no nursing assistant vacancies, as at August 2016. They had four fulltime non-medical prescribers working five days a week.

There were three doctors providing cover for the service. Sessions were held to review patients and to discuss ongoing treatment and changes to their withdrawal regime.

In the last three months bank staff had been used to cover additional hours on 22 occasions.

There were no clients awaiting allocation of a key worker. Key workers were employed by another agency who worked alongside Delphi.

The completion of staff mandatory training was 100%. The NHS information governance toolkit training was also mandatory for all staff. Staff mandatory training was decided by job role and managers and all registered nurses completed 17 different training subjects. Some of these included;

- basic life support
- Mental Capacity Act
- risk management
- medicines management
- safeguarding children and vulnerable adults

All new starters completed an induction process when commencing employment. They completed online training as well as shadowing other staff members. New staff had an induction plan and a checklist was completed against their competency in their job role. They had a three month probationary period on commencing employment and this was reviewed at the three month period.

We looked at four staff computerised records which confirmed that fit and proper person's checks had been completed. Staff had transferred over from a local NHS trust and their staff files had transferred. For any new staff being employed they sought references, disclosure and barring checks, photographic ID checks and checking nurses' registration. We found evidence that disclosure and barring service checks were carried out for all staff before they started employment. One nurse registration had

lapsed due to a processing error and this had been identified by the provider who were awaiting the applicants re registration. We saw that these had been completed for other staff and monthly checks were in place.

Assessing and managing risk to clients and staff

We looked at eight records of clients at the Cookson Street location and all had a risk assessment in place. Another provider on initial referral completed part of the assessment process. All clients received a full clinical assessment before prescribing and 100% of clients had received this. Once the assessments were complete staff from Delphi Wellbeing completed an additional health and wellbeing assessment. Two of the eight records did not contain a health and wellbeing assessment and one record did not have a completed severity of alcohol dependence questionnaire. This is a clinical screening tool to measure the presence and level of alcohol dependence.

Delphi Wellbeing had completed 81% of health and wellbeing assessments for their clients and this was good practice to address any additional health needs clients had.

One record we looked at had recorded the health and wellbeing assessment in the notes page of the system. These issues had been highlighted by the managers and had been placed on the risk register. We saw records were being maintained to keep an overview of completed wellbeing assessments for clients.

Clients receiving detoxification from opiates had individual care plans detailing the care and treatment staff must provide to ensure risks to their health and safety were managed appropriately.

Staff responded promptly to any deterioration in clients' health. There were good working relationships with local pharmacies and GP practices. Staff completed physical health assessments and made referrals to appropriate services to ensure that any deterioration in a client's physical health was addressed quickly. The service had good links with the local mental health team and would work closely with them if a client had mental health needs identified.

All staff were trained in safeguarding children and vulnerable adults and were able to describe how they

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would identify potential abuse. They were clear about the process of how to make a safeguarding alert and a policy was in place to support this. There was an identified safeguarding lead in the team.

The service had good policies and procedures related to medication to ensure the safe and effective prescribing and use of medicines. The only medicines kept at the services' clinics were naloxone, vaccines and those for emergency use. Emergency medicines and equipment were easily accessible and checked regularly. Naloxone and vaccines were stored safely and at the right temperature.

Medicines for clients were prescribed on NHS prescription forms and supplied by a local community pharmacy. We saw evidence of good communication between the service and all the community pharmacies clients attended. Pharmacy staff were required (by the prescription) to watch some clients take their opioid substitute treatment before they left the pharmacy. This is known as supervised consumption and prevents a client 'saving up' their daily doses and then taking an overdose. It also makes it difficult for the client to transfer any legally prescribed controlled substance to another person for illicit use. Pharmacies informed the centre when a client did not collect their medicine so that their well-being could be checked and their prescription amended.

Non-medical prescribers (the pharmacist and nurses who were trained and authorised to prescribe for clients) received regular appraisals and supervisions. The medical director (an experienced doctor) saw clients with more complex needs. Clients received a full physical assessment when they registered with the centre. Information about a clients' health and prescribed medicines was obtained from their GP. Clients were given a further physical examination before a prescription was issued when the prescriber judged this necessary.

Prescribers were aware of the guidelines on the treatment of substance misuse issued by the National Institute for Health and Care Excellence. They also remained informed of changes to guidelines or best practice treatments by reading substance misuse updates for GPs.

Arrangements were in place to manage the issue of prescriptions for clients who were discharged from hospital or a health and justice establishment. Blank prescription forms were stored securely at the centre and there was a system to record and account for their use.

A standard operating procedure was in place for the supply of naloxone. This medication was used to treat an opioid overdose in an emergency. Vaccines and adrenaline were used in accordance with patient group directions. Patient group directions allowed named nurses to supply and/or administer prescription only medicines to a client without a prescription. We found that all patient group directions were appropriate given the activity for which the service was registered. Patient group directions were completed, signed and dated in the way required by law.

The registered manager, medical director and the provider's pharmacist all engaged with the controlled drugs local intelligence network. The local intelligence network is the forum where different organisations and healthcare services in a locality share information and learning from incidents in order to reduce the risk of the mishandling and illegal use of controlled drugs.

Prescribers took care to prescribe a therapeutic dose of medicine for each client to ensure treatment was effective and discourage continued illicit substance misuse. Clients were given a weekly supply of their medicine so they could take control of their treatment as soon as they were well enough.

There was a system in place to assess a client's suitability to collect their prescription and keep it safe at home. The client's ability to continue self-administration at home was reviewed. Staff at Delphi provided clients with safe storage boxes that included a child safety catch and a padlock on the outside of the box.

Reporting incidents and learning from when things go wrong

Incidents were reported by staff that had access to a secure computerised system to report any incidents. Incidents were reviewed by the managers and where necessary raised during governance meetings and senior management meetings. Any lessons learnt were shared with managers, team members and the clients if appropriate. Incident logs were reviewed continuously and an annual overview was provided to the senior management meeting. The service was jointly working with the local authority and another service provider to review any clients that had died whilst receiving treatment. This highlighted any similarities and was used to improve the service and prevent future deaths.

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Staff told us that their managers and management team were supportive following an incident. Debriefs took place as necessary following serious incidents.

Duty of candour

The duty of candour regulation relates to providers being open and honest with clients and other 'relevant persons' (people acting lawfully on behalf of clients) when things go wrong with care and treatment. This includes giving them reasonable support, truthful information and a written apology. There was an up to date policy on the duty of candour. Staff we spoke to were clear in their understanding and their role in this area. All incidents and complaints were assessed against the duty of candour. None of the incidents met the threshold for duty of candour.

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

Assessment of needs and planning of care

Access to the service was via an umbrella service commissioned by a local council to provide substance misuse service. Horizon provided substance misuse services for clients who were Blackpool residents, over the age of 25 who had problems with alcohol or drug use. Delphi Wellbeing was part of this service providing the community detoxification and treatment element. The initial assessment, recovery care plans and keyworker sessions were provided by another provider. Information was shared by all providers through an integrated computer system.

Blackpool council also commission substance misuse services for young people under the age of 24 at 'the hub'. Delphi Wellbeing provided input into this service also. Young people were engaged in substance misuse treatment and education via a drop in centre based at a young person's centre in Blackpool town centre.

Referrals to Delphi wellbeing were triaged by the service manager and allocated to the appropriate staff member. The team kept a diary to ensure appointments were made.

Keyworkers from another provider were responsible for ensuring clients attended health and wellbeing assessments. Delphi staff liaised closely with other providers to ensure attendance was maintained.

The health and wellbeing assessment addressed issues around sexual health and blood pressure checks, checks on electrocardiograms, vaccinations for flu and Hepatitis.

The Delphi administration team populated a spreadsheet for clients currently in treatment. Data included medical appointments and health and wellbeing appointments. Dates were added when clients attended and failed to attend.

Information provided to the Care Quality Commission indicated there were currently 793 clients with opiate use in treatment, of which 644 had a health and wellbeing assessment.

There were currently 227 clients with alcohol issues of which 167 had a health and wellbeing assessment.

Some client health and wellbeing assessments had been missed and not recorded due to the system not highlighting if health and wellbeing assessments were missing and their computer system not saving information. Staff reported that the system did not flag up if the health and wellbeing assessment were missing. The computerised system provided by the commissioners did not always save the assessments when they were at Cookson Street, due to the Wi-Fi connection.

The Delphi administration team send a list of clients who have not had a health and wellbeing assessment to the partner organisation. Key workers were asked to prompt clients' to attend.

The Delphi team also offered a 'drop in' service five days per week at another location where the partner organisation was based. This allowed clients to choose which location was more convenient for them to attend.

Best practice in treatment and care

The service followed National Institute for Health and Care Excellence guidelines when prescribing medication. All staff had access to information from the National Institute for Health and Care Excellence guidance updates and policies were reviewed and updated accordingly. We saw information on clients' medicines based on National Institute for Health and Care Excellence guidance, which included information on drug interactions, dosages, contra-indications, side effects, and health checks required.

We reviewed a policy in relation to opiate medically assisted withdrawal using Lofexidine. This policy included

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the clinical opiate withdrawal scale questionnaire. This monitored clients' withdrawal at regular intervals over the course of treatment. Records confirmed that these were being completed for clients and then recorded on their computerised system. One record we looked at identified the questionnaire had been completed on the same paper three times for three separate clients and not imputed onto the system. This meant that it would have been easy to mix up clients answers. This had been highlighted on to their risk register as paper records remained in use alongside their computerised system.

There were effective processes in place for monitoring of physical health care needs. Clients were given a full physical health screen. Baseline observations were undertaken on blood pressure, pulse, respirations, oxygen saturations, temperature and urine drug screening as well as hepatitis screening and vaccinations. Staff completed dry blood spot testing on clients to check for hepatitis C.

The service worked with clients to help them develop recovery capital. Recovery capital refers to social, physical, human and cultural resources a client needs to develop to help them achieve and sustain their personal recovery.

The services performance was measured by the commissioners on a monthly basis. This related to the quality and activity in the service. Data was submitted to the national drug treatment monitoring system, which collected, collated and analysed information from drug treatment services. It is managed by Public Health England. All drug treatment agencies must provide basic information to the national drug treatment monitoring service on their activities each month.

The service was involved with a research project produced by a local university in September 2016. Ten recorded interviews with Delphi Wellbeing clients were analysed. Conversation analytic role-play methods were used. This provided an analysis on client and doctor interviews and allowed improvements to be made when conversing with clients to improve the outcomes for clients' treatment.

The service had also implemented a single hepatitis-screening test. This had made the process for testing more effective and treatment was not delayed. This meant that clients received immediate results so that no recall or letters were needed.

Clients also received an additional health and wellbeing assessment to consider and address any wider health needs.

Skilled staff to deliver care

There were a variety of disciplines within the teams including nurses, doctors, non-medical prescribers, recovery workers, administrators and volunteers. Staff were involved in various outreach services and a street nurse was part of the team. Part of the outreach role involved accompanying the local authority homeless team from 7am to attempt to engage with homeless people in the Blackpool area. Staff were responsible for referring homeless people to the appropriate agencies. There was a particular focus on people who used substances and advice, guidance and referrals were offered. A recovery nurse worked alongside a pregnancy clinic every month. They provided support and guidance to women who were using substances and to implement a treatment reduction regime alongside working with a multi-agency team.

Staff were qualified and experienced to perform their role well. Staff had completed a number of additional training courses to assist them with their roles. They attended forums for hepatitis C. Staff told us that they were supported to access further training relevant to their roles. Some of the training included child sexual exploitation, substance misuse, working with families and people trafficking. Some of the staff had previously accessed services as clients and had progressed through a development pathway to become volunteers. This meant that staff had a strong empathy with clients' substance misuse difficulties to enable them to be part of the service.

Staff we spoke with told us they received regular supervision every four to six weeks and appraisals throughout the year. We checked the database this confirmed staff were receiving regular clinical supervision as well as appraisals throughout the year. Staff attended regular team meetings held monthly. All of the staff we spoke to were positive about the support that they received and were positive about the management support. The non-medical prescribers were supervised by the doctors attached to the team and provided monthly supervision of these staff. One of the doctors was available throughout the day to provide support to staff if there were any issues they needed to discuss.

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Staff were provided with information they needed to deliver effective care. They attended weekly meetings to discuss risks, service changes and received feedback from any incidents. These meetings also provided staff with updates, challenges and successes in the service and peer supervision.

A policy was in place to address any staff performance issues and this had been implemented alongside supervision to address any staff issues.

Multidisciplinary and inter-agency team work

We found excellent communication and joint working with other services and organisations. There were good links with midwives and the local women's centre, social workers, advocates, general practitioners, local hospitals, criminal justice teams, prison and probation services and local voluntary agencies. Staff attended multi-agency risk assessment conferences and multi-agency pregnancy meetings as required. They had a staff member attached to a monthly clinic for pregnant women.

Once a month client multidisciplinary teams met and information was recorded on the clients' electronic file. The service kept general practitioners up to date by sending them regular letters updating them of the progress on the treatment their patients received. Clients consented to this taking place.

The service had strong links with local recovery and community services. These included Blackpool families and recovery group, smoking cessation, women and young person's groups.

Adherence to the MHA

Some staff at Delphi were mental health nurses. Although the Mental Health Act was not applicable at this location, staff had close links with the mental health teams locally. Staff were aware of who to contact should someone's mental health deteriorate and how to access a team to initiate an assessment under the Mental Health Act.

Good practice in applying the MCA

Support workers, managers and all registered nurses received mandatory training in relation to the Mental Capacity Act. If staff had concerns over a client's capacity,

these would be discussed with the clients' keyworker and or referring agency. If clients were intoxicated they would be asked to attend another appointment and the keyworker would be informed.

Equality and human rights

All staff had completed training in equality and diversity. There was an equality policy in place. The equality policy included the protected characteristics set out in the Equality Act 2010. The service demonstrated a commitment to promoting equality and diversity. For example, by ensuring staff were aware of local groups where clients could be referred onto including transgender groups, sex worker groups, lesbian, gay, bisexual and pregnant women's groups and links to local multi faith groups.

Management of transition arrangements, referral and discharge

The pathway and single point of entry for accessing drug and alcohol services was through a service commissioned by a local council. This service provided a fully integrated substance misuse service for clients who are Blackpool residents, over the age of 25 and who have problems with alcohol or drug use. Delphi Wellbeing was part of this integrated service working with clients who needed to access community detoxification.

Records we reviewed evidenced that the service worked with partner agencies to facilitate access and discharge. The service liaised closely with referring agencies to ensure the appropriateness of referrals and worked within a two-week window to prescribe to clients. Commissioners monitored this and set targets were in place. There was no waiting list at the service.

The discharge process was managed by the partner organisations that provided the key worker role to the client. Delphi staff liaised with other agencies regarding client reviews and discharges. The service liaised closely with other organisations when the client was transitioning through the pathway.

Are substance misuse services caring?

Kindness, dignity, respect and support

We observed positive interactions between staff and clients during a home visit we attended. Clients were treated with

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compassion and understanding. Staff were approachable and respectful and showed a good understanding of individual need and circumstance. Clients told us they felt staff were empathetic, sympathetic, polite and caring. They were person centred in their approach and able to use their expertise of substance misuse and detoxification to engage and empathise with clients.

Staff showed an understanding of clients' needs regarding, equality, diversity and human rights and were none judgemental about how these may relate to substance misuse.

The five comment cards we reviewed were all positive about staff and the service the clients received.

The involvement of clients in the care they receive

We observed clients being fully involved and consulted with about their course of treatment. We saw clients were asked what they wanted to happen about their course of treatment and they were listened to. Clients received information about their course of treatment verbally and information was readily available at the location. Clients were actively involved and participated in conversations about their care and treatment. We saw technology had been used to maintain the involvement of clients in their ongoing review of treatment. This had been used with a client that was away in the course of their employment.

Clients were referred onto and provided with information about advocacy services and support groups where necessary.

Clients were able to feedback on the service they received and were encouraged to comment and leave suggestions via a suggestions box in the communal waiting area.

Their team provided outreach at another location and clients were asked to complete a short questionnaire about new psychoactive substances. Fifty six clients completed the questionnaire during February and April 2016. This has allowed them to determine the use of new psychoactive substances alongside opiate replacement therapy.

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

Access and discharge

Clients were referred into the service from the overarching local council commissioned service substances misuse services. Clients were able to self-refer into the service also.

The service had a target to see clients within a two-week period. The service was meeting this target.

Delphi Wellbeing were able to respond quickly to increased client risk by providing priority appointments on the same day. Home visits were arranged for clients who are unwell or had mobility issues.

Individuals who had been referred were encouraged to attend the service as part of the assessment process with their key worker.

The service monitored clients that did not attend their appointments. The figures were 1,105 in the last 12 months as reported at August 2016. During the same period at total of 70 clients were discharged from their service. Figures also indicated that all 70 of the discharged clients were followed up within seven days of being discharged.

The facilities promote recovery, comfort, dignity and confidentiality

The location base at a Harrowside has accessible clinical areas, meeting rooms and that had adequate soundproofing and privacy. The location also had access to a relaxation/therapy room. However, the location at Cookson Street where we visited did not promote comfort, privacy and dignity or confidentiality.

Information about the local recovery community and recovery support services was available to clients.

Meeting the needs of all clients

The service had access via a ramp with handrails fitted to support clients with mobility needs to access the building.

The toilet facilities were also accessible to clients using a wheelchair if needed. All therapy and clinic rooms and facilities were located on the ground floor.

Staff were able to access translation services where needed. Information leaflets and documentation could also be translated if required. Information leaflets were readily available and accessible for clients visiting the location.

The service had also reviewed an overview of patient profiles and demographics to ensure they were responding

Substance misuse services

and meeting differing needs. They had responded by trying to ensure the most appropriate and effective treatment journey for clients by delivering services outside of the mainstream location. These have included,

- attendance at women's centres as a venue to respond to the specific needs of women
- to discuss moving the sexual health clinic with another provider from one location to another to ensure increased attendance
- administering flu vaccines to respond to the needs of clients with chronic diseases who would not attend GP services for a vaccine
- administering hepatitis B vaccines and hepatitis C screening in response to public health agenda and patient risk and need
- outreach interventions and awareness sessions on the issuing of naloxone in soup kitchens, hostels and other vulnerable settings
- all newly referred clients with opiate use were issued with naloxone as a response to reported near misses
- local governance meetings with other commission services take place to discuss service issues, risks and incidents
- having a prescriber at various sites within the Blackpool area to ensure swift and appropriate response to clinical care and risk

Listening to and learning from concerns and complaints

The service had an up to date complaints policy. Complaints were acknowledged within seven days and where practicable were investigated within 28 days and the outcome determined. The policy covered both verbal and written complaints. Information on how to complain was displayed in the service waiting room alongside suggestion feedback sheets for clients to complete.

All staff had completed mandatory training on complaints. Delphi Wellbeing had received 57 written compliments from other agencies and clients using the service between August 2015 and August 2016.

The service had received no complaints between this period.

Are substance misuse services well-led?

Vision and values

Staff were aware of the organisation's vision and values. The vision and values focussed on taking clients from dependence to freedom. They also focused on ensuring they provided excellent clinical provision as part of a recovery pathway, which supported and facilitated clients to engage in genuine recovery. In conjunction with other partner organisations, clients were offered person centred services that were accessible, sustainable and accountable.

Senior management from within the organisation attended the team regularly. Staff told us they knew them personally and told us they had a supportive manager who was accessible and approachable.

Good governance

The organisation had highly effective governance processes to manage quality and safety. There was a clinical governance framework policy in place. There was a clear organisational structure. The senior management team provided regular input into the service, in particular from the head of clinical services. There was also regular input from the head of human resources. There were separate monthly meetings for contract delivery, medical and clinical issues, governance and risk, performance and quality, finance and human resources and business development. Each of these was discussed at a quarterly senior management meeting and information passed onto the registered managers at Delphi.

Monthly governance meetings were in place with other providers who provided other aspects of clients' pathways. There was an agenda in place for these meetings where previous minutes were reviewed. The agenda items included complaints and comments, incidents, information governance, risk, Care Quality Commission, health and safety and any other business. This meant that partner organisations providing different parts of the patient pathways were involved in discussions about the overall governance and risk issues that may affect clients their staff.

The service monitored performance using the national drug treatment monitoring service and treatment outcome profiles. This was supported by a series of internal audits and health and safety assessments.

Substance misuse services

The commissioners monitored the service monthly and systems were in place to capture and monitor internal performance.

The manager had enough freedom to manage the service effectively and had administration staff to support the team. The manager and staff also said that where they had concerns, they felt able to raise them.

There was a risk register that managers updated and addressed and risks were discussed within governance meetings and senior management meetings.

All staff had been subject to pre-employment checks and had completed a disclosure and barring service check.

Leadership, morale and staff engagement

There was highly effective leadership within the organisation. The registered manager was highly motivated, experienced and demonstrated enthusiasm to ensure the service provided to clients was of a high quality.

Staff were positive about the service manager and spoke positively about senior managers within the organisation. Staff gave feedback on the service verbally through team meetings and supervision sessions. Staff told us the registered manager had an open door policy if they wished to have a discussion outside of these formats they were available and supportive.

Commitment to quality improvement and innovation

The service had worked with a local university in providing research on client feedback. The service had completed an internal improvement study on communication styles during interviewing.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

The provider must ensure the premises and equipment used to deliver the regulated activity at Cookson Street is suitable for the purpose for which they are being used.

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 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The registered person did not ensure that the premises and equipment used by the service were safe to use for their intended purpose and were used in a safe way and properly maintained. This is because:</p> <p>The premises the staff were using at Cookson Street to deliver the regulated activity was unsuitable because there was insufficient workstations for staff to work. The furniture was worn and not fit for purpose. The conversations could be overheard in the interview rooms used to interview clients.</p> <p>The registered person must ensure that the premises and equipment used by the service provider at Cookson Street are safe to use for their intended purpose and are used in a safe way and properly maintained.</p> <p>This is a breach of Regulation 15 (1)(c)(d)(e)</p>