

# South Tyneside Substance Misuse Service – Cookson House







## Quality Report

Unit 4 Cookson House  
River Drive  
South Shields  
NE33 1TL  
Tel: 0191 9171160  
Website: [www.humankindcharity.org.uk](http://www.humankindcharity.org.uk)

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

### Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

### Overall summary

**We rated South Tyneside Substance misuse service as good because:**

- The provider had systems and processes that ensured the service was safe, with good staffing levels and

# Summary of findings

skilled staff to deliver care. Staff ensured that risk to service users were well assessed and well managed, and that good quality harm reduction interventions were offered at every engagement.

- Staff delivered treatment in line with up to date best practice guidelines, including the segmentation of the opioid substitution caseload according to a service users stage of recovery. There was a commitment to interagency working with good working practices with primary care, the police and the local hospital. There was excellent multiagency working within the team.
- Staff treated and supported people with dignity and respect, and involved them as partners in their care. Staff were caring, and demonstrated compassion, respect and understanding for service users. Service users gave positive feedback about their treatment.

- The service was responsive to people's needs and offered a range of recovery support interventions to help to achieve and maintain treatment goals. Staff understood the diverse range of service user needs and responded appropriately.
- The leadership, governance and culture of the service led to the delivery of high quality person-centred care. Leaders had an inspiring shared purpose with robust governance systems in place to manage risk and performance. A culture of learning and continuous improvement was promoted. Staff were well supported, with high levels of staff satisfaction.

However,

- Staff were not up to date with face to face Equality and Diversity and Mental Capacity Act training. Staff were booked onto courses in the next couple of months.
- Although every service user had an up to date care plan they lacked detail around the interventions required to deliver treatment outcomes.
- Staff understanding of the duty of candour was mixed.

# Summary of findings

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Good 

# Location name here

## Services we looked at

Substance misuse services

# Summary of this inspection

## Background to South Tyneside Substance Misuse Service – Cookson House

South Tyneside Adult Recovery Service is delivered by Humankindcharity who have over 30 years' experience of working to reduce deprivation and exclusion and to improving people's wellbeing. Humankind took over the contract in South Tyneside in April 2018, integrating drug and alcohol services in the area. Humankind subcontract to Spectrum who deliver the clinical parts of the service.

South Tyneside Substance misuse service offer ways for local people with drug and alcohol problems to become

free from their dependence. The service works to reduce the problems that substance misuse causes to families, friendships, workplaces and communities in South Tyneside.

The service works with each person to develop their potential for recovery. Individuals' needs are considered to strive to support positive outcomes. The service works in partnership with a range of health, mental health, adult, children and young people's social care, criminal justice agencies, voluntary and community sector services.

## Our inspection team

The team that inspected the service comprised of two CQC inspectors and a specialist advisor nurse with experience of working in substance misuse.

## Why we carried out this inspection

We inspected this service as part of our ongoing mental health inspection programme.

## How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited the premises, looked at the quality of the environment and observed how staff were caring for service users,
- spoke with six service users who were using the service,
- spoke with the registered manager,
- spoke with nine other staff members; including, nurses, recovery workers and administrators,
- received feedback about the service from the local authority commissioners,
- attended and observed the morning meeting and three multi-disciplinary meetings,
- looked at eight care and treatment records of service users,
- carried out a specific check of the medication management; and

# Summary of this inspection

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

## What people who use the service say

We spoke to six service users and observed two recovery support groups. All service users spoke highly of the service and said they were helping them to achieve their goals.

Service users in a group session raised some concern about the size of the room now that the group had grown. They felt able to raise this with managers through the forum.

# 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 rated safe as good because:

- The environment was safe, clean and well maintained.
- The service had enough skilled staff to meet the needs of service users.
- Staff assessed service users risks and managed them effectively.
- Incidents and safeguarding were effectively managed. Staff were proactive in identifying safeguarding concerns.
- There was evidence of effective learning within the team.

However,

- Staff were not up to date with face to face Equality and Diversity and Mental Capacity Act training. Staff were booked onto courses in the next couple of months.
- Staff understanding of the duty of candour was mixed.

Good



### Are services effective?

We rated effective as **good** because:

- Service users had a comprehensive assessment of their needs and a recovery plan which set out realistic goals. Regular care plan reviews were taking place.
- A range of treatment options were being delivered and staff assisted service users to identify and address physical and mental health concerns.
- Staff were receiving regular supervision and had training and development plans in place.
- There was excellent multidisciplinary working and good interagency working with partners such as the police, primary care, criminal justice and the hospital.
- The service was committed to improving through regular audits and implementing new ways of working to meet service user needs.

However,

- Although every service user had an up to date care plan they lacked detail around the interventions required to deliver treatment outcomes.

Good



### Are services caring?

We rated caring as good because:

Good



# Summary of this inspection

- Staff treat service users with kindness, privacy, dignity, respect, compassion and support.
- Staff supported service users to manage and understand their treatment. Service users were involved in the care they received.
- Families and carers were encouraged where possible to be involved in their loved one's care and treatment.

## Are services responsive?

We rated responsive as good because:

- The service was delivered with flexibility and choice to meet the needs of the local population.
- Care and treatment was coordinated with other services such as maternity, housing and mental health.
- Staff had a good understanding of the potential problems faced by service users and adjusted services to meet needs.
- Service users knew how to raise concerns/complaints which were dealt with appropriately.

Good



## Are services well-led?

We rated well-led as good because:

- Leaders had an inspiring shared purpose and strived to motivate staff. There were high levels of staff satisfaction across the service.
- Effective governance systems were in place to monitor incidents, safeguarding, complaints, risk and performance. The service used this information to drive improvements.
- There was a healthy culture with a staff team who felt valued and were committed to the vision of the service. There was a commitment to innovation, learning and continuous improvement.

Good





# Detailed findings from this inspection






## Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a policy on the Mental Capacity Act which staff were aware of and could refer to. Staff were aware that a service user's capacity could change from each appointment to the next and if intoxicated this could affect the service user's ability to make decisions. Capacity was assessed at each appointment.

People were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interest, recognising the importance of the person's wishes, feelings, culture and history.

Staff ensured service users consented to care and treatment, this was assessed, recorded and reviewed in a timely manner.

# Substance misuse services

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

## Are substance misuse services safe?

Good 

### Safe and clean environment

The service was located across three units on a small industrial estate. The main unit had a reception area which was accessed by a telecom system. There were several suitable rooms that could be used for service user appointments. Staff did regular risk assessments of the care environment, this included health and safety and fire risk assessments. Needle exchange was delivered from the medical centre and from three pharmacies. The medical centre was clean and well maintained.

Interview rooms were fitted with alarms and there were staff on site to respond. Clinic rooms were well-equipped with the necessary equipment to carry out physical examinations including a couch, scales and emergency equipment. There was a separate room used for urine screening with separate facilities. All areas were clean, had good furnishings and were well-maintained.

Cleaning records were up to date and demonstrated that the premises were cleaned regularly.

Staff maintained equipment well and kept it clean. Any 'clean' stickers were visible and in date. Staff adhered to infection control principles, including handwashing and the disposal of clinical waste.

### Safe staffing

The provider had determined safe staffing levels by calculating the number of staff to deliver a safe and effective service. There were 39 whole time equivalent staff

working within the service across three teams. The teams were the hope team who dealt with referrals by offering an initial screening assessment and brief interventions, the recovery team who carried out care coordination, usually with more complex service users, and the building recovery team who worked with service users to sustain recovery.

Clinical interventions were delivered by the subcontracted provider. The staffing team included a doctor, four non-medical prescribers, an administrator and a clinical lead.

The number, profession and grade of staff in post matched the provider's staffing plan.

Managers assessed the size of the caseloads of individual staff regularly and helped staff manage the size of their caseloads. Managers allocated service users by using levels of complexity.

Cover arrangements for sickness, leave, and vacant posts ensured patient safety. The service used agency staff appropriately. A post was currently filled by a regular agency worker.

### Medical Staffing

A specialist substance misuse doctor delivered four sessions. Nurse medical prescribers delivered the other medical appointments. There were currently 13 sessions available to service users each week, which had been calculated on demand to the service.

Staff had received and were up to date with mandatory training with a 100% completion rate in freedom of information, information security, records management, information governance, introduction to equality and diversity and health and safety. Safeguarding training was face to face and 90% of staff had completed the training.

# Substance misuse services

However, face to face equality and diversity training was 43% and mental capacity act training 79%. Staff were booked onto courses for equality and diversity and mental capacity training and a plan was in place to ensure that all staff completed this training.

## Assessing and managing risk to patients and staff

Staff did a risk assessment for every service user during initial triage, using a recognised risk assessment tool. Risk assessments were regularly updated and staff identified and responded to changing risks to, or posed by, patients.

Service users were made aware of the risks of continued substance misuse and harm minimisation and safety planning was an integral part of recovery plans.

The service responded promptly to sudden deterioration in people's health. There were effective links with the local hospital and GPs.

The service had processes in place for the unexpected exit from treatment and made attempts to engage people back into the service. There were good links with pharmacies who would notify the service if they had concerns.

The service had processes in place for what to do when there are suspicions or there is evidence that service users had passed on their medication to a third-party for illicit purposes. The service had good links with pharmacists and drug testing took place.

## Safeguarding

Staff could give examples of how to protect service users from harassment and discrimination, including those with protected characteristics under the Equality Act. We observed staff discussing and formulating plans to ensure that service users were protected when they had concerns.

Staff worked effectively within teams, across services and with other agencies to promote safety including systems and practices in information sharing. The service identified children and could identify risk factors. The service worked closely with the local authority, police and the local hospital. A system was in place to check if a service user had an open case with the local authority.

All safeguarding concerns were documented on the providers electronic system. We reviewed the provider hub system and found that staff were continuously raising

safeguarding concerns where appropriate. We reviewed three safeguarding concerns and found that staff had followed the providers process and appropriate action was taken.

The service had two safeguarding leads who were available to give advice to staff.

## Staff access to essential information

The service used an electronic care records system. An electronic hub system was in place to record incidents, safeguarding and complaints. Relevant staff had prompt and appropriate access to care records that were accurate and up to date.

## Medicines management

Staff had effective policies, procedures and training related to medication and medicines management including: prescribing, detoxification, assessing people's tolerance to medication, and take-home medication. Naloxone was given to service users to take home.

There were no controlled drugs held on site. Systems were in place to manage service user prescriptions, which were collected by courier and sent direct to the pharmacy. All dispensing was done through arrangements with local pharmacies. GPs prescribed medication for alcohol detoxes and ongoing support was provided by the service.

Staff reviewed the effects of medication on patients' physical health regularly and in line with NICE guidance, especially when the patient was prescribed a high dose medication.

## Track record on safety

There had been 10 serious incidents in the previous 12 months relating to abuse/alleged abuse. The provider had dealt with these appropriately.

## Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report. An electronic system was used to record all incidents and staff could notify relevant people within the organisation to review the incident. The system generated a three day follow up for managers to review and respond to incidents. Death in service reviews were taking place, with evidence of learning from these.

# Substance misuse services

Some staff did not understand the duty of candour when asked, however when prompted they did understand the need to be open and transparent, and gave people using the service and families a full explanation when something goes wrong. We saw examples of where this had happened.

Staff received feedback from the investigations of incidents which were discussed in team meetings. There was evidence of learning from death in service reviews. Joint clinical and recovery staff meetings had been implemented due to identification of missed opportunities where there had been a death.

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

Good 

### Assessment of needs and planning of care

Staff completed a comprehensive assessment of every service user. For service users who were open to the service prior to April 2018, documents had been received and summarised from outgoing providers. The summary of previous assessments was on the care record. All new service users had a comprehensive assessment completed.

Staff assessed service users physical health during assessment. Staff developed care plans that met the needs identified during assessment. Staff worked with service users to identify treatment goals. This included where service users saw themselves being at the next review. Milestone meetings were held at least every three months. However, we found that some care plans were basic and lacked detail around how the goals would be met. The provider had identified this through audit and was addressing this with staff during supervision.

The recovery plan identified the person's key worker/care co-ordinator.

### Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the service user group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. Interventions included prescribing, structured

psychosocial and recovery support. Service users had 12-week milestone meetings to review treatment goals and outcomes. The service was encouraging service users to move away from maintenance and into recovery.

The service had segmented the treatment population into three categories to ensure that resources were effectively used. In each category staff worked on a service user's motivation and set realistic goals.

The service identified and embedded relevant and current evidence based best practice and guidance, for example NICE guidance and National Treatment Agency for Substance Misuse (now a part of Public Health England) tools to provide quality care.

Physical health care needs were being met. This included blood borne virus screening and referral to a hepatitis c nurse who visited the service monthly. The service supported those with longer term conditions to access their GPs and attend the local hospital. Service users on high levels of prescribed medication were encouraged and supported to have ECGs completed.

Staff supported patients to live healthier lives. The service had a full-time health and wellbeing nurse. Health and wellbeing checks were given to priority groups such as those who were being prescribed and those with co-morbidity issues. Health and wellbeing checks would be offered to other groups once there was capacity within the team.

Staff participated in clinical audit, benchmarking and quality improvement initiatives. An audit of high level methadone prescribing, resulted in some service users on high levels of prescribing to have a medication review.

A review of data transferred from previous providers implemented a robust approach to the use of urine testing across the service for prescribed service users

Other audits included a review of buprenorphine prescribing, a review of supervised consumption practices and an audit of current shared care practice across local GPs.

### Skilled staff to deliver care

The team included a doctor, nurses, recovery workers, volunteers and administrative roles. All staff had been provided with a comprehensive induction when the provider took over the service in April 2018.

# Substance misuse services

Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the patient group. Staff had completed mandatory training and were supported to develop their skills and knowledge.

The service ensured that robust recruitment processes were followed, and risk assessments were in place when required.

All staff received regular supervision every four to six weeks, this was 100%. Monthly clinical supervision was mandatory for all staff to discuss current cases. All staff had individual development plans. Staff would receive an appraisal once they had been employed for one full year.

Poor staff performance was addressed promptly and effectively.

The provider recruited volunteers when required, and trained and supported them for the roles they undertook.

## Multi-disciplinary and inter-agency team work

Staff held regular and effective multi-disciplinary meetings. Flash meetings took place every morning which were attended by all staff. Nursing staff also met daily to discuss prescribing needs. Weekly meetings took place to discuss any high-risk cases. The service ensured there was multidisciplinary input into people's comprehensive assessments and treatment. This included links with, community mental health teams, GPs, maternity services, children and family services, social workers and criminal justice services.

The service was working with partners to work with hard to reach groups who were known to the emergency services. The project called the 'blue light project' involved the police, and other front-line services. There were examples of where service users had been supported to enter treatment, and the service could offer harm minimisation to people in the community.

The service had effective protocols in place for service users who were prescribed by their own GP. Joint meetings took place between staff and GPs to ensure treatment goals were being addressed.

Recovery plans included clear care pathways to other supporting services. This included the joint working with midwifery services for pregnant service users.

The service discharged people when structured treatment was complete. Service users remained open to recovery support to ensure ongoing support to maintain recovery.

## Good practice in applying the MCA

The service had a policy on the Mental Capacity Act which staff were aware of and could refer to. Staff were aware that a service user's capacity could change from each appointment to the next and if intoxicated this could affect the service user's ability to make decisions. Capacity was assessed at each appointment.

People were supported to make decisions where appropriate and when they lack capacity, decisions were made in their best interest, recognising the importance of the person's wishes, feelings, culture and history.

Staff ensured service users consented to care and treatment, this was assessed, recorded and reviewed in a timely manner.

## Are substance misuse services caring?

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

Observations and reports (by people who use services) of staff attitudes and behaviours, when interacting with people who use services, demonstrated compassion, dignity and respect, and provided responsive, practical and emotional support; as appropriate.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes to service users without fear of the consequences.

Staff supported service users to understand and manage their care, treatment or condition.

Staff directed service users to other services when appropriate and, if required, supported them to access those services.

The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about service users.

# Substance misuse services

The service had a record that confidentiality policies have been explained and understood by people who use the service.

## Involvement in care

Staff involved service users in care planning and risk assessment. Service users were given an overview of the service and what treatment options were available. Staff communicated with service users so that they understood their care and treatment, including finding effective ways to communicate with patients with communication difficulties.

Staff engaged with people using the service, their families and carers to develop responses that met their needs and ensured they had information needed to make informed decisions about their care.

Staff enabled service users to give feedback on the service they received. Comments cards were available in reception and a 'you said we did' board was visible. A monthly service user forum took place. A water machine had been placed in the reception area in response to feedback.

Staff enabled families and carers to give feedback on the service they received.

Staff provided carers with information about how to access a carer's assessment. The service signposted families to services that could support them. Staff had acknowledged the need to take a whole families approach and there were plans to develop family work.

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

Good 

## Access and discharge

The service was open access and referrals could be made by the person or a third party. All referrals were triaged through the single point of access team. The team recorded basic risk information and demographics and offered brief interventions. The referral was then allocated for comprehensive assessment. If the person required medication then a medical appointment was offered. There was no waiting list for the service.

The service had a clearly documented admission criteria and alternative treatment options were discussed if a person was not able to comply with specific treatment requirements.

The service had a set target for time from referral to triage to comprehensive assessment and from assessment to treatment/care which was consistently met at 21 days.

Staff could see urgent referrals quickly, either prison releases of hospital discharges. Two staff members visited the hospital every morning to triage anyone admitted requiring treatment. Two dedicated criminal justice workers were part of the team.

Processes were in place for when service users arrived late or failed to attend their appointments which were fair and reasonable and did not place the service user at risk.

## Discharge and transfers of care

Recovery and risk management plans reflected the diverse and complex needs of the person including clear care pathways to other supporting services such as maternity, social, housing mental health services.

Staff planned for a service users discharge, by discussing treatment goals at point of entry into treatment, and at milestone meetings at least every three months.

Staff supported service users during referrals and transfers between services. The service supported service users to access detox and rehabilitation. Service users accepted for detox were suitably prepared and supported to attend on their first day. Staff also facilitated transfer back to the local area once they left rehabilitation and provide ongoing recovery support.

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

The service had a range of rooms and equipment to support treatment and care. There was a clinic room to examine patients, sufficient chairs in the waiting area, individual therapy rooms and two group rooms. However, service users expressed concern that the group room was too small now that attendance at groups was increasing.

## Patients' engagement with the wider community



# Substance misuse services

Staff supported service users to maintain and improve relationships with family members. The service had plans to develop a programme to support families and carers and was proactive in identifying service users with children.

Staff encouraged service users to access education and training dependant on their stage of recovery. Volunteering opportunities were available with the provider and ex-service users were employed at the service. Service users were encouraged to attend peer support groups to help develop and maintain relationships, both within the services and the wider community.

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

Staff demonstrated an understanding of the potential issues facing vulnerable groups. Any needs were identified during assessment and the service offered flexibility to meet needs. Service users could be seen away from the service in the local community and home visits could be arranged. The service had links with lesbian, gay, bisexual, and transgender groups, a specialist midwife service and domestic violence services. Records could be restricted if needed to protect service users.

The provider adapted service delivery to respond to the 2016 NHS Accessible Information standards. They had adopted a system which ensured that websites and marketing literature were accessible to people with dyslexia, reading difficulties, visual impairments and English language learners. The providers publicity materials and information could be published in multiple languages. A central up-to-date database was available of all staff who speak languages other than English, this supplemented the use of external interpretation/translation services.

## Listening to and learning from concerns and complaints

Staff protected service users who raised concerns or complaints from discrimination and harassment. There had been six formal complaints made to the service in the previous 12 months, none of which were upheld.

Managers were responsible for investigating complaints, we reviewed three complaints and found that these had been effectively dealt with. Complaints records demonstrated that individual complaints have been responded to in accordance with the service's complaint policy.

A system was in place so that staff could resolve low level complaints. Anything that could not be resolved was passed to managers.

Systems were in place to monitor complaints with senior management oversight. Complaints were stored on the provider electronic hub system

## Are substance misuse services well-led?

Good 

### Leadership

Leaders had the skills, knowledge and experience to perform their roles. The service manager was enthusiastic with an excellent understanding of the service. The manager was supported by the clinical manager from the subcontracted organisation. The management team worked well together to ensure the safe and effective running of the service. The service was supported by senior managers within the organisation.

The organisation had a clear definition of recovery and this was shared and understood by all staff. Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care.

Leaders were visible in the service and approachable for service users and staff.

Leadership development opportunities were available, including opportunities for staff below team manager level

### Vision and strategy

The providers mission, vision and values had recently been reviewed and redeveloped after consultation with staff, volunteers and service users. Staff knew and understand the vision and values of the team and organisation and what their role was in achieving that.

All staff had a current job description and the opportunity to contribute to discussions about the service. The new contract had implemented a new way of working and the provider had ensured that all staff were on board with changes.

### Culture

# Substance misuse services

Staff felt respected, supported and valued by the organisation. The provider had managed the transition to an integrated service under the new contract. Staff felt positive about the service they were delivering. There had been some staff changes during the reorganisation and the provider recognised that for some people this had been a difficult time.

The provider recognised staff success through staff recognition and staff awards. Staff had development plans in place that included conversations about career development and how it could be supported. Staff were supported to explore training needs.

The service responded proactively to bullying and harassment cases. Staff had access to support for their own physical and emotional health needs through an occupational health service.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Teams worked well together and where there were difficulties managers dealt with them appropriately.

## Governance

The service had effective systems and procedures in place, which had enabled the mobilisation of the contract once awarded in April 2018. The provider had brought four different services together and had implemented a new way of working in the area. Systems were in place to ensure that the premises were safe and that there were enough staff in the right roles to deliver the service. Staff were adequately trained and had supervision to support them in their roles. Systems were in place to audit the quality of treatment and care being delivered.

There was a clear framework of what must be discussed in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Management meetings took place regularly to ensure oversight of the service.

Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. Deaths in service were regularly reviewed and improvements made.

Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed.

Data and notifications were submitted to external bodies and internal departments as required.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

Service has a whistle blowing policy in place.

## Management of risk, issues and performance

There was a clear quality assurance management and performance frameworks in place. Key performance indicators had been agreed with the local authority. Performance reports were available to managers who used this information to improve the service.

Staff maintained and had access to the risk register at a local level and this fed into the organisational risk register. Staff at the service could escalate concerns when required.

The service had plans for emergencies such as adverse weather or a flu outbreak.

## Information management

The service used an electronic case management system that allowed data to be collected for case management audits and contractual performance reports. The system allowed information to be collected in ways that were not over-burdensome for frontline staff.

Managers had access to information to support them with their management role. Systems allowed them to run bespoke performance reports and reports relating to staffing and client caseloads. Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well.

Staff made notifications to external bodies as needed. All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it.

The service had developed information-sharing processes and joint-working arrangements with other services. This included the 'blue light' project where sensitive information was discussed and shared to help the most vulnerable.



# Substance misuse services

The service ensured service confidentiality agreements were clearly explained including in relation to the sharing of information and data.

## Engagement

Staff, service users and carers had access to up-to-date information about the work of the provider and the services they used through the intranet, provider website and the notice boards in the reception area.

Service users and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Service users were encouraged to complete questionnaires and a monthly service user forum took place. The forum encouraged feedback and suggestions for the service. Outcomes to suggestions were displayed in the waiting room and managers were available to meet with service users and carers.

Senior leaders engaged with local commissioner's in regular contract review meetings and commissioners had attended a recent open day.

## Learning, continuous improvement and innovation

The provider encouraged creativity and innovation to ensure up to date evidence based practice was implemented and imbedded. The service had implemented a pilot to segment the opiate treatment population to ensure services were targeted at people dependant on their treatment journey.

The service had a staff award/recognition schemes.

The provider has held the equality North East 'Equality Standard Gold Award' since 2012. When implementing significant changes to policy/procedure, an equality impact assessment document was completed to reflect where and why change was needed.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should ensure that staff are up to date with Equality and Diversity and Mental Capacity Act training.
- The provider should ensure that care plans detail the interventions required to deliver treatment outcomes.
- The provider should ensure that all staff understand the duty of candour.