

Foundations

START-Whitby Street

Inspection report

Whitby Street
Hartlepool
TS24 7AB
Tel: 01429285000

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

We rated it as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the majority of governance processes ensured that procedures ran smoothly.

However:

- Staff did not routinely undertake physical health observations unless they presented as being unwell which meant there was the potential that physical health issues were not being identified at any early stage so they could be addressed quickly. However, this was resolved soon after we raised it with the provider.
- The service did not monitor how well it followed the Mental Capacity Act. At the time of our inspection, there were no audits or other checks in relation to how well staff applied the Mental Capacity Act into their day to day work. However, the provider started to undertake audits of the use of the Act soon after we raised the issue.
- Staff were not trained in managing violence and aggression. However, the provider took steps to arrange training for all staff soon after we raised this as an issue.
- Staff were not aware of the service's risk register which meant they did not know if the items included on it matched their own concerns about issues which could negatively impact the service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Good 	

Summary of findings

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Summary of this inspection

Background to START-Whitby Street

START Whitby street is a community based substance misuse service delivered by Foundations and the local authority partner organisation. Foundations delivers the clinical service including substitute prescribing, blood borne virus testing and a needle and syringe provision. The partner organisation offers psychosocial interventions and other recovery-focussed support.

This inspection was carried out on the clinical elements of the service, provided by Foundations. The rating applied is specifically for the clinical care they provide as part of START Whitby Street.

Foundations has been registered with the Care Quality Commission since September 2020. The service has been registered to carry out the following regulated activities:

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

The service has a registered manager in place.

The service has not been previously inspected.

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 service.

This was a short-notice (24 hours) announced inspection to ensure the service could provide us with information about staff availability and arrange for us to speak with clients by phone.

Our inspection team comprised one Care Quality Commission inspector, a specialist advisor and an expert by experience with experience of substance misuse services.

During the inspection visit, the inspection team:

Summary of this inspection

- spoke with the registered manager, clinical lead, safeguarding lead, head of service and quality improvement/clinical team leader
- spoke with 12 other staff members including nurses, clinical support workers, a near-fatal dose practitioner, wellbeing support worker, training lead and a care co-ordinator from the partner organisation
- spoke with seven clients and three carers
- looked at six clients' care records
- looked at the service environment, including the review of health and safety related documentation
- looked at the medicines management arrangements within the service
- observed a clinical team meeting and a daily flash meeting
- observed how staff were interacting with clients and,
- looked at documents relating to the running of the service.

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

Areas for improvement

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

- The provider should continue to ensure staff regularly assess and monitor each clients' physical healthcare in addition to currently established health screening and target intervention methods.
- The provider should ensure that all staff within the service receive the planned training in managing violence and aggression.
- The provider should ensure that it continues with its audits of the use of the Mental Capacity Act within the service and routinely feeds back any lessons learned that have been identified to all staff.
- The provider should continue to ensure that staff are aware of what is currently included on the provider's risk register and, have opportunities to submit items for possible inclusion on it.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community-based substance misuse services

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

Are Community-based substance misuse services safe?

Good 

We rated it as good.

Safe and clean environment

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

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

All staff carried alarms and a team of three duty staff members were allocated each day to respond to alarms if they were used.

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

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

Staff made sure cleaning records were up-to-date, premises were clean and followed infection control guidelines, including handwashing. Staff made sure equipment was well maintained, clean and in working order.

There were enough first aiders and fire wardens in the service and staff knew who they were.

There were emergency medicines in stock for dealing with overdoses and anaphylaxis.

Safe staffing

The service had enough staff, who knew the clients and received training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.

Community-based substance misuse services

Nursing staff

The service had enough nursing and support staff to keep clients safe. These included:

- One whole time equivalent registered manager
- 0.8 whole time equivalent clinical lead
- One whole time equivalent quality improvement lead/clinical team leader
- One whole time equivalent non-medical prescriber
- One whole time equivalent harm minimisation nurse
- Five whole time equivalent clinical support workers
- 0.4 whole time equivalent hospital liaison worker
- One whole time equivalent harm minimisation lead
- One whole time equivalent non-fatal overdose and near miss practitioner
- 0.4 whole time equivalent safeguarding lead

The service had low vacancy rates. There was only one vacancy for a health and wellbeing/harm minimisation nurse.

The service had not used bank or agency staff in the last 12 months. Forty-four shifts were covered by other colleagues within the service or from another Foundations service nearby.

Managers made arrangements to cover staff sickness and absence. Vacancies were covered within the team and because annual leave was pre-planned, duties within the team could be pre-arranged and allocated accordingly.

The service's staff turnover rate was 25%. However, this only equated to three members of staff in total. Two had left the service to progress their career and another for personal reasons.

Managers supported staff who needed time off for ill health.

Sickness levels were low. The average sickness absence rate over the last 12 months was 2.2%.

The average caseload for full time staff was 80 cases per clinical support worker. Two additional clinical support workers had just been recruited to the service, so this figure was expected to reduce. Case management support was given during clinical team meetings and clinical support workers had monthly case management meetings with team leaders and the service's safeguarding lead.

Medical staff

The service had enough medical staff. There were nurses and a doctor employed within the service.

The service could get support from a psychiatrist quickly when they needed to. The service had established links with two local mental health services from whom a psychiatrist could provide support when required.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. The mandatory training compliance rates were:

- Basic Life Support 86%
- Safeguarding Adults 93%
- Safeguarding Children 93%
- Equality & Diversity 86%

Community-based substance misuse services

- Mental Capacity Act and Mental Health Act 93%

Managers monitored mandatory training and alerted staff when they needed to update their training.

We raised concerns with the senior managers within the service that staff had not been trained in managing violence and aggression. The registered manager told us this had been an oversight when the service resumed to a more mainstream provision following COVID-19 restrictions being lifted. We saw evidence that the manager had made arrangements for all service staff to be trained in managing violence and aggression and was awaiting available dates for this to be rolled out. The risk to staff was mitigated as there was a duty team comprising three staff members who were assigned each day to quickly respond to any emergency situations and when staff members activated their alarms.

Assessing and managing risk to clients and staff

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.

Assessment of client risk

We looked at six clients' care records and saw evidence that staff completed risk assessments for each client on admission using a tool built into the service's care records system. They were reviewed regularly, including after any incident.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health.

Staff within the partner service created individualised plans for clients to be followed when clients unexpectedly exited from treatment.

The service had a process in place for what to do when there were suspicions or there was evidence that clients had passed their substitute medicine to a third-party for illicit purposes (an act commonly known as diversion).

Staff offered all clients naloxone to minimise the risk of death following an overdose.

Staff recorded any conflicts between clients within their records which flagged as alerts when the client's record was opened.

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

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role. Staff gave examples of the possible signs of abuse including changes in presentation and mood, agitation and weight loss.

Staff kept up-to-date with their safeguarding training. Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Community-based substance misuse services

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. This included the local authority, social services, primary care services, mental health services and criminal justice organisations.

Care co-ordinators within the partner organisation were responsible for making safeguarding referrals to the local authority. However, this was done following discussions with Foundations staff, including the safeguarding lead. In the last 12 months, 19 safeguarding referrals in relation to children and 23 in relation to adults had been submitted to the local authority.

There had been no serious case reviews within the last 12 months.

Staff access to essential information

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

Client notes were comprehensive, and staff could access them easily.

When clients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. The service had a care records system which required staff to enter login names and passwords to access it.

Medicines management

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

We reviewed the service's medicines management policy and procedures and it was in line with national guidance and ensured staff followed systems and processes to prescribe and administer medicines safely. We saw evidence that fridge temperatures used for storing medicines were checked three times each day.

We saw evidence in clients' care records that staff reviewed each client's medicines regularly and provided advice to clients about their medicines. Staff completed medicines records accurately and kept them up-to-date.

Staff stored and managed all medicines and prescribing documents safely.

Staff followed national practice to check clients had the correct medicines when they commenced their care and treatment, or they moved between services.

Staff learned from safety alerts and incidents to improve practice.

We saw evidence in care records that staff reviewed the effects of each client's medicines on their physical health in accordance with the National Institute for Health and Care Excellence guidance.

Track record on safety

The service had a good track record on safety.

Community-based substance misuse services

There had been no serious incidents in the last 12 months.

Staff undertook reviews of care and treatment when a client died. They identified any good practice and used any issues identified to improve practice within the service.

Reporting incidents and learning from when things go wrong

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

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

Staff raised concerns and reported incidents and near misses in line with the service's policy.

There had been no never events within the service.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong. There had been no duty of candour reports submitted in the last 12 months.

Managers investigated incidents thoroughly and clients were involved in investigations when necessary.

Staff received feedback from the investigation of incidents, both internal and external to the service during team meetings and supervision.

There were examples of lessons learned from incidents within the service. For example, the service had employed a hospital liaison officer in response to issues around communication with acute hospitals not informing the service when a client had been discharged from inpatient services. There had been a number of instances in which local pharmacies had lost clients' prescriptions so the service had agreed from July 2022 that clients could collect their own prescriptions from the service itself which also encouraged engagement.

Are Community-based substance misuse services effective?

We rated it as good.

Assessment of needs and planning of care

Staff worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised and recovery-orientated.

Staff within the local authority partner organisation were responsible for undertaking comprehensive mental and physical health assessments of clients when they were admitted to the service.

The percentage of adult clients who had successfully completed their care and treatment in the last 12 months was 3.5%.

Community-based substance misuse services

Staff regularly reviewed and updated care plans when clients' needs changed. Clients who spoke with us said staff involved them in decisions around their care and treatment plans. We looked at six clients' care records and found their care plans were personalised and recovery-orientated.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare for any known health issues and supported clients to live healthier lives.

Staff provided a range of care and treatment suitable for the clients in the service. This included blood born virus testing, substitute prescribing and a needle and syringe provision.

Staff undertook physical health screening by asking clients questions about how they were feeling and offered targeted interventions. However, staff did not routinely undertake physical health observations unless clients presented as being unwell. This meant there was the potential that physical health issues were not being identified at an early stage so they could be addressed quickly. We raised our concerns about this with the senior managers within the service. Managers responded promptly to implement physical health observations into day to day practice and we saw evidence that appropriate processes had been developed and implemented.

Staff made sure clients had support for any known physical health needs, either from their GP or other primary healthcare services.

Staff supported clients to live healthier lives by giving advice. This included discussions around the interactions with different medicines, eating and drinking, lifestyle changes and engaging in social activities.

We saw evidence in clients' care records that staff routinely offered clients blood borne virus testing and treated viruses accordingly.

Staff took part in clinical audits. These included:

- audits of care records which had resulted in an improvement in the quality of documentation, new templates being developed and discussions around risk
- audits of blood borne virus testing which had led to improved recording on the provider's care records system
- an audit in relation to naloxone which had led to an improvement in associated documentation, a naloxone campaign being initiated, and naloxone training being rolled out within the service

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of each client. These included nurses, a non-medical prescriber, clinical support workers and harm minimisation workers.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care.

Community-based substance misuse services

Managers gave each new member of staff a full induction to the service before they started work. Four week inductions were given to staff members. This included shadowing experienced staff across all disciplines and several staff from the partner organisation. New starters were encouraged to spend time at a nearby Foundations service in Teesside. Induction also included support with the care records system and completion of mandatory training.

All staff within the service were compliant with their supervision and appraisals. The compliance rate for both appraisal and supervision was 100%.

Staff attended regular team meetings and gave information to those who could not attend. There were daily flash meetings, a weekly clinical meeting and a full staff meeting also attended by the partner organisation once a month. We observed a daily flash meeting and clinical meeting which evidenced that staff knew their clients' needs well, worked with external organisations when needed and that managers were interested in each staff member's wellbeing.

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

Managers made sure staff received any specialist training for their role. Specialist training undertaken by staff included prescribing skills, blood results, mental health, electrocardiograms and wound care.

Managers dealt with poor performance promptly and effectively. The provider had a performance management system in place which included a process for addressing staff performance issues.

Multidisciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

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

Staff made sure they shared clear information about clients and any changes in their care, including during transfers to other services.

Staff had effective working relationships with other teams in the organisation. Staff worked closely with the partner organisation, particularly when there were safeguarding concerns pertaining to the client.

Staff had effective working relationships with external teams and organisations including criminal justice organisations, social services, mental health services and the local authority safeguarding team.

We saw evidence in clients' care records that there were clear care pathways to other supporting services such as mental health services and mutual aid groups.

Good practice in applying the Mental Capacity Act

Staff understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. The compliance rate for Mental Capacity Act training was 93%.

Community-based substance misuse services

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

Staff knew where to get accurate advice on the Mental Capacity Act. They spoke with their managers within the service or could get advice and guidance from two local mental health services.

The service did not monitor how well it followed the Mental Capacity Act. At the time of our inspection, there were no audits or other checks in relation to how well staff applied the Mental Capacity Act into their day to day work. However, after we raised this with the senior managers within the service, audits around the use of the Mental Capacity Act were implemented and added to the service's audit schedule. An audit took place soon after our inspection and the results showed staff were adhering to the Act.

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

Are Community-based substance misuse services caring?

Good 

We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

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

We spoke with seven clients who each said staff were discreet, respectful, and responsive towards them and their needs. Staff gave them help, emotional support and advice when they needed it and, supported them to understand and manage their own care treatment or condition.

Staff directed clients to other services and supported them to access those services if they needed help. We saw evidence in care records that clients had been referred or signposted to mental health services, their GPs and other primary healthcare services. The clients we spoke with also said they had been signposted to other services.

Clients told us staff treated them well; behaved kindly and understood and respected their individual needs.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff.

Staff followed policy to keep client information confidential.

Involvement in care

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

Involvement of clients

The clients we spoke with each said staff involved them and gave them access to their care plans and we also saw evidence of this in clients' care records.

Community-based substance misuse services

Staff made sure clients understood their care and treatment and found ways to communicate with clients who had communication difficulties.

Staff involved clients in decisions about the service, when appropriate.

Clients could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged clients to complete feedback forms encouraged and we saw completed forms in the reception area.

Three of the seven clients we spoke with did not know how to make a complaint. However, there were complaints posters in the reception waiting area, including how to complain to the CQC. We also saw evidence that patients had given negative feedback. This evidenced the provider had made details of its complaints process clear to the people who used the service.

Staff made sure clients could access advocacy services.

Involvement of families and carers

We spoke with three carers during our inspection. They told us staff kept them informed of their loved one's progress, involved them in decisions about care and treatment and that staff listened to them.

Staff helped families to give feedback on the service. The carers we spoke with said they were given the opportunity to provide feedback over the phone and during discussions about care and treatment.

Two of the three carers we spoke with did not know how to make a complaint. However, there were complaints posters in the reception waiting area, including how to complain to the CQC. This evidenced the provider had made details of its complaints process clear to the people who used the service.

Staff gave carers information on how to access a carer's assessment.

Are Community-based substance misuse services responsive?

We rated it as good.

Access and waiting times

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

The service had clear access criteria and offered clients open access so they could be seen the same day.

People could access services and appointments in a way and time that suited them. The majority of clients accessed the service via the drop-in facility and were seen the same day.

The service had robust alternative care pathways and referral systems in place for a range of other support services.

Community-based substance misuse services

Staff offered clients alternative treatment options when they were unable to comply with specific treatment requirements. For example, methadone tablets could be prescribed as an alternative to liquid form if a client was pregnant, had morning sickness and could not tolerate high methadone liquid doses. Methadone tablets were also prescribed to clients who were travelling to remove the need for carrying large quantities of liquid.

Staff tried to contact people who did not attend appointments and offered support.

In the last 12 months, the service had not cancelled any appointments.

The service had processes in place for when clients arrived late or failed to attend their appointments which were fair and reasonable and did not place the client at risk.

Clients who spoke with us said their appointments mainly ran on time and staff informed clients when they were running behind schedule.

Staff supported clients when they were referred, transferred between services, or needed physical health care.

The facilities promote comfort, dignity and privacy

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

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

Interview rooms in the service were sufficiently soundproofed to protect privacy and confidentiality.

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic or with communication support needs.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs.

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

Staff were able to provide information in a variety of accessible formats so the clients could understand more easily. For example, staff used online translation services to produce information leaflets in languages spoken by the clients and local community.

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

Listening to and learning from concerns and complaints

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

There were complaints posters in the reception waiting area, including how to complain to the Care Quality Commission which evidenced the provider had made details of its complaints process clear to the people who used the service.

Community-based substance misuse services

There had been two complaints in the last 12 months and one of these was partially upheld.

Managers investigated complaints and used them to make improvements to the service. As a result of the partially upheld complaint, the service had implemented a new prescription process in which clients could pick up their own prescription at the service instead of a pharmacy as there had been some occasions where pharmacies had lost prescriptions.

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

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint.

Staff protected clients who raised concerns or complaints from discrimination and harassment.

When complaints were raised against another client, appointments were arranged so that the clients involved did not attend the service at the same time. Complaints were also treated confidentially.

Clients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service in team meetings and during supervision.

The service used compliments to learn, celebrate success and improve the quality of care. Compliments were shared during staff meetings. Examples of compliments included:

- feedback from clients, GPs and pharmacies about the service's open accessibility to clients
- the service being praised by the regional ambulance service in relation to its first aid support and, praise in relation to naloxone support given to clients and the general public following a campaign in Hartlepool.

Are Community-based substance misuse services well-led?

We rated it as good.

Leadership

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

Leaders provided clinical leadership via supporting staff with prescribing, clinical and prescribing supervision and supporting staff with complex cases at clinical meetings. They linked in with GPs and pharmacies, had hosted a pharmacy communication event, implemented new processes to ensure safe prescribing and safe movement of prescriptions and implemented a monthly prescription audit process. There were action learning sets each month in which managers provided learning, advice and guidance about clinical practice.

Community-based substance misuse services

Leaders had the skills, knowledge and experience to perform their roles and had a good understanding of the services they managed.

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

The provider had a definition of recovery which was achieving and maintaining a level of physical, psychological and social function which was no longer impaired by the use of addictive substances.

Vision and strategy

Staff knew and understood the service's vision and values and how they applied to the work of their team.

The provider's vision and values included:

- to promote harm reduction through social interaction with clients
- to widen diversion schemes and the near fatal overdose service
- to expand access to opioid substitution treatment and needle and syringe provision
- to widen naloxone provision and access to trauma therapy
- increased capacity to care co-ordination and psychosocial interventions and provide health care to substance users
- to expand a lived experience harm reduction offer and,
- to implement a town centre drug checking service.

The service had held a full service development day in September 2021, where its visions and values were discussed. The evaluation of the day indicated staff had embraced the vision and values.

All staff had a job description.

Staff had the opportunity to contribute to discussions about the strategy for their service. For example, at the time of our inspection, managers had asked staff and clients what they wanted the service's mission statement to be. There was a staff feedback box in the staff kitchen area and staff were given opportunities to discuss possible improvements in team meetings.

Culture

Staff felt respected, supported and valued. They reported that the service promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

Staff felt respected, supported and valued. They felt proud, positive, satisfied and part of the organisation's future direction.

Managers monitored staff morale, job satisfaction and sense of empowerment. Managers had open door policies so staff could speak with them at any time. We observed a clinical team meeting and the clinical lead asked each attendee how they were feeling and encouraged all staff to speak openly about their work and any support they needed.

The provider had staff award and recognition schemes. The provider paid for each staff member's lunch once a month and staff were given an extra day's leave on their birthday. Each week, a staff member was given a mug with a gift in it as recognition of their work and achievements.

Community-based substance misuse services

Staff appraisals included conversations about career development and how it could be supported.

Staff members felt able to raise concerns without fear of reprisals. Organisational policies and procedures positively supported staff being able to speak up about any concerns.

The provider had a whistle blowing policy in place that was accessible to all staff. A paper copy was pinned to a noticeboard in the clinical lead's office and an electronic version was accessible via the service's shared area.

Staff had access to support for their own physical and emotional health needs. Staff welfare was discussed at team meetings, staff were given support and time off in relation to any personal issues and had access to one to one sessions with a dedicated health and wellbeing lead.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. All staff had been trained in equality and diversity, the service's access criteria allowed anyone with substance misuse problems to receive care and treatment and the provider had equality and diversity policies and procedures in place.

Policies and procedures were reviewed by the provider's human resources team to ensure they did not place vulnerable groups or people with protected characteristics under the Equality Act at a disadvantage.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively, and that performance and risk were managed well.

Governance systems, policies, procedures and protocols were reviewed and reflected best practice.

The service's governance systems were effective overall. There were systems and procedures to ensure that all areas of the service building were safe and clean.

There were sufficient numbers of trained, experienced and skilled staff. Staff complied with their mandatory training; received regular supervision and were appraised.

Clients and carers told us they were treated well by staff and were supported and listened to.

Staff knew about the principles of the Mental Capacity Act and how it applied to their work. Access and discharge were managed well. Incidents, complaints and safeguarding concerns were reported, investigated and managers shared any lessons learned so the service could improve.

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

However, staff did not monitor clients' physical health unless they appeared unwell. There were no systems to ensure staff adhered to the Mental Capacity Act and staff had not been trained in managing violence and aggression. The managers acted quickly in response to these issues after we raised them and immediately made improvements.

There was a clear framework of what must be discussed at a facility, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

Community-based substance misuse services

Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts.

Staff understood the arrangements for working with other teams, both within the organisation and externally, to meet the needs of the clients.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

There was a clear quality assurance management and performance frameworks in place that were integrated across all organisational policies and procedures.

Staff who spoke with us were not aware of the service's risk register and instead gave examples of individual client's risk assessments despite being given prompts. However, managers within the service were able to explain what was on the risk register and shared the risk register with all staff during a meeting soon after our inspection.

The service had plans for emergencies such as adverse weather or a flu outbreak. The service had a business continuity plan which included the processes to be followed and who to contact if an emergency arose.

Managers monitored staff sickness and absence rates.

The service had not been asked to make any efficiency savings.

Information management

Staff collected and analysed data about outcomes and performance.

The service used systems to collect data from facilities and directorates that were not over-burdensome for frontline staff.

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

Information governance systems included confidentiality of client records. Staff ensured the service confidentiality agreements were clearly explained to clients in relation to the sharing of their information and data.

Team managers had access to information to support them with their management role.

Staff submitted data and notifications to external bodies as needed such as the local authority and Care Quality Commission.

All information needed to deliver care was stored securely.

The service had developed information-sharing processes and joint-working arrangements with other services where appropriate to do so.

Community-based substance misuse services

Staff were working with a regional palliative care team to improve end of life care for clients which was based on research by the National Institute for Health and Care Research.