

SMART Wokingham

Quality Report

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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

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

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- There were enough suitably qualified, trained and competent staff to provide care to a good standard. Staff were confident in how to report incidents and they told us about changes they had made to service delivery as a result of feedback, following incidents.
- Clients' risk assessments and plans were robust, recovery focussed and person centred. The assessment of clients' needs and the planning of their support, treatment and care was thorough and individualised. Staff considered the needs of clients at all times.
- SMART had a strong focus on recovery, treatment, empowering clients and ensuring their wellbeing. All staff were committed to the vision and values of the organisation. Staff were motivated to ensure the objectives of the organisation and of the service were achieved. The provider's senior management team brought strong leadership to the service and were available to both clients and staff.
- Governance structures were clear, well documented and followed. These provided control measures for

Summary of findings

managers so that they were able to assure themselves that the service was effective and being provided to a good standard. The managers and their team were fully committed to making positive changes to improve the quality of the service provided to clients. For example, through the use of regular audits. The service had clear mechanisms for reporting incidents of harm or risk of harm and we saw evidence that the service learnt from when things had gone wrong.

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

- The environment needed some repairs and attention. For example, cleaning was required in the kitchen and part of a fire exit was blocked with rubbish bags. The ceiling in the reception area was stained from a previous leak.
- Not all staff were familiar with the Duty of Candour policy.

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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SMART Wokingham

Services we looked at

Substance misuse services

Summary of this inspection

Background to SMART Wokingham

SMART Wokingham is based in Berkshire and provides a service to adults, older adults and young people. The service is a charity commissioned by Wokingham Drug and Alcohol Action Team and comes under the umbrella organisation called SMART Criminal Justice Services. The contract had recently been retendered and awarded to SMART.

SMART provides substitute prescribing such as methadone and buprenorphine to help people to stop using heroin. In addition, SMART assists clients with community alcohol detoxification. The service provides one to one work and group psychosocial interventions to help people to develop their recovery skills and support networks to sustain their recovery from alcohol or drug misuse. SMART has recently opened a needle exchange service. This service allows injecting drug users to obtain syringes and associated paraphernalia at no cost. The

aim of the needle exchange is to reduce the spread of blood borne diseases between intravenous drug users. It also encourages clients who inject drugs to return any used equipment for safe disposal. Staff had set up information points in six local general practitioner surgeries to advertise the service and, in addition, offered support to dispensing pharmacies.

The service did not have a registered manager. The area manager for this service was acting as registered manager and an application was being processed by the Care Quality Commission for the team manager to be the registered manager.

SMART Wokingham is registered to provide substance misuse services and to provide treatment of disease, disorder or injury.

Our inspection team

The team that inspected the service comprised of a Care Quality Commission inspector, Clement Feeney (inspection lead), an inspection manager and a clinical nurse prescriber with expertise in substance misuse services.

Why we carried out this inspection

We undertook this inspection to find out whether SMART Wokingham had made improvements to its substance misuse services since our last comprehensive inspection of the service in May 2016.

Following that inspection we told the service that it must take the following actions to improve substance misuse services.

- The provider must ensure that mandatory and specialist training is sufficient to support staff to carry out their roles safely and effectively. All staff must undertake this training.

- The provider must ensure that all staff, including volunteers, are screened by the Disclosure and Barring Service and that all clinical staff are revalidated.
- The provider must ensure that the service notifies the Care Quality Commission in the event of a death of a client under their care so this can be properly regulated.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 12 Safe care and treatment

Regulation 16 Notification of a death of a person who uses services

Summary of this inspection

During this inspection visit we found that considerable improvements had been made in these areas and the essential standards had now been met.

How we carried out this inspection

During a comprehensive inspection 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?

This was an inspection announced at short notice. It was a focussed inspection to see whether the provider had made the improvements we told it must be improved following our previous inspection. These issues fall under the safe and well led key questions. At the last inspection in May 2016 we were satisfied that substance misuse

services at this location were effective, caring and responsive. Since that inspection we have received no information that would cause us to re-inspect the other key questions.

During this inspection, the inspection team:

- spoke with the acting registered manager, the applicant for registered manager post and the lead nurse
- spoke with the chief executive of the service provider
- spoke with five other staff members employed by the service provider,
- looked at 15 care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We did not have opportunity to speak with any clients on this inspection.

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 areas of good practice:

- There were enough suitably qualified, trained and competent staff to provide care to clients to a good standard. .
- Clients' risk assessments and plans were robust, recovery focussed and person centred. The assessment of clients' needs and the planning of their support, treatment and care was thorough and individualised. Staff considered the needs of clients at all times.
- Staff were confident in how to report incidents and they told us about changes they had made to service delivery as a result of feedback, following incidents.

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

- The environment needed some repairs and attention. For example, cleaning was required in the kitchen and part of a fire exit was blocked with rubbish bags. The ceiling in the reception area was stained from a previous leak.
- Not all staff were familiar with the Duty of Candour policy.

Are services effective?

At the last inspection in May 2016 we were satisfied that substance misuse services at this location were effective. Since that inspection we have received no information that would cause us to re-inspect this key question.

Are services caring?

At the last inspection in May 2016 we were satisfied that substance misuse services at this location were caring. Since that inspection we have received no information that would cause us to re-inspect this key question.

Are services responsive?

At the last inspection in May 2016 we were satisfied that substance misuse services at this location were responsive. Since that inspection we have received no information that would cause us to re-inspect this key question.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- SMART had a strong focus on recovery, treatment, empowering clients and ensuring their wellbeing. All staff were committed to the vision and values of the organisation.
- Staff were motivated to ensure the objectives of the organisation and of the service were achieved.
- The provider's senior management team brought strong leadership to the service and were available to both clients and staff.
- Governance structures were clear, well documented and followed. These provided control measures for managers so that they were able to assure themselves that the service was effective and being provided to a good standard. The managers and their team were fully committed to making positive changes to improve the quality of the service provided to clients. For example, through the use of regular audits. The service had clear mechanisms for reporting incidents of harm or risk of harm and we saw evidence that the service learnt from when things had gone wrong.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- We had concerns in our inspection in May 2016 that there was no system in place to ensure cleaning was carried out to a satisfactory standard. During this inspection improvements had been made. A cleaning schedule was available which indicated that cleaning took place once over the weekend and once in the week. A schedule of tasks was outlined to take place on weekly, fortnightly or monthly basis. There was a wipe clean record card to indicate when cleaning had been done. However, this could only indicate when the most recent cleaning had taken place so a more detailed record was not available for senior staff to review or audit. This record card was dated two weeks before the inspection, so no review of the cleaning would appear to have taken place in the two weeks since that date. The staff agreed to start a paper record in order to be able to audit that effective cleaning was taking place.
- Environmental risk assessments were carried out on a quarterly basis.
- SMART was accredited with a nationally recognised health and safety advisor. This ensured a safe environment was provided and maintained for staff and clients. The manager was required to hold a nationally recognised health and safety qualification.
- The kitchen used by clients for making refreshments and receiving skills training was clean, apart from the area under the sink.
- The group rooms were accessible, had lots of light and the furnishings appeared well-maintained and clean.
- There had previously been a leak from above in the reception area, there was a crack in the ceiling and a large section of the ceiling was discoloured. This stain had also been visible at our previous inspection.

Records we read showed that the senior management were aware of this and had assessed its potential impact on the service, but it was not a priority for maintenance at the time of our inspection.

- There was a blood pressure machine and weighing scales kept at the service and these were in good order and calibrated correctly.
- The entrance to the premises had a locked door controlled by staff and was accessible via an intercom system. Closed circuit television was used inside the waiting room and was monitored by staff in the staff office. All staff members who came into contact with clients were issued with a personal alarm.
- A lone working policy was available and staff were familiar with it and knew how to stay safe whilst working with clients in the community.
- The building fire plan was on display in all areas of the building to show escape routes, however this did not include the whole of the ground floor of the building. We asked the provider to address this and the plans were updated throughout the building before the end of our inspection visit.
- Access to the fire exit from the kitchen was blocked to the left of the external rear exit by two bags of rubbish and a filled bucket. We asked the provider to address this as a matter of urgency, however it had not been cleared at the end of the inspection.

Safe staffing

- We had concerns in our last inspection in May 2016 that not all staff had been screened by the Disclosure and Barring Service. During this inspection improvements had been made and all staff including volunteers had been screened. In addition we had concerns that medical staff had not been revalidated. Revalidation ensures that a doctor is up to date and fit to practice. During this inspection all medical staff had received a revalidation.

Substance misuse services

- There were eight substantive staff working at SMART, in addition to three volunteers. Staff included a nurse and recovery support workers for both young people and adults of working age. There were two support worker vacancies and both posts were out for recruitment. Temporary staff were not used.
- Medical cover was available via general practitioners who were also trained in substance misuse. Three doctor led clinics were provided each week and all clients were registered with a general practitioner. All clients received a health and well-being assessment on commencement of treatment.
- 110 clients received a service and caseloads for each staff member averaged 30 clients. Clients were assessed one to two days after referral and there were no waiting lists for treatment.
- The service was available seven days a week and in addition evening sessions were available for those at work, college or school. A managers on call rota was in place to advise on and deal with any emergencies.
- The service had put effective administrative support and processes in place to enable support staff to spend their time in direct contact with clients. This meant staff had time to prioritise the care and treatment of their clients.
- Staff were available to offer regular one to one support to their clients. The majority of clients were seen every week. There were enough staff during the day for groups and activities to be delivered. Staff told us that activities and therapeutic groups were not cancelled due to staffing issues.
- During our last inspection in May 2016 we had concerns that not all staff had received mandatory training in every topic. During this inspection considerable improvements had been made and over 96% of staff had updated mandatory training refresher courses recorded. Mandatory training topics included adult and child safeguarding, equality and diversity, health and safety, risk assessing and The Mental Capacity Act 2005. Staff were expected to attend training courses, for example all staff were working towards a level 3 award in substance misuse and complex needs and managers were working towards a level 5 award.

Assessing and managing risk to clients and staff

- We looked at 15 care records, all of which demonstrated good practice in assessing and managing risk. Staff used a risk assessment template and associated

documentation. These included details of any known risks associated with, for example, safeguarding issues, child protection, risk of harm to self or others, violence and any recent high risk incidents. All clients had a recorded discussion and agreed plan about protective factors. Protective factors are conditions or attributes (such as skills, strengths, supports or coping strategies) in individuals, families or communities that help people deal more effectively with stressful events and mitigate or eliminate risk. These were reviewed every six weeks.

- Staff carried out a detailed assessment to ensure that clients' needs could be managed well and met at the service. All clients consented to their treatment prior to starting at SMART. All staff had undertaken Mental Capacity Act training. There was a Mental Capacity Act policy in place and staff told us about the principles and how they applied to their clients.
- All clients received a medical assessment by the doctor and/or the nurse prior to commencing treatment which included physical and mental health assessments and reconciliation of medicines. Medicine reconciliation is the process of obtaining and verifying a complete and accurate list of each client's current medicines. Staff wrote to general practitioners and there was good communication between staff and doctors about any ongoing changes to clients' medicines. Additional assessments or reviews could be requested at any time. Detailed assessments had been carried out with clients for blood borne viruses. A blood borne disease is one that can be spread through contamination by blood and other body fluids. The most common examples are HIV, hepatitis B and viral haemorrhagic fevers.
- The nurse at the service assessed the safety and suitability for those clients undergoing alcohol detoxification in the community.
- Staff used a number of risk assessment tools to safely manage risks associated with alcohol and drug usage. This included, for example the severity of alcohol questionnaire. This tool measures the severity of a client's alcohol dependence which enables and informs safe and effective treatment plans.
- The manager carried out weekly, monthly and quarterly audits to ensure risk assessments were present, updated, relevant and thorough.
- All clients had contingency plans in place should they make an early and unplanned exit from SMART. These were called 're-engagement plans'. Every unplanned exit from treatment was discussed within the team in detail

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and reported to and discussed in the contract review meetings with commissioners and in the monthly meetings with general practitioners. Any lessons learnt to prevent a reoccurrence or to improve any aspect of the service was considered.

- Staff took time to get to know about their clients' physical and psychological health care needs. Staff told us that, where they identified particular risks, they safely managed these by putting in place relevant measures. For example staff could access beds at the local mental health hospital should an inpatient alcohol detoxification be required.
- We spoke with staff about protecting their clients from abuse. All the staff we spoke with were able to describe what constituted abuse and were confident in how to escalate their concerns. All staff received training in safeguarding adults at risk and children and were aware of the organisation's safeguarding policy. At the time of our inspection there were no current safeguarding concerns. The provider had an appointed safeguarding lead.
- Staff prescribed medicine but did not administer any. Clients collected their medicines from local pharmacies. A recent development had been agreed that clients would be prescribed Naloxone from the doctor at the point of starting treatment. Naloxone can reverse the effects of overdose from heroin and other opioids. Staff had received training on how to use Naloxone and clients were soon to embark on training also. This meant in the event of a drug overdose, immediate action could be taken.
- Children did not visit the SMART premises. They were seen in other community facilities such as schools, hostels, youth centres, general practitioner surgeries or any other place where the young person felt safe and comfortable. The young peoples' workers visited schools, youth centres and youth groups on a regular basis to hold educational sessions and carry out preventative work.

Track record on safety

- There were no serious incidents requiring investigation in 12 months prior to our inspection.

- Improvements were made to ensure safe practice, for example, following an incident when a client had gained access to the staff offices, security procedures were reviewed and strengthened to prevent a reoccurrence.

Reporting incidents and learning from when things go wrong

- Staff knew how to recognise and report incidents. All incidents were reviewed by the manager on a daily basis if required. Staff told the manager and more senior managers within the organisation about incidents in a timely manner so that they could monitor the investigation and respond to these. Staff investigated all incidents to try to establish the root cause. Managers were trained on how to carry out root cause analysis. The provider maintained a log of all incidents and actions identified to implement in order to prevent a reoccurrence. An incident review panel met monthly to consider any occurrences, investigations and to monitor action plans put in place to prevent any reoccurrences. Quarterly reports were generated and bulletins were published which highlighted key learning points and were circulated to all staff,
- Staff told us that they received feedback from investigations in regular team meetings where they learnt key themes and lessons and developed action plans if they needed to make changes. Staff said there was always a debrief session arranged following a serious incident, and that the manager facilitated a reflective session to ensure that, as well as learning lessons, staff felt adequately supported.

Duty of Candour

- The provider was open and transparent with clients regarding their care and treatment. This was known as their Duty of Candour and set out some specific requirements that providers must follow when things go wrong with clients' care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and an apology when things went wrong. We retrospectively saw in incident records that all incidents had been discussed with clients at the time.
- At our previous inspection in May 2016, the provider did not have a Duty of Candour policy in place. At this inspection we found that the provider had developed a clear policy on Duty of Candour, and this was also included it in the staff handbook. We found that staff

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understanding of the duty of candour varied, with some unaware of the policy. However a member of staff had been assigned to deliver a training session to all staff on the policy. This training was due to take place shortly after the inspection visit.

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

This domain was not inspected. Since our last inspection in May 2016 we have received no information that would cause us to re-inspect this key question.

Are substance misuse services caring?

This domain was not inspected. Since our last inspection in May 2016 we have received no information that would cause us to re-inspect this key question.

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

This domain was not inspected. Since our last inspection in May 2016 we have received no information that would cause us to re-inspect this key question.

Are substance misuse services well-led?

Vision and values

- Staff we spoke with were familiar with and able to describe the vision and values of the provider. The values of respect, trust, flexibility, perseverance and simplicity were advertised across the premises. The service had a clear definition of recovery and this was shared with and understood by all staff. Staff told us that the service aimed to reduce the destructive impact of drug and alcohol dependency and to promote the health, safety and social wellbeing of their clients and the wider community.
- The manager had regular contact with all staff and clients. The manager was visible and clients knew them well.

Good governance

- We had concerns in our last inspection in May 2016 that there were problems with the governance on staff recruitment and training. During this inspection considerable improvements had been made. We looked at a series of audits, human resource management data and data on incidents and complaints. This information was collated and presented to the organisations' clinical governance quarterly meeting. This meant that the manager and more senior management team were able to receive assurance from data and apply clear controls to ensure the effective running of the service. Staff received their mandatory training, supervision and appraisals. There were sufficient staff available every day to deliver good quality care and support to clients. Audits were regularly carried out to ensure treatment and therapy was effective. Staff were confident that they learnt from incidents, complaints and clients' suggestions and feedback.
- We had concerns in our last inspection in May 2016 that the provider had not sent a notification to the Care Quality Commission (CQC) to alert us that a client had died. During this inspection we were pleased to see improvements had been made to ensure any future serious incidents were reported in a timely manner. Managers had received a briefing about CQC notifications and the incident review panel had completed an annual audit of incidents to ensure all the correct notifications had been submitted as required.
- Following on from the concerns we raised during our last inspection in May 2016, the provider developed a 'continuous improvement plan'. The plan addressed the concerns proactively and included, for example the development of the duty of candour policy, the appointment of a dedicated training project manager and the introduction of a revalidation alert system, attached to the training data base.
- All policies we looked at were thorough and included references from the National Institute for Health and Care Excellence guidelines and the nationally recognised quality standards in drug and alcohol services.
- The manager told us they felt they had the autonomy and authority to make decisions about changes to the service. They commented that they felt very well supported.

Substance misuse services

- The provider held an organisational risk register which SMART contributed to. The register had risks identified and assessed as to their importance to meeting the services' objectives. This meant risks were handled safely and mitigated effectively.

Leadership, morale and staff engagement

- Staff told us they understood what was expected of them in their jobs, they felt supported by their line manager and felt they could safely raise concerns at work. They understood how their work helped to achieve the service objectives. Staff we spoke with were however concerned about the increase in client caseloads which had recently taken place due to the new contract awarded to SMART.
- SMART had recently retendered for their existing contract which had made staff feel uncertain. Following the award of the new contract in April SMART undertook a restructure of current staff, which has included some re-grading. Some staff had moved to Wokingham from teams where SMART lost the tender. These changes may have added to the anxiety
- The staff met regularly in team meetings. Staff were asked regularly, by their senior managers, about what they thought the services did particularly well and what the services could do to improve. Regular quality visits had been made by the provider's chief executive officer and other members of the organisation's board of trustees.
- Staff said they felt well supported in dealing with any concerns they had about any adverse behaviour from either fellow staff or clients.
- Staff were aware of the whistle blowing process. There was a policy which the provider would follow for the investigation of concerns. No whistle blowing alerts were received by the Care Quality Commission in the year prior to our inspection.

- Staff told us they felt SMART was a very effective service for clients, they felt supported and valued by the management team. Some staff did however describe their morale as being low due specifically to concerns about the new service contract.
- Some staff were able to describe the importance of transparency and honesty and their duty of candour, however not all staff were familiar with this policy.

Commitment to quality improvement and innovation

- The staff and management were motivated in striving to achieve the best possible outcomes for clients, particularly in regards to their recovery, well-being and employment.
- SMART had gained accreditation as a recognised training centre, offering regulated qualifications at different levels and in a wide range of subject areas.
- The SMART volunteer initiative was accredited with the 'investing in volunteering' organisation. This organisation is nationally recognised and sets the quality standards expected for good practice in volunteer management.
- SMART benchmarked practice against nationally recognised standards such as the National Institute for Health and Care Excellence and Public Health England. The clinical governance framework was supported by the clinical governance committee through a system of set standards and audits overseen by the medical director.
- Staff carried out quality audits on a weekly, monthly and quarterly basis. The audits were carried out to establish compliance with SMARTs' practice standards. For example case notes were checked to ensure they included recovery planning, safeguarding consideration and risk management.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure the environment receives some repairs and attention. For example, cleaning was required in the kitchen and part of a fire exit was blocked with rubbish bags. The ceiling in the reception area was stained from a previous leak.
- The provider should ensure all staff are familiar with the duty of candour policy.