

East Kent Substance Misuse Service - Dover & Shepway







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

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	

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.

Summary of findings

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

Our rating of this service is Good. We rated it as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. Although staff told us the number of clients on the caseload of the teams, and of individual members of staff, was higher than usual this did not 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 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.
- 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 with 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 used a range of strategies to reduce barriers to accessing treatment.
- The service was well led and the governance processes ensured that its procedures ran smoothly.

However:

- We reviewed ten risk management plans and not all of them included individual risk management for a client in the event they exited from treatment early. The service did have a generic protocol for unplanned exit from treatment that all staff were aware of and followed when someone was identified as being at risk of unplanned exit.
- Client involvement in care planning and decision making was not consistently recorded, and it was not always recorded that clients had been offered a copy of their careplan.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	

Summary of findings

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Good



East Kent Substance Misuse - Dover & Shepway

Services we looked at

Substance misuse services;

Summary of this inspection

Background to East Kent Substance Misuse Service - Dover & Shepway

East Kent Substance Misuse Service - Dover & Shepway provides specialist community treatment and support for adults affected by substance misuse and is commissioned to provide treatment for people who live in East Kent.

The service is one of four in East Kent provided by The Forward Trust. The Kent Drug and Alcohol team funded treatment for the majority of clients at the service. The service accepted referrals from a range of professionals or people could self-refer.

The service offered a range of services including initial advice; assessment and harm reduction services including needle exchange; prescribed medicine for alcohol and opiate detoxification; naloxone dispensing (emergency reversal of opiate overdose); group recovery programmes; one-to-one key working sessions and doctor and nurse clinics which included health checks and blood borne virus testing.

There was a registered manager at the service.

The service was last inspected on 8 November 2017 which was its first inspection since it registered with CQC on 1 May 2017. We issued the provider with one requirement notice. This related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing

This was in relation to our inspection finding that staff did not receive appropriate support, training and development to enable them to fulfil the requirements of their role.

A requirement notice is issued by CQC when an inspection finds that the provider is not meeting essential standards of quality and safety.

On this inspection in July 2019 the previous requirement was met.

The service is registered to provide the regulated activity of treatment for disease, disorder and injury.

Our inspection team

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

Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services.

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.

Summary of this inspection

During the inspection visit, the inspection team:

- undertook a tour of the service premises and facilities, including the medication storage area and needle exchange room
- observed how staff were interacting with clients
- spoke with the registered manager
- spoke with five other staff members including a team leader, two recovery workers, an apprentice recovery worker, a peer mentor coordinator and an administrator
- spoke with four clients
- observed an initial client assessment
- reviewed the medicines management of the service
- observed a morning staff meeting where clients were allocated to keyworkers or groups to provide support and any risks reviewed
- observed a day rehab group
- looked at ten client care and treatment records
- reviewed policies, procedures and other documents relating to the running of the service.

What people who use the service say

Feedback about the service from clients was very positive. All clients we spoke with said staff were friendly, supportive and genuinely interested in helping them with their recovery. Clients told us treatment options were discussed, and that staff supported them to make

decisions about their care and support. Clients were very confident in the care and support they received from the service, which they thought was brilliant. Clients liked the location, which they said was clean, tidy, welcoming and safe.

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:

- All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff who knew the clients and received basic training to keep them safe from avoidable harm. Although staff told us client numbers on individual staff caseloads were higher than usual, this was managed well and did not prevent staff from giving each client the time they needed.
- 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.
- 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 kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- 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 physical health.
- The service had a good track record on safety. 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.

However:

- We reviewed ten risk management plans and not all of them included individual risk management for a client in the event they exited from treatment early. The service did have a generic protocol for unplanned exit from treatment that all staff were aware of and any risks of unplanned exits were discussed in morning meetings, and strategies to manage this were agreed.

Good



Are services effective?

We rated effective as good because:

Good



Summary of this inspection

- Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, and were recovery-oriented.
- 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 access to physical healthcare and supported clients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in continuous improvement initiatives and used service improvement plans effectively.
- 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.
- 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 supported clients to make decisions on their care for themselves. They understood the provider'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.

However

- Client involvement in care planning and decision making was not consistently recorded, and it was not always recorded that clients had been offered a copy of their careplan.

Are services caring?

We rated caring as good because:

- 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.
- All clients we spoke with told us that staff treated them with respect and supported them to understand and manage their care.

Good



Summary of this inspection

- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided, although this wasn't consistently recorded. They ensured that clients had easy access to additional support.
- Staff informed and involved families and carers appropriately.

Are services responsive?

We rated responsive as good because:

- The service was easy to access, had no waiting list and worked innovatively to remove barriers to treatment.
- The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.
- The service met the needs of all clients, including those with a protected characteristic or with communication support needs.
- The service offered appointments and groups at a range of satellite services and at an evening clinic. Where necessary, staff arranged home visits for clients with complex needs or who found it difficult to attend the service.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Good



Are services well-led?

We rated well-led as good because:

- 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.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had a mental capacity policy which staff were aware of. Staff received training in mental capacity as part of their induction. There were signs in staff offices

detailing the five principles of the Mental Capacity Act. Staff we spoke with were able to outline their responsibilities around the Mental Capacity Act and understood how the Act could apply to their service.

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 arranged over two floors and was clean, tidy and well maintained on the day of our visit. Effective systems were in place to ensure any environmental risks were identified and mitigated. The service had a health and safety lead.
- A range of satellite locations were used to make services more accessible to clients. All of these were individually risk assessed.
- Staff were present in the reception area at all times.
- The service had a range of rooms available including large meeting or group rooms, a variety of smaller rooms for one-to-one or keyworker meetings including some which were accessible, toilet facilities on both floors including accessible facilities on the ground floor, kitchen facilities, staff offices and clinical rooms.
- All rooms that clients were seen in had emergency alarms, which were regularly tested.
- The service had up-to-date fire risk assessments, identified and trained fire wardens and a fire lead. Fire drills were carried out regularly by the landlord of the building.
- Clinic rooms and medicines storage areas were clean, well ordered and appropriately equipped. Medicines were properly stored and a good range of clinical and health information was available on the walls.
- The service had a well-stocked needle exchange in line with National Institute for Health and Care Excellence guidance for needle and syringe programmes. Information was displayed and available for clients to

take away about harm reduction and a good range of relevant health matters. The needle exchange policy was easily accessible in the room, and an appropriate process around the disposal of sharps was in place.

- There were stocks of naloxone in the needle exchange room which staff checked regularly to ensure they were in date. Naloxone is a medicine used to reverse the effects of an opiate overdose.
- The provider had an appropriate infection prevention and control policy, and infection control and handwashing policy. Each handwashing area had proper facilities and antibacterial hand gel was available.
- The provider had arrangements in place for the collection and disposal of clinical waste.

Safe staffing

- The service had enough skilled staff to meet the needs of clients and had contingency plans to manage unforeseen staff shortages. Staffing was monitored at morning and weekly staff meetings.
- The staff group was made up of a service manager who worked half of the week at this location, a full time team leader, two full time administrators, one doctor and one nurse non-medical prescriber who were both employed by the organisation and split their time across the four hubs, just over seven full time equivalent recovery workers, two apprentice recovery workers, two volunteer counsellors, two part time peer mentors and another volunteer who worked as needed providing groups or sessions. The service was recruiting to a full time recovery worker post.

Substance misuse services

- Although staff told us caseloads were higher than usual, they reported that support from each other and from management meant this was manageable. High caseloads were on the service's risk register and the issue reviewed regularly.
- A long-term staff shortage was managed by employing a locum agency worker to ensure continuity of service and safety for clients, and recruitment was underway to address the issue in the longer term.
- The service had lone working protocols which staff were aware of and satellite premises were individually risk assessed to manage client and staff safety.
- Staff had completed induction, mandatory training and related compliances, including health and safety, safeguarding and Mental Capacity Act training.
- Staff discussed warning signs and any deterioration in clients' health during the morning and weekly clinical meetings, agreeing actions to respond appropriately.
- The service had a generic disengagement policy and protocol which outlined the process staff should follow when clients unexpectedly exit from service. Some of the records we viewed had recorded individual disengagement plans but some did not. Clients who disengaged were discussed in morning and weekly meetings and strategies to encourage people to re-engage agreed.
- The service had a clear zero tolerance policy to aggression to manage client and staff safety.

Assessing and managing risk to patients and staff

- We reviewed ten client care records. All had a completed and up-to-date risk assessment which looked at risk to self and others, physical health, substance misuse and safeguarding concerns including child protection and domestic abuse. The risk assessment tool rated risks to help staff identify which risks were highest priority. Risk assessments were reviewed and updated by staff when appropriate, but quarterly as a minimum.
- In line with National Institute for Health and Care Excellence recommendations, staff used recognised assessment tools, such as the alcohol use disorders identification test (AUDIT) and the severity of alcohol dependency questionnaire (SADQ) to assess dependence.
- Doctors assessed clients before prescribing detoxification medicines. Staff supported and encouraged clients to attend group work and one-to-one appointments alongside taking their medicines. Staff monitored the physical health of clients undergoing detoxification.
- Staff supported clients so they were aware of the risks of continued substance misuse. Harm minimisation information was delivered as part of all initial assessments, treatment interventions and in clients' recovery plans.
- Staff referred clients to their GP for ongoing physical health monitoring. The service had links with health trainers, who attended the service regularly to provide lifestyle improvement information and support, including help with smoking cessation and healthy diets.

Safeguarding

- The service had a clear safeguarding policy and protocol which staff are aware of. These were available on the staff intranet and a paper copy was on display in the staff office.
- Staff received basic safeguarding training as part of their induction. Additional training which looked in depth at various types of safeguarding issues was undertaken on an ongoing basis. The compliance rate of safeguarding training was 100%. Staff we spoke with were confident of how to spot safeguarding concerns and what to do about them.
- There was a large safeguarding board on the wall in the staff office. This had lots of information relating to safeguarding issues, including a flowchart, definitions of safeguarding categories and relevant contact details.
- Staff made referrals to the local authority and monitored these as per the provider policy.
- The service had a safeguarding lead who met monthly with the regional safeguarding lead and leads from other hubs within the region.
- Safeguarding was an agenda item in the morning meeting, the monthly clinical meeting and the organisation's quarterly governance meeting where any learning was shared.
- Learning from safeguarding concerns and enquiries was cascaded to staff via staff meetings and one to one supervision.
- The service had good links with the local children's safeguarding board and was working on building a closer working relationship with the adults safeguarding board.

Staff access to essential information

Substance misuse services

- Essential information concerning clients was stored on an electronic case management system. Any paper documents were scanned and uploaded to the system and the paper copies destroyed.
- All staff had their own unique multiple password protected access to the systems. Most staff had their own laptops, and there were plenty of desktop computers available in the staff offices.
- All policies, procedures and other organisation documents were stored on a shared drive which staff had access to.

Medicines management

- Medicines management including dispensing, administration, reconciliation, recording and disposal was undertaken in line with National Institute for Health and Care Excellence guidance.
- The service had effective policies and procedures relating to medicines management, of which paper copies were available in the clinic and needle exchange rooms. Records were clear and up to date.
- Storage areas, the clinic and needle exchange rooms were clean, tidy and appropriately maintained. Staff monitored room and fridge temperatures appropriately.
- Staff were trained in administering medicines and signed off as competent by a manager before being allowed to administer medicines alone.
- All clients were offered Naloxone, which is a medicine used to reverse the effects of opiate overdose, and supplies were available in the needle exchange room.

Track record on safety

- The service had reported 16 incidents that met their serious incident criteria in the 12 months prior to our inspection. These all related to either deaths of clients or referrals to social services. The service manager informed us that all incidents had been investigated.

Reporting incidents and learning from when things go wrong

- The service had a clear incident policy which staff were aware of. Incidents were reported using the electronic system. This triggered the required actions and acted as a monitoring tool, ensuring that people were aware of their responsibilities and timescales were adhered to.
- All staff we spoke with knew what types of incidents to report and how to report them.

- Records showed that incidents were appropriately managed, and learning undertaken where possible.
- Incidents were an agenda item in the morning meeting, the monthly clinical meeting and in the organisation's quarterly governance meeting.
- Learning from incidents was cascaded to staff via staff meetings and one to one supervision. Learning was also shared between services in the regional governance meetings.
- The service had an appropriate duty of candour policy which staff understood. This meant they were open and transparent, and gave people using the service and families an apology and a full explanation if something went wrong

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

Good 

Assessment of needs and planning of care

- All clients received a comprehensive assessment on admission to the service. The assessments covered topics including physical and mental health, relationships, and substance misuse history.
- We reviewed ten care and support records during our inspection. All evidenced regular review and included a recovery plan.
- All records recorded consent from clients to care and treatment.
- All clients we spoke with told us they had been actively involved in their care and treatment planning and all decision making. However this wasn't consistently recorded, and some care and treatment records did not contain evidence of client involvement.
- Not all of the records we viewed demonstrated that clients had been offered a copy of their careplan, although clients told us this was happening.

Best practice in treatment and care

- Staff offered a range of care and treatment interventions suitable for the patient group. The records detailed interventions and practice in line with National Institute for Health and Care Excellence guidance. Treatment offered included brief advice and information, or more

Substance misuse services

structured clinical and group interventions.

Interventions included one-to-one key working appointments, mindfulness sessions, harm reduction groups and fellowship meetings.

- Staff used a range of recognised tools in risk and care assessments.
- Medicine management including dispensing, administration, reconciliation, recording and disposal was all undertaken in line with National Institute for Health and Care Excellence guidance.
- Blood borne virus testing was always offered during assessments.
- A qualified counsellor provided weekly therapy for clients who needed it.
- The service engaged with health trainers who supported patients to live healthier lives – for example, through participation in initiatives such as smoking cessation schemes or providing healthy eating advice.
- The service offered advice and information in the reception area about a range of health and well-being matters. It also detailed any specific local drug alerts, and on the day of our inspection there was a notice in the waiting area about a dangerous batch of a particular drug on the local streets. Other information available was in relation to the risks of using steroids, alternatives to injecting, debt advice and help for victims of sexual assault.
- The service provided naloxone to opiate using clients. Naloxone is a medicine used to rapidly reverse the effects of an opiate overdose.
- Staff provided clients with lockable boxes to store medicines, to reduce the risk of carers or children taking this medicine.

Skilled staff to deliver care

- All staff were provided with a comprehensive induction and ongoing mandatory training and refreshers.
- The organisation had a learning and development team who were responsible for coordinating training and for sourcing specialist training. The learning and development manager visited the site and attended team meetings to work with service staff to identify learning needs. Managers also used supervision to identify learning needs.
- An example of recent specialist training provided to staff was Hepatitis C training, which had resulted in an increased number of referrals of people requiring treatment for Hepatitis C and a better, more consistent

level of information staff could provide to clients.

Another example was training around treatment of

people who were alcohol dependent. This was in response to it being identified that staff had a range of knowledge regarding alcohol dependence when a new alcohol pathway was rolled out. This training ensured consistency of treatment for alcohol dependent clients.

- Staff were provided with opportunities to develop their skills and knowledge where possible. A budget was available for specialist training which staff could apply for. Dependent on the type of training requested funding was provided in full or in part.
- Volunteers received training and support relevant to their role.
- All staff, including volunteers, received regular supervision appropriate to their role. Additional clinical supervision was provided by an external professional. All staff had annual appraisals. At the time of our inspection 100% of staff supervision and appraisals had been completed.
- Issues around staff performance were addressed promptly and effectively, with support available from the human resources department for managers.

Multi-disciplinary and inter-agency team work

- The service had regular multidisciplinary team meetings. The multidisciplinary team was made up of the doctor, nurse/non-medical prescriber, (both of whom were employed full time by the organisation and shared between the four hubs) the service manager, team leader, recovery workers and criminal justice worker. Other professionals not employed by the service would attend meetings as necessary, such as the hepatitis nurse, the health trainer and probation staff.
- Effective protocols were in place for the shared care of clients, and staff had good links with a wide range of other stakeholders and professionals. This included GPs, local mental health professionals, probation officers, housing professionals, homeless organisations and the Hepatitis Trust.
- The service manager also attended other meetings within the community, such as monthly meetings with local GP surgeries to look at clients who frequently attended the surgery or called ambulances, and with a supported accommodation provider with whom the service has priority over some vacancies to refer clients to.

Substance misuse services

- The service had leads for a wide range of areas, such as safeguarding, health and safety, mental capacity, fire safety and dual diagnosis. Each lead linked with services and organisations relevant to their lead area.

Good practice in applying the Mental Capacity Act

- The service had a mental capacity policy which staff were aware of. There were signs in staff offices detailing the five principles of the Mental Capacity Act.
- All staff received training in the Mental Capacity Act as part of their induction and regular refreshers thereafter. At the time of our inspection compliance with Mental Capacity Act training was 100%.
- Staff we spoke with were able to outline their responsibilities around the Mental Capacity Act and understood how the Act could apply to their service.
- Staff ensured that clients consented to care and treatment and that options were discussed.

Are substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- During our inspection we saw staff interacting with clients in a kind, respectful and non-judgemental way, including an instance where a client was agitated on arrival at the service, which was managed well by staff.
- We observed an initial assessment conducted after a client presented during the drop-in. The meeting was appropriately managed and the staff member was welcoming and demonstrated a genuine interest in the client's situation.
- Staff provided information to clients about the prevention of drug and alcohol related harm in their assessments and during one-to-one meetings.
- Clients were offered a peer mentor buddy who would support them during their recovery. Peer mentors were matched using factors such as personal circumstances and substance misuse history so that the support was as effective as possible.
- Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes without fearing negative consequences.

- The service had clear confidentiality policies in place that were understood and adhered to by staff. Information about these was available on noticeboards in the staff offices. Staff maintained the confidentiality of information about patients.

Involvement in care

- Staff supported patients to understand and manage their care and treatment. Clients told us staff explained options around treatment, and encouraged them to be actively involved in their recovery.
- Each client had a recovery plan and risk management plan that demonstrated the person's involvement in their own recovery.
- The service empowered and supported access to appropriate advocacy for people who use services their families and carers. Advocacy services available included a general advocacy services, and also services specialising in supporting with issues relating to human rights and equality, and in advocating for people with a learning disability.
- Clients could comment or make suggestions about the service in one-to-one meetings or by using the suggestions box in reception.
- A 'You Said We Did' board was in reception, outlining changes made following client suggestions and feedback.
- A bi-annual client magazine was issued. Any client could submit a story or piece for inclusion in the magazine.
- A peer led recovery network, Reach Out and Recover (ROAR), was in place and provided an opportunity for clients to share experiences and support each other.
- Client forums were held on an ad-hoc basis but were not well attended and, consequently, did not provide any useful outcomes service managers could use to make improvements. The service manager was considering how to encourage more clients to attend these forums, and holding them on a more regular basis was one of the options under consideration.
- Surveys were circulated to clients on a regular basis and were usually focused on a specific area of the service, such as the effectiveness of care pathways.
- Clients were involved in the recruitment and selection of new staff, through membership of interview panels.

Involvement of families and carers

- Carers and families were fully involved in clients' care if clients gave permission.

Substance misuse services

- A carer/family recovery support group was held regularly.

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

Good 

Access and discharge

- The service was commissioned to provide services to people who lived in East Kent. The service accepted referrals from agencies and professionals including GPs, social services, hospitals, prisons and probation. People could also self-refer.
- The service operated a regular drop-in service, so people could be seen and have an immediate initial risk assessment immediately if they wished. This meant the service had no waiting list.
- Staff, including the medical team, saw clients in a range of settings, including home visits where appropriate, to reduce barriers to treatment.
- Staff showed a good understanding of the local demographic and sought to reduce specific barriers. This included offering appointments and groups at satellite locations for people who struggled to get to the Dover location, and by attending a Ghurkha fair to build links with the Nepalese community and employing a recovery worker who spoke Nepalese when it was identified that people from this community were not accessing services.
- It had been identified that street homeless people were not accessing services, so a lead staff member was appointed. This staff member worked with a local homeless organisation who identified some people willing to speak as a group and discuss what the barriers were for them, and what would make it easier for them to engage. This improved the access opportunities for street homeless people wishing to seek treatment for their substance misuse.
- Managers had regular monitoring meetings with the commissioners and stakeholders involved in the service to review performance.
- Recovery and risk management plans reflected the needs of the client including clear care pathways to other supporting service, such as the local authority, mental health teams and the housing department.
- Discharge planning began when clients entered treatment, and was an ongoing discussion during individual and group discussions. This included identification of risks and plans to manage these and planning for practical needs such as housing, training and preparing for work. Clients were also supported with building and improving family relationships where needed, especially with their children.
- Not all of the care records we reviewed contained a plan for unexpected exit from treatment. Staff said they managed unexpected exit from treatment by proactive engagement with clients, and by discussing clients at risk of unexpected exit in daily morning and weekly clinical meetings, where actions would be agreed.
- Following up post discharge from treatment was not part of the service provided. This was because a case was not considered 'discharged' until either all attempts to contact had been satisfied, or until all interventions and onwards referrals were completed. All clients were provided with 24-hour phone line number and drop in times should they need to return to treatment post discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- All group and one-to-one rooms were clean and comfortably furnished. Rooms were soundproof and afforded dignity and confidentiality for one-to-one discussions.
- The reception area was large, bright and always staffed. There was plenty of comfortable seating and toilet facilities.

Patients' engagement with the wider community

- Where appropriate staff ensured that clients had access to education, training and work opportunities. The service linked with a provider who delivered in-house training in areas such as curriculum vitae writing and computer skills.
- The reception area had a good range of information leaflets and posters about support groups, education and work opportunities and well-being activities such as yoga and mindfulness.

Substance misuse services

- Mutual aid (12-step fellowship groups) were held regularly in the service and staff signposted clients to others held in the local community.

Meeting the needs of all people who use the service

- All staff were trained in equality and diversity, and understood the potential issues facing vulnerable groups, such as the LGBTQ+ community, minority ethnic groups, older people, people experiencing domestic abuse and sex workers.
- The service was actively trying to diversify the workforce to enhance knowledge among the staff group, and also to improve opportunities to engage hard to reach communities.
- Services were offered flexibly in terms of location, as staff could make home visits or meet people in a range of satellite locations. Groups are also offered in satellite locations so that access was easier. In certain situations, the service would pay a client's travel costs. An evening clinic was available for clients who needed it.
- There was disability access to the service and grab rails in some of the rooms. Accessible toilet facilities were available.
- Interpreters could be accessed if necessary. Information leaflets were only available in English, and although this had not yet proved to be an issue for any clients, the service had it on their service improvement plan as an area for improvement.
- There was a hearing loop for hearing impaired clients in reception, which could be moved around the building if needed.
- Peer mentors with specific background or characteristics could be identified to provide the most effective support if clients said they would like one.
- The service had worked with the job centre to agree a protocol so that clients in structured treatment did not need to attend the jobcentre to sign on for their benefits, preventing interruptions to treatment.
- The hepatitis lead engaged with the Hepatitis Trust, establishing a protocol for joint working which enabled hepatitis nurses to reach a greater number of people affected by the condition and increase treatment rates.
- The service had links with the National Careers Service, so that at an appropriate point in their recovery clients could access support with work opportunities. Specific guidance was available to people with a criminal history.

- Clients told us that their groups or one to one meetings were never cancelled due to staff shortages, and when their keyworker was on leave they were informed of who would be standing in for them.

Listening to and learning from concerns and complaints

- The service had a complaints policy which was explained to clients at point of engagement.
- A comments box and feedback forms were positioned in the waiting area. Posters were displayed inviting feedback of a client or carers' experience of the service.
- Clients told us they knew how to make complaints, raise concerns and provide feedback to the service. Staff encouraged clients to raise complaints if something went wrong, and viewed complaints positively, as an opportunity for improvement.
- Where possible, complaints were managed at a local level, but were escalated appropriately if necessary. If the complaint concerned a specific staff member the assistance of the human resources department was available to provide support.
- Records demonstrated that individual complaints have been responded to in accordance with the service's complaint policy.
- In the year prior to our inspection the service had received four complaints, of which two were upheld, and 11 compliments.
- Learning from complaints was cascaded to staff via staff meetings and one to one supervision. Learning was also shared between services in the regional governance meetings.

Are substance misuse services well-led?

Good 

Leadership

- Leaders had the skills, knowledge and experience to perform their roles. The service manager had recently attended leadership training.
- The organisation had a clear definition of recovery and this was shared and understood by staff we spoke with.

Substance misuse services

- The manager and team leader had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care.
- Staff we spoke with knew who the managers in the service and the organisation were, and said they were approachable and supportive.

Vision and strategy

- Staff knew and understand the vision and values of the team and organisation, and understood their role in achieving that.
- Staff had the opportunity to contribute to discussions about the strategy for their service, and could see where their ideas were making a difference.
- Staff could explain how they were working to deliver high quality care within the budgets available. The service manager told us budgets were discussed regularly across the regional management team.

Culture

- Staff told us that they felt valued and respected by managers, and the culture of the service was generally supportive and positive.
- Higher than usual workloads were a potential cause of stress, but staff reported that support from managers and colleagues balanced this. All staff were keen to offer support and help to each other. The issue of higher caseloads was on the service's risk register and reviewed regularly. Currently the service employs a long term agency locum worker to mitigate the current caseloads, and the service is actively recruiting recovery workers.
- Staff appraisals included conversations about career development and how it could be supported.
- All staff we spoke with knew how to use the provider's whistle-blowing process and felt they could raise concerns without fear of victimisation.
- Teams worked well together and where there were difficulties managers dealt with them appropriately.

Governance

- There were effective governance policies, procedures and protocols, which were regularly reviewed. The service manager used the risk register and the service improvement plan effectively to monitor the service.
- The service manager had enough authority to do their job and had access to admin support.

- The service used a range of key performance indicators set by their commissioners to gauge performance and productivity. These included treatment outcomes, incomplete treatment episodes and referral numbers.
- There was a clear framework of meetings within the organisation that ensured that there was proper accountability, and facilitated appropriate sharing of learning and good practice across the organisation and services.
- Staff had implemented changes as a result of learning from reviews of deaths, incidents, complaints and safeguardings.
- Data and notifications were appropriately submitted to external bodies and internal departments as required.
- Staff understood the arrangements for working with other teams, both internally and externally, to ensure the needs of clients were met.
- The service had a whistle blowing policy in place and posters in staff offices about this.

Management of risk, issues and performance

- There was clear quality assurance management and performance frameworks were in place. The service manager cascaded information to staff in team meetings, and to senior managers in quarterly governance meetings.
- The service maintained a risk register which was rated to identify the level of each risk. The manager reviewed the risk register regularly.
- Staff were able to submit items to the risk register as necessary.

Information management

- Staff had access to the equipment they needed to do their jobs and most had a laptop. There were also plenty of desktop computers in staff offices.
- Managers and staff had oversight of dashboards to monitor caseload, risk, recovery plans and clients' care and treatment.
- Managers had access to information to support them with their role. This included information about the performance of the service.
- All information was secured with multiple passwords and an effective information governance policy, which staff were aware of, and which was displayed on the walls in the clinic rooms and staff office.

Engagement

Substance misuse services

- Staff, clients and carers had access to up-to-date information about the work of the provider and the services they used, such as through the intranet, information leaflets and a monthly bulletin.
 - Patients and carers had opportunities to give feedback on the service in a variety of ways to accommodate different needs.
 - Leaders engaged with external stakeholders – such as commissioners, the local authority, the police, GP surgeries and homelessness organisations. Staff also attended a range of external meetings including multi agency risk assessments conferences (MARACs), Crime Safety Unit meetings and community mental health teams.
- Learning, continuous improvement and innovation**
- A clear framework of meetings was in place which facilitated sharing of learning from incidents, complaints and safeguardings across the organisation.
 - Staff met regularly with external stakeholders including local ambulance service, hospitals, and commissioners to review all drug and alcohol related deaths to identify learnings, trends and opportunities to reduce these incidents.
 - The organisation analysed internal client surveys covering areas such as early treatment exits, opiate overdose reversal medicine (naloxone) effectiveness, and clients with 15 years or more treatment history.
 - Two innovative new opiate pathways were being developed and will be trialled by the service, in response to identification of changing needs within the client group. These planned to include additional medications to help clients manage the process, such as sleeping pills. These were being developed in accordance with best practice guidelines and were planned to be monitored for effectiveness once implemented.

Outstanding practice and areas for improvement

Outstanding practice

- In response to identifying changing needs within the client group, the organisation had undertaken research to develop two innovative new opiate pathways, which were to be trialled by the service. One is planned to target clients with the most complex needs at the start of their treatment journey, and the other at those who have made most sustained progress. These will include additional medications to help clients manage the reduction process, such as sleeping pills. These were being developed in accordance with best practice guidelines and will be monitored for effectiveness once implemented.
- The hepatitis lead engaged with the Hepatitis Trust, establishing a protocol for joint working which enabled hepatitis nurses to reach a greater number of people affected by the condition and increased treatment rates.
- Staff showed a significant understanding of the local demographic and worked hard to reduce specific local barriers. An example of this was staff attending a Ghurkha fair to build links with the Nepalese community and employing a recovery worker who spoke Nepalese when it was identified that people from this community were not accessing services. This is a clear example of a service going the extra mile for all people using services.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that all risk management plans include an individual plan for unexpected exit from treatment. (Regulation 12)
- The provider should ensure that client involvement in care planning and decision making, is consistently recorded in clients' records. The provider should also ensure that it is recorded when clients are offered a copy of their careplan. (Regulation 9)