

Swanswell Evesham

Quality Report

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Evesham

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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:

- The team consisted of a range of skilled workers with different expertise, who could offer their clients various nationally recommended treatment options to aid abstinence and recovery from substances.
- Clients who used the service were positive about staff and linked their reduction in substance misuse to the support staff had provided. Clients felt staff listened to them and treated them with respect, and received information to aid their treatment choices.
- Clients were assessed and treated in a timely manner. There were no waiting lists. Staff were reactive to their clients' needs and could see them in outreach clinics or at home when required.
- The service dealt with complaints, incidents and safeguarding concerns effectively, and sought feedback from clients, to help them improve the service.
- They had developed links with other organisations to provide a holistic approach to their clients care, and regularly attended meetings with stakeholders to ensure they met their targets and achieved their performance outcomes.

Summary of findings

- The service had developed shared care agreements with local GP practices. This meant clients could access prescriptions from their GP and receive the support of a worker from Swanswell at their local practice which was often more convenient.
- Managers monitored staff and team performance, which ensured they were maintaining their quality standards, and could identify areas that required improvements within regular supervision and team meetings.

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

- Risk assessment documentation and recovery plans lacked detail and were not fully completed. They were not personalised to the client or goal focused. It was not clear whether clients had received a copy of their recovery plans. They did not contain a contingency plan with information about how staff would contact a client if they unexpectedly exited from the service.
- Staff mandatory training completion rates were low. This meant staff may not be able to carry out their roles safely and effectively. Staff were not routinely trained in psychological interventions to further enhance clients recovery.
- The client group room was not sound proofed and conversations could easily be overheard from the waiting area. Staff could not be sure that confidentiality was maintained.
- The service was not notifying the Care Quality Commission of deaths that required notification under their registration.

Summary of findings

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Swanswell Evesham

Services we looked at:

Substance misuse services

Summary of this inspection

Our inspection team

The team that inspected the service comprised CQC inspector Lucy Galt, one inspection manager, one other

CQC inspector, one inspection assistant and one expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information. During the inspection visit, the inspection team:

- visited the unit at this location, looked at the quality of the physical environment and observed how staff were caring for clients
- spoke with eight clients

- spoke with the registered manager, the deputy service manager and the team leader
- spoke with nine other staff members employed by the service provider, including nurses, doctor and support workers
- received feedback about the service from commissioners and stakeholders including police, probation, acute NHS trust and the local college
- spoke with one volunteer
- attended and observed a daily meeting for clients
- collected feedback using comment cards from seven clients
- looked at seven care and treatment records for clients
- looked at 11 staff personnel files
- looked at policies, procedures and other documents relating to the running of the service.

Information about Swanswell Evesham

Swanswell is commissioned by Worcestershire County Council to provide a drug and alcohol service across Worcestershire. They had been providing this service throughout Worcestershire since April 2015. Swanswell

Evesham provides a community service to people who have drug and alcohol related problems. This includes one to one and group based advice, treatment and support, needle exchange and a prescribing

Summary of this inspection

service. Swanswell Evesham shares a registered manager with the three other Swanswell sites in Worcestershire. Swanswell senior managers are responsible for the delivery of services in fixed bases and countywide specialist roles delivered in a range of settings by family workers, blood borne virus nurse, young person workers, peer mentor and volunteer co-ordinator, non-medical prescribers, criminal justice workers and an assertive outreach team. Swanswell Evesham offer a service 9am – 5pm Monday to Friday and 9am – 7pm on

Wednesdays. The service offered home visits based on individual need. They also use a shared care agreement between the service and the GP to provide treatment to the client in their own GP surgery.

They are registered to provide: Diagnostic and screening procedures Treatment of disease, disorder or injury.

They provide services within the Evesham and Malvern area. They have not been inspected previously.

What people who use the service say

Clients told us staff treated them with dignity and respect. They were given choices about their treatment options and they enjoyed the group work on offer. They said staff

were understanding and did not judge them. The service had helped them with their addiction. One client said staff quickly put him at ease and he could open up and be honest about his addiction.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Risk assessments were not always updated when new risks were identified. This meant that a client's current risks were not easily accessible and staff unfamiliar with that client could miss information when reading through their risk assessment.
- We did not see contingency plans to advise staff what to do if a client unexpectedly exited from the service.
- Staff mandatory training completion rates were low. Apart from safeguarding, only 50% of staff were up to date with their training requirements. This meant staff may not be able to carry out their roles safely and effectively.
- Staff could not guarantee equipment had been calibrated to ensure it gave correct readings and results.
- Swanswell's clinical implementation team had decided in July 2016 that they would notify CQC of all deaths of clients who were using their service, however internal incident data showed the service had recorded a death since this date and CQC had not been notified.

However, we found the following areas of good practice:

- The service was clean and had appropriate facilities and equipment to safely manage client needs.
- The service had effective systems in place for staff personal safety that staff adhered to, such as following the lone working policy and wearing alarms around the building.
- The service had enough staff to care for the number of clients and their level of need. The duty worker system was well organised and could respond effectively to urgent situations.
- Staff were able to identify when there may be safeguarding concerns for adults and children and they knew how to report these to the local authority.
- The clinic room was well stocked and was visibly clean and well ordered. Medicines were locked in suitable cupboards and the fridge temperature was regularly checked and recorded.

Summary of this inspection

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service adhered to national guidance related to substance misuse and used National Institute of Care Excellence (NICE) recommended assessment tools and treatments, ensuring clients received a quality service.
- Staff liaised with a range of agencies, which included housing, probation, and mental health teams to ensure that clients received support appropriate to their needs.
- Staff were able to recognise when a client lacked capacity, and were aware of where to seek guidance and support regarding this.
- Managers monitored client treatment outcomes regularly.

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

- Assessment documentation and recovery plans lacked detail and were not fully completed. They were not personalised to the client or goal focused. It was not clear whether clients had received a copy of their recovery plans.
- Staff did not routinely receive training in psychosocial interventions such as motivational interviewing and solution focused therapy. This would have enhanced support offered to clients.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients using the service were positive about the staff and the service they received. They felt supported with their needs and staff listened to them.
- Staff provided clients with choices regarding treatment options and gave information to aid decision-making.
- Staff encouraged clients to provide feedback on the service, which managers reviewed.

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

- Staff did not record when clients received a copy of their recovery plan or if they had refused it.

Are services responsive?

We do not currently rate standalone substance misuse services.

Summary of this inspection

We found the following areas of good practice:

- Staff were able to see clients quickly when they accessed the service, and they did not have to wait for an assessment or allocation of substance misuse workers.
- The service operated an effective complaints procedure. Any learning was shared and discussed within supervision and team meetings. Staff were open with clients when things had gone wrong.
- Staff provided support to clients who could not access the service by providing outreach clinics in Malvern.
- The service worked effectively and productively with a range of other organisations and agencies, and had set up referral protocols to ensure clients' holistic needs were being met.
- The service had considered the needs of the local population and produced leaflets and information in Polish.

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

- The meeting room was not sound proofed and conversations could easily be overheard from the waiting area. Staff could not be sure that confidentiality was maintained.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service used a case management tool, which ensured managers had oversight of the staff and team performance, ensuring they were maintaining their performance indicators.
- Staff told us morale was good and they worked well together. Staff had opportunity to reflect on their practice and make improvements by regularly attending team meetings, supervision and training.
- Managers monitored complaints and incidents through regional governance groups, which ensured shared learning, took place throughout all the teams.
- Managers worked closely with commissioners to ensure they met their targets and outcomes.

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

- The service did not ensure that staff received and completed training, when these needs had been identified.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Swanswell provided an e learning training course in the Mental Capacity Act. Six out of the twelve staff eligible had completed this training at the time of inspection. Staff demonstrated an understanding of the act and gave examples of applying this through their daily practice.

They felt this was particularly important when clients presented at the service in an intoxicated state. Staff sought advice from senior staff, doctors and other professionals when needed.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The service saw clients on its premises within one of their interview rooms, which were on the first floor of the building. Staff would allow access via a buzzer system and would greet their clients once they had climbed the stairs. Staff were based on the third floor and could observe the waiting room and other areas of the building via CCTV. Staff observed clients entering and leaving the building via the CCTV system and staff told us they did not leave clients alone. All doors to staff only areas could be opened using a keypad code system.
- The waiting area was welcoming, decorated well and appeared clean and bright. There were adequate seating areas and a water dispenser available for clients to use.
- There were five rooms where clients could be seen which consisted of a clinic/doctors room, a needle exchange room, a family room, a group room and one interview room. The rooms were not fitted with alarms. Staff would carry a personal attack alarm. The group room had windows with blinds, to preserve client's privacy. Staff told us they would use this room if a client had the potential to be aggressive and another staff member could sit in the waiting room observing.
- Staff saw clients in the clinic room for physical health monitoring, which included an examination couch. Physical health equipment was available to monitor clients' blood pressure, weight and height. Managers told us they calibrated equipment such as the blood pressure machine and the breathalyser, however they were unable to locate documentation to show this was

up to date. Therefore, staff could not ensure equipment gave correct readings and results. We also saw safety-testing stickers on electrical equipment. Needles and urine dipsticks were all in date.

- A fridge was available to store vaccines. The fridge temperature was checked and recorded on a daily basis.
- All areas of the building were clean and well maintained. The service contracted another company to clean the premises. Cleaning of the building occurred three times a week. Cleaning schedules were available on the premises.
- A hand sanitiser dispenser was available within the waiting area and cleansing gels were available within the interview rooms. Staff cleaned equipment regularly. Sharps bins were available for needles and other sharp objects. Clinical waste bags and bins were available and used appropriately. They were collected on a monthly basis to be disposed of appropriately.
- Staff gave clients injections and vaccinations at the service. Blood and bodily fluid spillage kits were available which were in date.
- The service had an up to date health and safety assessment and a fire risk assessment. We saw fire warden information displayed on the wall and fire extinguishers checks were in date.
- Managers kept health and safety documentation in a separate folder. This included the health and safety risk assessment, fire risk assessment and the legionella risk assessment. Staff trained as first aiders were available and an in-date first aid box was available.

Safe staffing

- The service had 12 staff that covered five whole time equivalent posts. This included one team leader, six substance misuse workers and three recovery workers. A

Substance misuse services

specialist doctor across the county at all Swanswell sites and provided one clinic a week at Evesham. A nurse non-medical prescriber, a blood borne virus nurse, criminal justice workers and family workers worked across the county, offering their expertise and support at each service. There was a vacancy for a detoxification nurse to cover all sites across the county.

- The service had been through a period of consultation due to a restructure where some staff were due to be made redundant. Three staff were losing their post from the Evesham team therefore there were no vacancies.
- Clients who had stopped using drugs and alcohol and had been abstinent for an appropriate period could become volunteers. The service had two volunteers. Volunteers helped staff with groups, and offered support to clients. A peer mentor and volunteer co-ordinator provided training and support to the volunteers and peer mentors.
- Sickness was 11% at 31 March 2016 and staff turnover was 27%. Two staff members had recently returned from long-term sickness. Other team members managed their caseloads during their absence. Managers were adhering to their sickness policy. Team leaders would take on small caseloads due to staff vacancies and sickness if required. This meant there were sufficient staff available across the team at all times to provide a service to their clients.
- The service rarely used agency staff but had done so within the last year to cover for staff vacancies.
- The average caseload for a whole-time equivalent substance misuse worker was 44 clients, and then adjusted according to how many hours' part-time staff worked. Caseloads incorporated a combination of prescribing and non-prescribing clients. Clients on a prescription required closer monitoring and appointments that were more regular. Non-prescription clients were offered support dependant on their individual needs. Staff told us their caseloads were manageable although they were concerned they would increase following the redundancies, and raised concerns about maintaining client safety because of this. Managers would discuss and reassess caseloads during staff supervision.

- New staff received an induction in line with Swanswell's policy. They did not have a procedure to follow but used a checklist to ensure staff had completed the induction. This included training and shadowing of experienced colleagues.
- Managers ensured all staff had current Disclosure and Barring Service (DBS) checks before starting work in the service. Managers also ensured they followed up staff references pending offers of employment. We saw managers did this effectively, although signed contracts were not present in personnel files for staff transferred from previous providers.
- All staff are required to complete a selection of mandatory training courses, through an e-learning package, or within a classroom environment. Records provided by the service at the time of inspection show that only 53% up to date with their mandatory training requirements. That is the equivalent to six staff.

Assessing and managing risk to patients and staff

- We looked at seven sets of care records. All contained a risk assessment, started on first contact with a substance misuse worker. All but one had a risk management plan. Staff had generally updated the risk assessments every three months, however we found risks mentioned within the care notes that had not been recorded within the risk assessment, specifically regarding changes to drug and alcohol use. This meant that a client's current risks were not easily accessible and staff unfamiliar with that client could miss information when reading through their risk assessment. We did not see contingency plans to advise staff what to do if a client unexpectedly exited from the service. The mandatory training matrix provided by the service showed only 50% of staff had completed risk assessment training within the twelve months leading up to the inspection.
- Staff told us they were aware of how and when to make a safeguarding referral. Staff could discuss safeguarding cases in supervision, in monthly team meetings or as needed with team leaders. Safeguarding was a standing agenda item for staff supervision.
- Safeguarding training was a mandatory requirement for Swanswell staff. All staff had undertaken safeguarding training for adults and children within the twelve months leading up to the inspection.

Substance misuse services

- The service had effective protocols on personal safety and they followed the lone working policy. Staff would complete a risk assessment before providing a home visit and would always visit in pairs initially. Staff would sign themselves in and out of the building, and would take one of the services mobile phones with them. Administration staff would make contact with the staff member if they had not returned when they said they would to ensure they were safe and well.
- The service prescribed medicines to some clients. An effective system was in place regarding the storage and processing of prescriptions. A prescribing administrator co-ordinates all aspects of the prescribing delivered throughout the service. The service kept naloxone in stock to give out to clients, or for use within the building. Naloxone is a medication used to block the effects of opioids, especially in overdose. All the dosages we saw were within their expiry dates and appropriately stored. All staff had received training in teaching clients how to use naloxone. Nurses in the service administered hepatitis vaccines. The medicine adrenaline was available for injection should clients have an extreme reaction to the vaccine. Staff provided clients locked boxes to store their medication in whilst at home, if this was required. This was so that children, or others, would not be able to take their medicines.
- At the beginning of their treatment, and whenever else was necessary, clients who took methadone or buprenorphine would be required to pick up their medicine at their local chemist, and be observed taking it. Known as supervised consumption, this is best practice (DH, 2007). Staff would regularly check client's urine samples to ensure they remained abstinent from opioids; if they had not or risks had changed, supervised consumption could be re-activated.
- The service had recently implemented an electronic database to record incidents. All staff knew how to record incidents and all had access to the system to record them.
- The service had recorded 19 incidents from 15 January 2016 to 6 September 2016. Staff reported on a range of incidents including behaviour, injuries, communication, documentation and deaths.
- The Swanswell clinical implementation group (CIG) reviewed and monitored incidents and made recommendations, set action plans and amended policies and procedures when necessary. Staff received feedback from incidents in supervision, regular team meetings, and the intranet and learning lessons bulletin.
- We reviewed a reported incident and saw the service had dealt with it in line with their policy. This showed effective communication across the staff group, with other agencies and with the client's family. We saw that staff received support and were offered debrief sessions following incidents. Managers told us this would be organised quickly and proactively. Staff could access the employee assistance programme provided by Swanswell for counselling and additional support.
- The service did not routinely notify CQC of deaths of clients within the service. Swanswell's clinical implementation group had decided that they would notify CQC of all deaths of clients regardless of the circumstances. This was effective from 1 July 2016. The internal incidents showed that Evesham had recorded one death since this date and the service had not notified CQC.

Duty of candour

- The service was open and honest with clients and with commissioners when incidents occurred. Staff understood the need for open and transparent discussions with clients if something went wrong. They were aware of the need to keep clients fully informed and provided information throughout any investigations or complaints made. We saw staff explaining fully to a client the reasons why her planned appointment had not happened

Track record on safety

- The service had recorded two deaths of clients using the service in the 12 months leading up to the inspection. Staff recorded incidents on their electronic incident-reporting database and had been thoroughly investigated.

Reporting incidents and learning from when things go wrong

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

Substance misuse services

Assessment of needs and planning of care

- Staff offered clients an initial welcome appointment to discuss their needs and to explain what the service could offer. The assessment process started at this point but could take several sessions to complete depending on the needs of the client.
- We looked at seven sets of care records. All contained an assessment of clients' needs, however they were not consistently completed, and all but one were lacking in sufficient detail. We saw evidence of blood borne virus testing being offered.
- All contained an up to date recovery plan, although they only contained basic information and were not personalised or goal focused. Recovery plans did not contain identified risks, which meant clients' may not receive sufficient written information to keep themselves safe. The notes did not specify if clients had received a copy of their recovery plan.
- The service used a secure electronic care record system that all staff could access

Best practice in treatment and care

- Clients in the service were prescribed medicines recommended by national guidance (Methadone and buprenorphine for the management of opioid dependence, National Institute for Health and Care Excellence (NICE) 2007; DH, 2007; NICE, 2011). Staff told us an electrocardiogram (ECG) would be arranged for clients taking over 100ml of methadone. The ECG monitored potential heart abnormalities due to their dose of medicine. This was in accordance with national guidance (DH, 2007; Guidance for the use of substitute prescribing in the treatment of opioid dependence in primary care, Royal College of General Practitioners, 2011).
- Staff prescribed medicines to clients to assist with their abstinence from alcohol. This was in accordance with national guidance (NICE, 2011). Clients could be offered a community alcohol detoxification, if deemed safe by the staff to do so. Staff could organise an admission for an in-patient detoxification if required.
- We did not see documentation of psychological therapies offered or implemented when we looked through the care notes. Staff trained in psychological

therapies such as motivational interviewing, solution-focused therapy and cognitive behavioural therapies was not consistent. Some staff had had training, whilst others had not.

- Staff offered clients blood borne virus (BBV) testing for hepatitis and HIV. This was in accordance with best practice (DH 2007). The BBV nurse had been responsible for raising awareness of the need for testing and supporting training of other workers since Swanswell had offered this service in autumn 2015. The service also offered clients hepatitis vaccinations.
- All new patients received a basic physical assessment such as blood pressure, temperature, weight and height checks, and staff would liaise with the clients GP to request further physical health investigations and current medications and treatments prescribed.
- The service supported clients and made referrals to other organisations to help with housing, benefits and employment needs. Staff in the service addressed clients social care needs in addition to their treatment needs.
- The service had links with the local housing association and could access up to six properties where clients could live in for up to a 12-month period. This enabled staff to work with clients whose substance misuse was stable, to help build their budgeting and lifestyle skills.
- The service recorded client outcomes using the treatment outcome profile (TOP). Staff measured outcomes when clients entered treatment and every three months. An outcome measurement took place when the service discharged clients. The service also provided information to the national drug and treatment monitoring service (NDTMS).
- The senior practitioner audited two case files from each substance misuse worker every month. Staff discussed the results in supervision and action plans implemented when necessary. The service utilised a case management tool to monitor case file completion.
- The service audited its shared care performance in December 2015. We saw recommendations and an action plan implemented to improve recording and interventions offered within the GP setting.

Skilled staff to deliver care

Substance misuse services

- The service employed a range of skilled staff, including team leader, substance misuse workers, support workers and volunteers. A doctor and a non-medical prescriber (NMP) saw clients within a clinic once a week. In addition, the team received input from staff who worked countywide including a blood borne virus (BBV) nurse, a detoxification nurse, family workers, young persons' substance misuse worker, an assertive community engagement worker and a peer mentor and volunteer co-ordinator.
- The majority of the staff had worked within substance misuse services for a number of years. All substance misuse workers had completed the national vocational qualification (NVQ) up to level three in health and social care or were undertaking it. The volunteers received training from the peer mentor and volunteer co-ordinator before commencing work with clients and received supervision from the substance misuse workers.
- Staff received clinical and managerial supervision once a month. Topics discussed included caseload management, safeguarding cases and training needs. We saw comprehensive supervision documentation completed by the senior practitioner, with actions for the staff member to complete. The team leader undertook managerial supervision on a regular basis, where any performance issues would be addressed. The non-medical prescriber also received monthly supervision from the team doctor due to their prescribing responsibilities.
- All staff had received a performance review that formed part of their supervision. Staff had access to and attended regular team meetings
- Staff had good links with other organisations and community services. They were proactive in promoting awareness of substance misuse and attended the local college fresher's week to offer students information and advice.
- There was no dual diagnosis service within Worcestershire therefore an information protocol had been set up to ensure effective communication occurred between Swanswell and local mental health services.
- The service liaised with GPs, voluntary services such as mutual aid, homeless services and acute hospitals. They reported that they had referral pathways in place.
- The local pharmacies made contact with the service if a client had not attended for their medicine for three days, or if they had a concern about a client's presentation. This ensured staff were up to date with information and would review client's treatment plans.
- Staff worked well with agencies such as probation and social care. They attended joint meetings when this was required. Staff reported good working relationships with their colleagues in other agencies.
- An outreach worker worked across the county with the local homeless team. They worked to engage homeless people into substance misuse treatment.
- A worker from the young person's team was seconded to the youth offending service. They worked closely with probation, children's services, child and adolescent mental health services and local schools and the pupil referral units.
- The service had developed links with the local multi-agency safeguarding hub (MASH). Staff displayed information on domestic and sexual abuse in the waiting room and signposted clients to specialist support.
- The service participated in the family front door service that included representatives from health, police, probation, treatment services, homeless sector, Women's Aid, Early Help and Stronger Families and allocated families following a MASH. Worcestershire County Council supported this project with an aim to find innovative solutions in improving the lives of children and families in Worcestershire by bringing together agencies from across the area.

Multi-disciplinary and inter-agency team work

- Every morning the team met for a brief discussion about plans for the day. If staff had rang in sick or were away unexpectedly, this gave the team chance to rearrange their plans to ensure activities were covered.
- The service held complex case reviews every fortnight, led by the team doctor. Staff were able to attend and discuss clients they had concerns about or who were not progressing.

Substance misuse services

- The service had a service level agreement with GP practices locally to provide shared care. Shared care was an agreement between the service and the GP to provide treatment to the client in their own GP surgery. GPs made clinical prescribing decisions and team members from Swanswell had a clinic slot to offer structured interventions. The worker would feedback to the GP on the client's progress so the GP was making informed prescribing decisions.

Good practice in applying the Mental Capacity Act

- Six out of twelve staff eligible had completed the e-learning mental capacity training, which was a mandatory requirement.
- Staff we spoke to showed awareness of when a client did not have capacity, specifically when they were intoxicated and said they would discuss this with senior staff and doctors. If the mental health team knew the client, they would liaise with them. Staff could give examples of when they had sought support from other professionals within the NHS or social services when they believed their client might benefit from a full assessment of their capacity.
- The Mental Capacity Act 2005 is not applicable to children under the age of 16. Gillick competence and Fraser guidelines, which balance children's rights and wishes with the responsibility to keep children safe from harm, should be used for those under 16. Staff in the young person's team showed an understanding of Gillick competence and Fraser guidelines. They stated they would talk to the child and adolescents mental health team if they were concerned about a child's capacity to make a decision about support. They were clear that support was for the young person but would share information and support families if the young person had given consent.
- On assessment, staff discussed confidentiality, information sharing and consent and recorded this within the client care record. Clients were encouraged to sign to say they agreed.

Equality and human rights

- There were no restrictions on anyone accessing the service. All people could access the service, including young people. The service had a transitions policy to support young people into the adult service when needed.
- The service did not discriminate against clients based on a person's sex, gender, disability, sexual orientation, religion, belief, race, or age. However, they did not provide specific projects for the lesbian, gay, bisexual, and transgender community.
- The service had considered the Equality Act 2010 nine characteristics when delivering care and treatment, and developing policies and procedures.
- Equality and diversity training was not a mandatory requirement for Swanswell staff.

Management of transition arrangements, referral and discharge

- Managers told us approximately 80% of their clients had self-referred to their service. Referrals from other services, including probation, mental health and GP surgeries accounted for the other 20%.
- Staff prioritised the arrangements to support prisoners recently released from prison who needed substitute prescribing. They were assessed quickly and treatment plans put in place with substitute prescribing arrangements aimed to reduce the likelihood of them resuming substance misuse.
- The service had a robust transfer and transition policy in place to prevent prescribing or treatment gaps for clients entering or exiting the service. One client told us their transition between services had been good.
- Swanswell would provide a recovery support package for clients who needed further support once discharged from the service.
- The service will support service users to access recovery services on discharge by meeting with the new provider and the client.

Are substance misuse services caring?

Kindness, dignity, respect and support

Substance misuse services

- We observed staff interacting in a kind, compassionate and respectful manner. They were knowledgeable and attempted to provide practical and emotional support during their interactions. They were responsive to the needs of clients and demonstrated a positive approach.
- We spoke to six clients and reviewed feedback from seven comments cards. Most clients said staff were always available and supported their needs, and treated them with dignity and respect. Staff had shown kindness and compassion, and were always helpful. Appointment times were flexible, dependant on the client's availability. Clients received information to aid their recovery.
- Discussions with clients were confidential and appointments were held in private. When clients came for needle exchanges or wished to speak to the duty worker, these interactions took place with suitable privacy and confidentiality. However, conversations could be overheard from the waiting area when held within the group room.

The involvement of people in the care that they receive

- Clients told us they had been involved in their care and received information about treatment options. Documentation of whether clients had received a copy of their recovery plan was not present. Staff wrote recovery plans that were basic and not personalised or goal focused.
- The service sought feedback from clients, and forms and a box were available in the waiting area. This enabled clients to give constructive feedback and compliments as well as putting forward suggestions on how the service could improve.
- We observed the 'here and now' group whilst on inspection. Clients were treated with respect and encouraged to participate and share their experiences. Feedback from the group was positive.
- Families were able to receive support from the Swanswell family support service.
- Clients were supported to use an advocacy service if required, such as when wanting to make a complaint.
- A volunteer who had previously used the service said he felt valued by the staff in his current role.

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

Access and discharge

- The service was open access, which meant clients could self-refer or 'drop in' and a duty worker would see them. They did not have a waiting list. Clients were seen and assessed when they presented to the service, or whenever was practical for them. Following referrals received from other services, the duty worker would triage the referral and made an appointment for the client. Clients involved with the criminal justice system and pregnant women received an assessment appointment quickly.
- Public Health England set a national target for referral to treatment time of three weeks. They were meeting this target.
- Clients did not have to wait for allocation of a substance misuse worker if one was required. Managers were able to allocate clients to a substance misuse worker as soon as there was an identifiable need.
- The service was open access, which meant clients could self-refer and a duty worker would see them. The duty worker was available to speak to referrers and clients urgently, and could invite clients to come to the service to be seen that day, or whenever convenient for them. Clients' would be rated dependant on the urgency and severity of their needs, which would advise staff how quickly they required assessment and treatment.
- Staff and doctors were flexible and could see clients quickly when needed. When staff reported their concerns for a client's wellbeing and health, an appointment to see a doctor could be organised in any of the clinics across the county.
- At the time of inspection, the service had 460 clients on their caseload. When clients telephoned the service, they received a quick response and the duty worker was always available to speak. The service operated a single point of access, so all clients received one telephone number to contact any service across the county.
- The service assessed all clients with a drug or alcohol problem. People under the age of 21 would access the

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countywide young person's service, and transferred to the adult service when required. The service also supported people who were required to attend as part of a court order and those leaving prison.

- The service was able to make a referral for an in-patient detoxification bed when required.
- The service followed their policy on clients who did not attend, which ensured staff made efforts to re-engage the client before discharge from the service. This included visiting the client's home, talking to carers and family, and contacting the police for a safe and well check. Clients were not discharged from the service unless they had missed at least three appointments and efforts to re-engage the client had failed. Pharmacies commonly advised the service if a client failed to attend for their supervised consumption of methadone. When this happened, clients were aware that their prescription would be suspended until they re-established contact with the service.
- The service was able to offer flexible appointment times to clients. Cancellation of appointments rarely occurred. There could be delays in appointments when clinics were full. We saw staff re arranging appointments for clients and when clients presented in a crisis, staff were able to see them within the clinic. The service operated an evening clinic for clients once a week who could not attend during the day. Staff could attend client's homes when necessary.
- The service was open from 9am to 5pm on Monday to Friday and 9am to 7pm on Wednesdays. They provided outreach in Malvern to avoid clients having to travel into Evesham. The service operated on bank holidays and provided a phone contact for Christmas day. Clients could also access support through their GP if their practice was part of the shared care agreement.
- The service had worked with probation so that staff could discharge clients who were subject to court orders who did not engage and take new clients on to their caseload.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a number of individual interview rooms and a group room. Clients could speak with staff in the interview rooms and those outside could not hear

conversations. However, the waiting room was generally quiet, which meant conversations within the group room could be heard, which could impact on the privacy and dignity of clients using them.

- Staff performed all medical assessments, vaccinations and blood tests in the clinic rooms.
- A range of information was available for clients. Information leaflets were available regarding drug and alcohol use, groups available, client expectations, confidentiality and complaints. Harm reduction information was available in other languages and in DVD format as well as leaflets.

Meeting the needs of all people who use the service

- The service operated from a three-storey building within the centre of Evesham. All client based interventions occurred on the first floor of the building and the second floor contained staff offices and the CCTV observation area. Clients could also be seen in Malvern so that they did not have to travel to Evesham.
- A lift was available for disabled clients to access the building, although this was out of order on the day of inspection. Staff told us that they could visit disabled clients at another venue or at home if required, until it had been fixed. Managers showed us the schedule of when work would be completed. A disabled toilet was available for clients on the ground floor.
- All staff could access interpreters when needed for a client whose first language was not English. Evesham had seen an increase in residents from Eastern Europe, especially Poland. A member of staff could speak Polish and leaflets were available in Eastern European languages. Staff could provide a sign language interpreter for deaf clients.
- The national Swanswell website had a browse aloud function which could translate information into a number of languages.
- A range of groups were available to promote abstinence and recovery from substances. In addition, as part of their therapy programme, clients had access to a local allotment which they attended with a staff member. The service had organised a weekly coffee morning at a local church which clients could attend.

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Listening to and learning from concerns and complaints

- The service had a complaints policy and procedure, which staff followed. We saw this displayed within the waiting area of the service.
- The service had not received any formal complaints in the last twelve months.
- Whilst on inspection, we observed a client making an informal complaint. Staff dealt with this effectively and efficiently and the client was happy with the outcome.
- The service monitored complaints through the clinical implementation group (CIG). This ensured the service dealt appropriately with the complaint, and were adhering to timelines laid out in the policy.
- Clients received information about the complaints process when they first entered the service and were supported to make complaints if required. Staff understood their duties under the duty of candour and if they made mistakes, they were open with clients. They supported clients to resolve complaints informally initially.

Are substance misuse services well-led?

Vision and values

- Staff knew the vision and values of the organisation which included being innovative, straightforward, honest, and trustworthy. They demonstrated these in the support they provided to clients and to each other. Staff showed a genuine commitment to supporting their clients throughout their recovery journey.
- The team spoke highly of the management locally and the senior managers in Worcestershire.

Good governance

- Staff and managers monitored training requirements during monthly supervision however; most staff were not in date with their mandatory and risk assessment training needs. The service held a training matrix that showed when staff had completed their mandatory training and individual performance targets had been set around screening procedures, supervision, and treatment outcomes profile compliance.

- The service participated in audits, such as case files, which measured the quality of care provided, and identified areas for improvement.
- Appropriate numbers of staff were available and staff told us that direct patient care was their priority.
- All incidents and complaints were analysed and reviewed monthly in their clinical implementation group (CIG). Shared learning would then be dispersed locally.
- Procedures relating to safeguarding were widely followed and staff knew how to raise an alert and liaised with appropriate services such as the multi-agency safeguarding hub.
- The service monitored its performance by utilising the Treatment Outcome Profile (TOP). The service was also subject to a payment by result (PBR) contract. Commissioners for the local authority set the outcomes. Targets were set which measured the completion and effectiveness of treatment for people within three strands of the service: opiates, non- opiates, and alcohol and whether clients came back into the service or successfully met their recovery goals. This information was collated by area and reported by National Drug Treatment Monitoring System (NDTMS) on a national website.
- Commissioners reviewed targets and outcomes regularly in monthly meetings. The service also met with commissioners quarterly to look at performance, review incidents, deaths, and sub-contracting arrangements.
- The service reported into the Swanswell clinical reference group who were able to oversee all teams' performance and ensure any required changes to policies and procedures are disseminated to local managers to implement.
- The team manager was able to feedback any concerns to their line manager in monthly operational meetings, and during supervision.
- The service did not have a local risk register but was able to add any concerns to the Swanswell organisational risk register.

Leadership, morale and staff engagement

- Sickness and absence rates in the service were manageable. Sickness and absence was 11% at April 2016.

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- There were no bullying or harassment cases within the service.
- Staff felt able to raise concerns with management and were aware of the provider's whistleblowing procedure.
- Staff worked well together and spoke highly of management locally and the senior managers in Worcestershire. They said they felt supported and listened to and there was a culture of openness. They reported morale as being good, despite redundancies being made across the County. Nationally, substance misuse services undergo frequent change due to the re-tendering process, therefore morale had been low at these times although staff said they supported each other.
- The service offered staff opportunities for leadership. Staff had been developed and had been promoted into leadership roles.
- Staff understood the need for open and transparent discussions with clients if something went wrong.
- Staff were able to provide feedback to the management team and to offer ideas for service improvement.

Commitment to quality improvement and innovation

- Swanswell has a bronze award for Investors in People. This is an internationally recognised standard for the management of people.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that the mandatory training and risk assessment training identified is completed so staff are supported to carry out their roles safely and effectively.
- The provider must ensure that they notify CQC of all notifiable incidents as set out in the registration of the service.

Action the provider **SHOULD** take to improve

- The provider should ensure equipment used for physical health checks is up to date with calibration and servicing.

- The provider should ensure staff receive training in psychosocial interventions to ensure clients can access a wide range of treatments
- The provider should ensure risk assessments and recovery plans contain detail from the case notes to ensure the safety of clients and that they have plans in place in case of unplanned exits by clients from the service.
- The provider should ensure the service uses rooms that are adequately soundproofed for confidential conversations.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

The service was not notifying the Care Quality Commission of incidents that required notification. This is a breach of Regulation 18 (2)

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Risk assessments and risk management plans were not consistently completed and did not address risks identified. Plans were not in place for clients if they disengage from the service. Staff had not completed role specific and mandatory training to enable them to carry out their roles safely and effectively. This was a breach of regulation 12 (2 a,b,c)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.