

Oasis Project Ltd

Oasis Project

Inspection report

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

Ratings

Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services well-led?

Inspected but not rated



Summary of findings

Overall summary

We rated the service as Good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The service had enough staff. Staff assessed and managed risk well and followed good practice in relation to safeguarding.
- The service was well led and the governance processes ensured that procedures ran smoothly. An audit and feedback cycle supported quality improvement based on client and stakeholder feedback.
- The service had a clear vision and set of values which informed how the staff supported the people using the service.
- The provider had demonstrated a robust commitment to ensuring that trauma informed practice was embedded in the culture of the organisation.
- The provider actively sought external accreditation to support improvement.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Inspected but not rated	



Summary of findings

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Summary of this inspection

Background to Oasis Project

Oasis Project is a charity for women, children and families affected by drug and alcohol misuse. It is one of a number of organisations that work together to provide drug and alcohol treatment and recovery services to people living in Brighton and Hove and East Sussex.

Within the partnership, the role of Oasis Project is to coordinate the care and treatment of women referred to the service, and to provide psychosocial interventions for clients with substance misuse issues. The service is delivered from a building in the city centre, linked with other sites close by where young people and men can access support. Other organisations within the partnership provide different roles such as the provision of medical assessments and community and inpatient detox services. The service offers a screening for blood born viruses (BBVs), one-to-one care coordination and structured group work, including a specialist programme for parents whose children are open to social services due to risks around parental substance misuse. Parents accessing Oasis Project have access to a free creche which is a short walk from the service.

The service is registered to provide the following regulated activities: Treatment of disease, disorder and injury.

There was a registered manager in post at the time of the inspection.

We last inspected the Brighton Oasis Project in July 2019, when the service was rated Good. In 2019 the service was re-branded and is now known as Oasis Project, as it also delivers support to people who live outside Brighton.

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed. This enables the CQC to seek assurance about this DMA decision and to evaluate the effectiveness of the DMA process.

How we carried out this inspection

The inspection team comprised one inspector with a background in community substance misuse services, and one specialist advisor (SpA) who was a registered nurse and a qualified non-medical prescriber (NMP) with experience working in substance misuse services.

To complete this inspection the team:

- visited the location and looked at the quality of the physical environment
- spoke with 4 clients who were using the service
- spoke with the registered manager
- spoke with staff, including the nurse, and outreach lead
- reviewed 5 client care and treatment records, including care plans and risk assessments
- looked at a range of policies and procedures
- reviewed records of staff training, supervision and appraisal
- reviewed incident and accident information
- reviewed minutes of clinical governance meetings, weekly risk meetings, a safeguarding audit and board report

Summary of this inspection

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

Outstanding practice

The provider was committed to ensuring that trauma informed practice was embedded in the culture of the organisation. A high number of clients receiving care from the service had experienced significant trauma, and leaders understood the impact of this on both the clients and the staff supporting them. The provider participated in an external accreditation process around trauma informed practice, and achieved a silver award.

The provider actively sought other external accreditation to support improvement. The service held a Silver Investors in People award, the parenting group work programme had been evaluated by the New Economics Foundation. Managers had recently nominated a staff member for a BBC “key-worker of the year” award, and been notified that the worker had been shortlisted. Shortly before the inspection, the provider was notified that they had won a nationally recognised award from the Centre for Social Justice, in the addictions category.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated

Community-based substance misuse services

Safe	Inspected but not rated 
Well-led	Inspected but not rated 

Are Community-based substance misuse services safe?

Inspected but not rated 

Our rating of safe stayed the same. We rated it as good.

Safe and clean environment

All premises where clients received treatment were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Hand sanitising stations were present throughout the building, and staff wore masks when necessary. The service supported a large number of clients who were experiencing domestic abuse, were sex workers, or were vulnerable to abuse or exploitation. To keep the clients safe, the building did not have external signage, but was immediately recognisable to clients who had been referred by its distinctive features.

Safe staffing

The service had enough staff who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the team, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. New staff caseloads were adjusted to reflect their level of experience and to allow them a full induction. The service did not use temporary or agency staff, and staff sickness and turnover were both low.

Nursing staff

The provider employed a registered mental health nurse and registered social workers. Staff worked closely with the partner organisation who provided the prescribing service. Dry blood spot testing (DBST) for blood borne viruses (BBVs) was conducted by staff following training with input managers. The nurse received clinical supervision from an appropriately qualified person external to the organisation.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training.

The mandatory training programme was comprehensive and met the needs of clients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. We reviewed a training tracker that showed where staff were not in date with their mandatory training, although courses were booked and due to be completed soon. All staff had received mandatory training required for their role. The provider included health and safety, safeguarding children and vulnerable adults, domestic violence, working with the Mental Capacity Act and information governance in its list of mandatory training, and all staff were 100% compliant.

Community-based substance misuse services

Assessing and managing risk to clients and staff

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

Assessment of client risk

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. All care records we reviewed included clear management plans to minimise risks that had been identified at assessment or during the course of the client's treatment. This included risks specific to individuals using the service like risks of overdose and relapse.

Staff completed risk assessments for each client on admission using a recognised tool, and reviewed this regularly, including after any incident. Case notes we reviewed all included personalised risk assessments and detailed how these risks were being managed. For example, provision of harm reduction advice including overdose prevention and safer injecting. Safety alarms and outreach protocols were provided to all staff for lone working purposes and could be used to request support in an emergency.

Staff used recognised risk assessment tools for substance misuse, domestic abuse, and safeguarding children. All the clients who were undertaking the parenting group programme were referred by children's social care. A key focus of the programme was on the ongoing assessment and reduction of risk to children posed by clients' substance misuse, and staff worked very closely with children's social workers to share information on the clients' progress.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. Staff were able to support responses to issues around physical and mental health, as well as alcohol misuse where this posed a significant risk. Staff followed clear personal safety protocols, including for lone working, as staff sometimes visited clients with complex physical health needs in their own homes.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. All staff we spoke with knew the service protocols for responding to concerns about abuse or neglect of children or vulnerable adults, and we reviewed the service safeguarding log and incident records that ensured all actions and referrals were followed up. Staff discussed safeguarding cases during weekly risk meetings and worked with partners in multi-agency risk meetings to manage risks to clients.

The Head of Client Services, a Registered Social Worker, is the Safeguarding Lead for the organisation and chaired the weekly risk meeting with staff.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Client notes were comprehensive, and all staff could access them easily through the electronic case management system that enabled staff to manage their caseloads effectively. Records were stored securely.

Medicines management

The service did not prescribe, administer or store medicines.

Community-based substance misuse services

Track record on safety

The service had a good track record on safety. We reviewed an incident tracker that showed that information and learning from incidents was shared internally and externally. This involved sharing learning with the probation service, partner agencies, the police and social services.

Reporting incidents and learning from when things go wrong

We reviewed incident records and reports of investigations into incidents that the staff had completed, Lessons learned from these investigations were shared within the service, the organisation and the wider system, and were used to inform practice. The majority of serious incidents recorded by the service involved deaths of people who used the service, and in every instance the service worked with other providers involved with the clients to reflect and report on the good practice that had been applied with the client, as well as the things that could have been done differently.

Are Community-based substance misuse services well-led?

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff. The registered manager had been in post for a number of years and had a good understanding of the organisation.

The registered manager had built strong partnerships with other organisations in order to meet the organisational objectives. This included membership of the Local Safeguarding Children Board (LSCB) and the Safeguarding Adults Board. A manager represented the treatment partnership at the local Multi Agency Risk Assessment Conference (MARAC). MARAC meetings are where information is shared on the highest risk domestic abuse cases between police, health, child protection, housing, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. The registered manager was also the vice chair of the local Violence Against Women and Girls (VAWG) forum. Being actively involved in these local networks enabled the registered manager to share local learning and best practice with staff, and ensure the service was responsive to the needs of local people.

The board of trustees that supported the registered manager included members with skills and experience across a range of sectors. The board of trustees did not currently include a member with lived experience of substance misuse. This was being actively addressed by the registered manager and chair of the board through a targeted recruitment process.

The Head of Client Services was a Registered Social Worker and acted as the Safeguarding Lead for the organisation.

Vision and strategy

Staff knew and understood the service's vision and values and how they were applied to the work of their team. The vision and values of the organisation were defined through a collaborative process involving leaders and front line staff, and were expressed in the form of "7 Core Truths" that described the purpose and ethos of the organisation. Staff induction and supervision were all mapped against the 7 points in the document and provided a clear vision and strategy that was shared with staff and informed the provider's strategic plan.

Community-based substance misuse services

The service had a clear three year strategic plan with objectives around ensuring the organisation was sustainable and continuously improving, that were also clearly laid out in a strategy document that was shared with staff and stakeholders. The registered manager was also the chief executive of the charity. They described leading a range of fundraising activities that enabled the organisation to grow and retain its identity and independence while working in partnership with much larger ones. The service used funds raised from trusts and grants to provide services that were not included in the main contract for substance misuse treatment. For example, there was a free creche for parents accessing the service.

Staff received ongoing performance reviews which clearly showed how staff put the values of the organisation into action in their work with clients. Managers were working on plans to expand the service in response to new funding in ways that would enable staff caseloads to be capped and ensure clients had more one-to-one time with their worker. Staff we spoke with were aware of this strategic direction of the service and spoke positively about it.

Culture

Staff felt respected, supported and valued. The service gave staff recognition awards in a range of categories that directly benefited clients, including tackling stigma, innovation, and outstanding effort. Staff reported that the service promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution. Staff knew about the whistleblowing procedure but said they would raise a concern with the registered manager or the Safeguarding Lead if they needed to. Staff described managers and colleagues supporting them when the work was emotionally challenging. The team were in the process of planning a staff away day. An in-house human resource lead had been appointed.

The provider had committed to ensuring that trauma informed practice was embedded in the culture of the organisation. A high number of clients receiving treatment by the service had experienced significant trauma, and leaders understood the impact of this on both the clients and the staff supporting them. The provider had actively engaged with an external accreditation process around trauma informed practice, and achieved a silver award. We reviewed the documentation submitted in order to achieve the award and the summary report provided by the accrediting body.

Leaders promoted staff wellbeing. The impact of vicarious trauma on staff was one of the top three risks on the service risk register. Vicarious trauma is the emotional impact of supporting people who have experienced deeply traumatic events, which can cause stress, burnout and sickness in staff. For the service, this routinely included domestic violence and abuse, sexual assault, sexual exploitation, grief and loss. Leaders had recently launched a new staff wellbeing package that included an employee assistance programme offering free counselling. All staff were required to attend reflective practice sessions with their peers to explore the impact of the work and enable them to build the resilience to support people in challenging situations. All client-facing staff received monthly group clinical supervision to process the emotional impact of the work and mitigate the impact of vicarious trauma.

The provider took part in accreditation schemes. The service held a Silver Investors in People award and a silver Trauma Informed quality marker. The parenting group work programme had been evaluated by the New Economics Foundation, and the Centre for Social Justice had recently announced it would be issuing the service with an award for addiction services. Managers had recently nominated a staff member for a BBC “key-worker of the year” award, and been notified that the worker had been shortlisted.

Community-based substance misuse services

Governance

Governance processes operated effectively at service level and performance and risk were managed well. The service had a robust risk management system, with daily, weekly, bi-weekly and monthly meetings that cascaded information from front line staff to senior managers ensuring strong oversight and ensured that lessons learned were shared in a timely manner. Senior Managers carried out audits, including an audit of safeguarding activity.

Bi-monthly Quality Assurance and Risk Management meetings are held with representation from the Board of Trustees. We reviewed quarterly clinical governance meeting minutes that showed the provider shared national and local learning and reviewed policies and procedures accordingly.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. The case management system provided clear information on clients treatment journey. For example, staff were prompted when care plans or risk assessments required review or when information was not complete.

Information management

The case management system that staff used for client records provided dashboards to show activity levels and information about service activity, compliance and performance. This included numbers of referrals, open care plans, types of treatment being accessed, and discharge.