Westminster Drug Project Brent - Cobbold Rd

Quality Report

97 Cobbold Road
London
NW10 9SU
Tel:0300 303 4611
Website:https://www.wdp.org.uk/

Date of inspection visit: 24 and 25 July 2019
Date of publication: 01/11/2019

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	Requires improvement
Are services safe?	Good
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

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.

Summary of findings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

We rated Westminster Drug Project Brent - Cobbold Road as requiring improvement because:

- The service had not completed any of the required statutory notifications in respect of service user deaths and allegations of abuse related to the service since registration with the Care Quality Commission in April 2018.
- The service manager was unable to provide documentary evidence in a timely way to show that the quality and safety of the service was being assessed, monitored and improved effectively. Without this documentation it was not clear how the service was evaluating and improving service delivery and managing overarching risks.
- Although staff undertook regular assessments of clients' physical health and referred them to their GP if they identified signs of deterioration in their health. Staff did not always request a GP summary or follow up physical health information requests to ensure clients' needs were met.
- Although some staff felt able to raise concerns with management if they needed to, they also reported that management response was often very delayed, which at times affected their morale.
- Although staff consistently developed and reviewed care plans for each client, some care plans lacked personalisation such as identification of patients' strengths.
- Although the service kept emergency medicine where it was accessible to staff, a review showed that medicine was kept in an environment that temperature was not being monitored.
- Although the premises and equipment were visibly clean the service was unable to provide cleaning records for the clinic room.

However,

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed, 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 relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	**Requires improvement** 	Start here...

Summary of findings

Contents

Requires improvement

Services we looked at

Community-based substance misuse service

Summary of this inspection

Background to Westminster Drug Project Brent - Cobbold Rd

Westminster Drug Project Brent – Cobbold Road is a community-based alcohol and drug detoxification service provided by Westminster Drug Project. The service merged with drug and alcohol services provided by an NHS Trust. Westminster Drug Project Brent - Cobbold Road is the lead agency in this partnership. The service also works in partnership with another of the provider's registered locations, Westminster Drug Project Brent - Willesden Centre to provide care for residents in the London borough of Brent.

The service provides a range of treatments that include prescribing and community detoxification, alcohol treatment programmes, advocacy, one-to-one support, needle exchange and harm reduction.

There was no registered manager at the service at the time of the inspection. The service has a service manager who has applied to be the registered manager with the Care Quality Commission (CQC). The service is registered by the CQC to provide the regulated activity treatment of disease, disorder or injury.

This is the first inspection of Westminster Drug Project Brent - Cobbold Road since registration in April 2018.

Our inspection team

The team that inspected the service comprised of two CQC inspectors and one specialist advisor.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

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.

During the inspection visit, the inspection team:

- visited the clinic, looked at the quality of the environment and observed how staff were caring for clients
- spoke with one client who was using the service,
- spoke with one carer
- had six comment cards from clients who attended the service
- spoke with the service manager and operation manager
- spoke with 10 recovery workers
- spoke with one non-medical prescriber employed by NHS trust
- spoke with one pharmacist
- spoke with one quality and compliance manager
- reviewed supervision records
- spoke with one manager from a partner agency
- looked at six care and treatment records of clients
- observed one client group run by the service

Summary of this inspection

- observed one safeguarding staff meeting.
- medicines management or optimisation of the provider looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with one client, one carer and had six comment cards completed. Clients gave positive feedback and felt that they were listened to, staff encouraged them to engage with the service and felt supported. The carer felt staff were informative about any processes of care and responsive to clients' needs.

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?

Good

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. Nurses and psychologists in the team were employed by the partner NHS trust, and worked alongside WDP staff to deliver the service. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.
- Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health.
- 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 had a good track record on safety. The service managed client safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.
- Staff followed best practice guidance when prescribing medicines for clients.

However:

- Although the service kept emergency medicine where it was accessible to staff, a review showed that medicine was kept in an environment that temperature was not being monitored.

  Although staff undertook regular assessments of clients' physical health and referred them to their GP if they identified signs of deterioration in their health, physical health information requests to GPs were not always followed up by staff to ensure tests had been carried out or results obtained. For four of the six care records we reviewed there was no evidence that a GP summary was requested.

Summary of this inspection

- The tracker used to maintain oversight of safeguarding referrals was not always completed by staff or kept up to date.
- Although the premises and equipment were visibly clean the service was unable to provide cleaning records for the clinic room.

Are services effective?

Requires improvement

We rated effective as requiring improvement because:

- Although staff supported clients to make decisions on their care for themselves. They also 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, only 63.3% of staff had completed training for Mental Capacity Act.
- Although staff consistently developed and reviewed care plans for each client, some care plans lacked personalisation such as identifying the patient's strengths.

However,

- Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed.
- Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.
- 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.

Are services caring?

Good

We rated caring as good because:

Summary of this inspection

- 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.
- Staff informed and involved families and carers appropriately.

However,

Although staff reported that clients were involved in care planning, risk assessment, and ensuring clients had easy access to additional support. We did not see evidence of client involvement in their care records reviewed during the inspection.

Are services responsive?

Good

We rated responsive as good because:

- The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.
- The 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 treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Are services well-led?

Requires improvement

We rated well-led as requires improvement because:

- The service had not made the required statutory notifications to the Care Quality Commission of allegations of abuse and client deaths since registration in April 2018.
- The service manager was unable to provide documentary evidence in a timely way to show that the quality and safety of the service was being assessed, monitored and improved effectively. Without this documentation it was not clear how the service was evaluating and improving service delivery and managing overarching risks.
- Although staff felt able to raise concerns with management if they needed to, they reported that management response was often very delayed, which at times affected their morale.

However,

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and staff reported that the operational manager was supportive, approachable and visible within the service.

Summary of this inspection

- The service had a clear framework of what had to be discussed at team meetings to ensure essential information was shared amongst the staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- The provider was committed to learning from when things go well and when they go wrong. There was clear learning from incidents. Staff discussed incidents at monthly team meetings and at learning walks.
- The service encouraged innovation and worked in partnership with partner agencies in running quality improvement projects. The service had a quality improvement on reducing supervised consumption of controlled drugs and wellbeing training that included service users.
- Staff felt respected, supported and valued. They reported that the provider 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.
- The service had a dog therapy programme that worked to improve the wellbeing of service users.
- The service participated in provider wide reward card scheme to encourage clients to engage with the service.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had completed training on the Mental Capacity Act, which included training on capacity and consent.

Staff understood mental capacity and were aware of how substance misuse can affect capacity. Staff worked under the principle that capacity is always assumed and where they queried a client's capacity this was assessed.

Overview of ratings

Our ratings for this location are:

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

Notes

Requires improvement

Community-based substance misuse services

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

Are community-based substance misuse services safe?

Good

Safe and clean environment

Safety of the facility layout

The premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Staff undertook monthly risk assessments of the care environment. Staff recorded and reported on any areas which required attention.

Staff carried personal panic alarms and each room where staff saw clients had an alarm button to use in an emergency. The service had landline telephones as well as mobile phones to call emergency services.

A fire risk assessment had been carried out by the service and the risk assessment identified the key risks of fire to the service. Staff were able to give examples of risks identified by the service. The service had seven fire wardens and first responders allocated on each day. We saw that a fire drill had taken place within the previous 12 months prior to inspection and all staff, clients and visitors had been evacuated safely. The allocated fire warden for the day was discussed in every morning meeting so that staff were aware.

Maintenance, cleanliness and infection control

Areas clients had access to were clean. The service had a plan in place to refurbish the area which clients would use.

The premises were visibly clean during the time of our inspection. We requested evidence of cleaning records, but the service was unable to supply these at the time of the inspection or afterwards.

Staff adhered to infection control principles, including hand washing and wore appropriate personal protective equipment such as disposable gloves. Staff disposed of clinical waste appropriately and had a blood spillage fluid kit. Clinical waste was collected and removed regularly by an appropriate external company.

The service had one dedicated clinic room, which could be used to undertake physical examinations. It was visibly clean and clutter free, although it did not have a cleaning log for this room. It contained equipment including an examination couch, scales and height measuring equipment. The equipment used was clean and calibrated. The pharmacist completed an audit of this room. The audit was shared with staff and easily accessible in a folder in the clinic room.

Staff completed monthly environmental audits. The audit included a check on the safe storage of cleaning detergents and included ensuring the general environment was clean.

Safe staffing

The staffing establishment levels were, one part time service manager, four team managers, 20 recovery support workers, one full time non-medical prescriber (NMP), two data administrators and three administrators.

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 teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.

The staff sickness rate was 7% and the turnover rate for substantive staff was 20.5%. There were 11 staff leavers in the previous 12 months prior to inspection. Some reason leading to high turnover of staff included a change in service provider and dissatisfaction of specific management who worked at the service. There was one vacancy at the time of the inspection, which was due to an unexpected death of a recovery worker and the service was in the process of recruiting an agency staff.

The service had 640 clients the time of the inspection, accessing treatment at Westminster Drug Project Brent - Cobbold Road and Westminster Drug project Brent – Willesden. The service had enough staff to meet the needs of the client group and could manage any unforeseen shortages in staff. The service had a morning meeting to discuss staffing and cover arrangements. The establishment levels were one full time medical practitioner who covered this service for two days on site but was accessible for three days at another Westminster Drug Project Brent service. There was one full time service manager who covered both Westminster Drug Project Brent - Cobbold Road and Westminster Drug Project Brent - Willesden Centre, which was close by.

Staff reported that they had manageable caseloads. On average recovery workers and the medical director had a caseload of 50 clients each. Recovery workers were not clinically trained, they booked appointments for clients and maintained regular contact with them. Recovery workers were responsible for ensuring client records were kept up to date.

The service had arrangements in place for annual leave and sickness absence. For example, the recovery workers would cover each other during periods of absence and the team leaders would cover the registered manager. The medical practitioner ensured that clients were booked around their annual leave. Additional cover during leave was covered by registered sister service Westminster Drug Project Brent -Willesden Centre.

All medical reviews and clinical decisions were completed by the medical practitioner who were also responsible for prescribing. The medical practitioner was employed by the partnering NHS trust. The service also had one non-medical prescriber who was also responsible for re-issuing prescriptions and administering medicines if needed. During the inspection we saw evidence of the non-medical prescriber referring to the Department of Health Drug misuse and dependence UK guidelines on clinical management, also known as the 'Orange Book'. There was always medical cover available during opening hours. Out of hours clients were advised to seek care, treatment or support from external agencies. In the event of a medical emergency clients were advised to contact a weekend drop in service provided by a provider partner in delivering the service, attend the local emergency department or dial 111. A provider partner had an out of hours weekend drop in service.

The service ensured robust recruitment processes were followed. We reviewed three records for staff who worked for the service. The records contained evidence of up to date criminal record checks, a minimum of two references and evidence of suitable experience for the role to ensure staff were safe to work with vulnerable adults. For example, some staff that had been recruited previously worked as volunteers for the service.

The service had arrangements in place to ensure staff had received vaccinations recommended by the Centres for Disease, Control and Prevention, for example, hepatitis B or chickenpox. Healthcare workers are at risk for exposure to hepatis B virus from infected clients and are also at risk of transmitting Hepatitis B Virus (HBV) to clients

Mandatory training

Staff reported that they had received mandatory training. Mandatory training included, basic life support, Mental Capacity Act, equality, diversity and inclusion, fire safety, health and safety, information governance, safeguarding adults and children and infection control.

The service embedded personal safety protocols for staff to follow. Staff followed lone working protocols to ensure their safety on home visits. Staff used mobile phones when they visited clients' homes and always went in pairs to reduce the risk.

Assessing and managing risk to clients and staff

Assessment of patient/client risk

Staff assessed and managed risks to clients and themselves well. During the inspection, we reviewed the risk assessments of six clients. Staff created and made use of client risk management plans. Staff had completed risk

assessments on admission for each client. Risk assessments included areas of potential risk, such as overdose or relapse and concerns around children and families.

Staff had reviewed each risk assessment on a regular basis and updated clients' risk assessments following a new risk incident, as appropriate.

Staff completed a Treatment Outcome Profile (TOP) with clients to assess the degree of substance use. This was used for initial, review and exit stages. This could be used for substance misuse, injecting behaviour, crime and health and social functioning.

Staff undertook regular assessments of clients' physical health and referred them to their GP if they identified signs and deterioration in their health. Staff reported that clients GPs were contacted after each medical appointment. However, physical health information requests to the GPs were not always followed up or no request made. For example, four of the six cases we looked had no evidence that a GP summary was requested. In one of these four records the client had complex needs such as addiction, severe and enduring mental illness and child protection concerns. The client was asked to approach the GP surgery to request their own physical health summary.

Management of client risk

Clients had plans in place in the event of their unexpected exit from treatment. This included consent given by clients for home visits.

The provider had displayed information for a weekend drop in service for people suffering with substance misuse issues. This information was displayed in corridors in leaflets for clients and carers to access.

Staff saw patients on site or conducted home visits when necessary. Where there were concerns about clients' welfare that needed a home visit or changes in risk, this was discussed in team meetings prior to home visits being conducted as a team.

Staff reviewed the effects of medication on clients' physical health regularly and in line with NICE guidance, especially when the client was prescribed a high dose medicine. Staff employed by partnering NHS Trust undertook electrocardiograms on clients who met the relevant criteria and in accordance with national guidance.

Staff completed safety plans with clients, and for all six records we looked at, most were up to date. Safety plans included risks associated with continued drug and alcohol use. Staff also discussed harm minimisation with clients including the risks of using illegal drugs or alcohol in addition to prescribed medicines.

Safeguarding

Staff understood how to protect clients from abuse. The service worked effectively with other agencies to promote safety including systems and practices in information sharing. Staff made referrals to the local authority safeguarding teams when needed. The service had a safeguarding lead, who had received level 5 safeguarding training for this role. This meant that staff had a person they could go to for advice and guidance if they had a concern about a client's safety.

Staff had training on how to recognise and report abuse, and they knew how to apply it. Staff knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies. Staff told us that they referred any safeguarding concerns to the local authority's safeguarding team where the person lived. Staff we spoke to were able to demonstrate sound understanding of safeguarding by giving examples of recent safeguarding and the process of referrals to the local authority.

Staff attended monthly safeguarding meetings. A safeguarding tracker was used by the service in these meetings to review patients. All staff had access to the tracker so as to record safeguarding referrals that had been made to the local authority. There was evidence in client notes that staff had recorded referrals. However, the safeguarding tracker was not always completed and had some gaps about details of concerns. Staff who made referrals to safeguarding did not always inform the safeguarding lead and there was also no oversight on the safeguarding tracker, meaning there was a risk that not all referrals made to local authority were captured for review in meetings. The service had completed an internal audit in January 2019 where this was identified in their audit report; with recommendations that the management team would consider whether it was appropriate for all staff to have access to the tracker or if this should be restricted access and be password protected for better oversight.

Requires improvement

Community-based substance misuse services

Staff implemented statutory guidance in respect of vulnerable adult and children and young people safeguarding. All staff were aware of where and how to refer safeguarding concerns. Staff had made nine child safeguarding referrals and 11 adult safeguarding referrals in the previous 12 months prior to inspection. All except one referral had been made in good time.

Staff had also contacted local social services team for clients with children to check if they were known to social services after initial assessment.

Staff access to essential information

Staff used an electronic client record system, all assessments completed on paper were uploaded onto the electronic system for staff to access.

Medicines management

The service had policies, procedures and training related to medicines and medicines management including prescribing and detoxification. Medicines were managed by the partner NHS trust. An NHS trust pharmacist attended the service completed audits.

The service stocked emergency medicines where it was accessible to staff, a review showed that medicine was kept in an environment that temperature was not being monitored. Temperature monitoring ensures that medicine stored in the room are stored within the recommended limit to ensure its efficacy. Subject to local environmental circumstances, some medicine storage areas may need to be mechanically temperature-monitored to ensure appropriate temperatures are provided. We discussed this with the provider who was advised to disposed of the medications and made an immediate request to replace the items promptly and store in accordance with policy.

During the inspection we found that the needle exchange room contained expired acupuncture needles. We discussed this with the provider who promptly disposed of these needles.

Track record on safety

Between April 2018 and May 2019, the service had five serious incidents. These related to a homicide of a client, two incidents of self-harm and a death of a client. The service completed robust investigations as required.

Reporting incidents and learning from when things go wrong

Staff we interviewed knew what incidents to report and how to report them. They were able to give examples of incidents that have been reported, such as police being called when threats had been made to staff.

Staff shared learning from incidents in team meetings, this was evident in their team meeting minutes. We also observed that, where appropriate, incidents were discussed at staff supervision meetings. Staff we interviewed were able to give a number of examples of incidents that had occurred, and changes made in response to these. For example, there was a threat of an acid attack, so the service had an acid attack fluid pack and instructions on what to do in in case of attack.

Staff understood the duty of candour. They were open and transparent, and gave people using the service and families (if appropriate) a full explanation if and when something went wrong. Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong.

Are community-based substance misuse services effective?

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

We reviewed six care and treatment records. Staff completed comprehensive assessments with clients on accessing the service. Assessments covered their history of drug and alcohol use, social needs, physical health and mental health care needs, and family needs. They worked with clients to develop individual care plans and updated them as needed.

Staff met with clients face to face for assessment prior to prescribing medicine(s). The initial appointment for medication was with the team doctor and followed-up by the non-medical prescriber as required.

Staff safely supported clients to reduce and stop their drug and alcohol use through the appropriate use of withdrawal symptoms audit tools and by following national guidance on detoxification.

Requires improvement

Community-based substance misuse services

Staff completed a Treatment Outcome Profile with clients to assess the degree of substance use. This was used for initial, review and exit stages. This could be used for substance misuse, injecting behaviour, crime and health and social functioning. The referral form also included an Alcohol Use Disorders Identification Test Consumption , which is a brief alcohol screen.

Each client had an assigned recovery worker, the name of their recovery worker was recorded on the patient record system. The client and carer who we spoke to knew who their allocated recovery worker was.

Staff developed care plans for each client. These care records were reviewed periodically by the allocated staff. However, four out of six care plans we reviewed lacked personalisation such as patient views, identification of patient's strengths and risks.

Staff were able to identify protected characteristics such as religion and sexual orientation, which was evident in client records.

Best practice in treatment and care

The service had access to a NHS Trust employed psychologist that provided psychological treatment interventions. Staff could refer clients as necessary.

The service provided care and treatment based on national guidance and evidence. Staff followed National Institute for Health and Care Excellence (NICE) guidance for substance misuse and Public Health England guidance when prescribing medicines. Staff prescribed medicines to clients and gave advice on medicines in line with current national guidance.

The service provided access to testing for blood borne viruses (BBV). The service could track results so recommendations for vaccinations can be made if required. Staff encouraged clients through a reward card scheme to attend for vaccinations. Points earned on the reward card scheme could be spent on local community services.

Staff requested a summary of some of the clients' medical history from their GP. Medical review letters were also sent to the GP services and had additional reminders about physical health checks.

Staff discussed with clients the importance of living healthier lives if they wanted to. Staff encouraged clients to give up smoking and referred them on to smoking cessation services.

Staff completed or ensured clients received appropriate physical health checks in five of the six records we reviewed (pulse, temperature, blood pressure, blood tests, ECG). This included regular urine drug screenings on clients in each of the records we reviewed as needed. One record had no physical health information recorded or evidence that staff had made or followed-up a request for a GP summary.

Monitoring and comparing treatment outcomes

Staff participated in local audits. This included audits of medicines, prescriptions and client records. An internal audit had also been commissioned to assess some elements provided by the service such as staff experience, client involvement, safeguarding, training records and information governance.

The service reported treatment outcome profiles to the National Drug Treatment Monitoring System. They also had 28-day reports to review feedback on any outstanding TOPs forms.

Skilled staff to deliver care

Staff were experienced and qualified. Some staff had previously volunteered in the service prior taking up permanent roles within the team. The medical team included a NHS Trust doctor, a non-medical prescriber, psychologist and Westminster Drug Project employed recovery workers

The service ensured staff were competent to carry out their role supporting clients with substance misuse. Staff completed specialist training for their roles. For example, they had access to additional training such as safeguarding level five, needle exchange, management of alcohol, group facilitation, motivational interviewing, mindfulness and assertiveness.

The service provided new staff with a local induction. The local induction included orientation to the service and reading the provider's policies and procedures. The induction included access to a resource centre where staff could complete additional online training and developmental goals for the year.

Requires improvement

Community-based substance misuse services

Team managers provided recovery workers with regular managerial supervision of their work performance and an annual appraisal. Managerial supervision is a one to one meeting carried out by a supervisor with authority and accountability for the supervisee. However, a change in a team leader has resulted in an increase of regular monthly supervision for staff. We requested additional evidence for the overall compliance figure with supervision, but we did not receive this from the provider in time for this report.

The service provided group reflective practice on a monthly basis for staff, which was facilitated by a clinical psychologist. Additional support was also provided at multi-disciplinary team meetings to discuss complex cases.

Medical staff received an annual appraisal and regular supervision.

Staff received training in meeting the needs of clients from diverse communities. This was covered as part of the equality and diversity training, which all staff attended. The service also had a black, asian and minority ethnic (BAME) lead.

There were processes in place for managers to deal with poor performance promptly and effectively. For example, the team managers identified staff that were not performing well and they were placed under performance management, with identified goals for improvements that needed to be made.

Multi-disciplinary and inter-agency team work

Staff ensured multidisciplinary input into clients' comprehensive assessment. For example, input from medical staff, pharmacist, psychologist and recovery workers. Input from the clients' social workers was also sought where appropriate.

Recovery workers recorded contact they had with the client in their records. There was evidence that any care records that were not completed by recovery workers were discussed in staff supervision records, which we reviewed.

The service had regular team meetings. Staff met in daily morning meetings to discuss cases of concern, staffing, and any service updates. Staff shared pertinent information at these meetings including incidents and new safeguarding referrals. Staff could access support and advice from the nearby Westminster Drug Project Brent – Willesden Centre service on days where there was no planned multi-disciplinary meetings or medical staff available on site.

The service discharged people when specialist treatment was no longer necessary. The service worked closely with other NHS community mental health teams and GPs to ensure relevant information was transferred.

Good practice in applying the Mental Capacity Act

The service had a policy on the Mental Capacity Act. This meant that if staff required guidance on the Mental Capacity Act they had an internal document to refer to which was relevant to their service. 63.9% of staff had completed training on the Mental Capacity Act, which included training on capacity and consent.

Staff understood mental capacity and were aware of how substance misuse can affect capacity. Staff worked under the principle that capacity is always assumed and where they queried a client's capacity this was discussed amongst the team and a capacity assessment was completed. Staff we interviewed were able to demonstrate their understanding of mental capacity by giving examples from their practice.

Are community-based substance misuse services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

We saw staff engaging positively with clients during the inspection. We observed a group run by staff where clients engaged well.

We spoke to one client and received six comment cards completed by clients. Clients told us that staff always treated them with dignity and respect.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients without fear of negative consequences.

Staff communicated positively with patients. Relationships between patients and staff were caring, respectful and supportive.

Requires improvement

Community-based substance misuse services

Staff supported patients to understand and manage their care, treatment or condition. Staff demonstrated good knowledge and understanding of people's needs. We spoke with staff about a sample of clients during our review of records and they were able to clearly describe the risks for individual patients as well as the treatment they were receiving from the service.

Staff directed patients to other services when appropriate. There was information available in the corridors of the service. These services included legal advice centres, homelessness agencies, debts advice, groups that offered support with mindful drinking, a list of outdoor gyms in Brent and support service that proved support for lesbian, gay, bisexual, trans, intersex, and queer or questioning support services. Records we reviewed showed that staff discussed with clients the range of services that they could access.

The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about patients.

The service had also introduced dog therapy programme that works to improve wellbeing of service users.

Involvement in care

Involvement of clients

Staff communicated with clients, so they understood their care and treatment. Clients received information leaflets about the service.

Staff engaged with clients, their friends and families (where appropriate) to develop responses that met their needs and ensured they had the information needed to make informed decisions about their care.

Staff we spoke to reported that they actively engaged clients in planning their care and treatment. Discussions were held with staff and information leaflets had been developed about their treatment for dependence on alcohol or an opioid based substance. Each client who used the service had a recovery plan and risk management plan in place. These had been reviewed and updated on a regular basis. One record we reviewed showed evidence that the plan had been discussed and signed by the client.

Clients reported that they felt supported, informed and involved with their treatment decisions and care planning. Clients all reported they had discussed their plan of care with the team and were happy with it.

Staff displayed suggestion boxes in the reception area as another way for clients or carers and family to provide feedback on the service they had received. The service also displayed what they had learnt from suggestions and what they had done about it as a form of feedback.

A partner in service delivery, was a service user group in Brent that provided peer support and advocacy to drug and alcohol service users in Brent. Service user feedback and a service user forum was provided though this service to Westminster Drug Project Brent – Cobbold Road.

Staff conducted a client and family survey for clients in September 2018. Client responses were positive. They felt that their views were sought and addressed by staff.

Involvement of families and carers

Staff involved family members in the care and treatment of clients when appropriate. Clients were encouraged to invite family members or a friend to attend their appointments with them and discuss their progress if they wanted to. Families were also involved when there had been a serious incident.

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

Good

Access and discharge

The service had robust alternative care pathways and referral systems in place for clients whose needs could not be met by the service. Referrals were received from GP surgeries, community mental health teams, housing support workers, social workers and self-referrals. Clients who were deemed too complex for the team were transferred to the registered sister service Westminster Drug Project Brent - Willesden Centre nearby, which shared the same consultant psychiatrist, service manager and psychologist.

Requires improvement

Community-based substance misuse services

Clients were assessed for treatment. Treatment commenced as soon as necessary medical checks had been performed.

There was a clear pathway for new clients taken on by the service, with the goal of achieving an appropriate transfer to another service such as a local community mental health teams, G.P surgery or support network identified during their care.

Recovery and risk management plans reflected the varied needs of the client. This included referrals to other supporting services such as housing and social services. For example, clients had been referred to the local housing team and liaised with the allocated housing officer.

The service had processes in place for when clients arrived late or failed to attend their appointments. Staff in outreach team visited the client's property if failed appointments were persistent. They wrote letters to clients to invite them to engage with the service and delivered these to client's home addresses.

Discharge and transfer of care

Staff planned for clients' discharge including liaison with the clients' GPs. Clients' treatment and discharge were discussed in team meetings. When a client was discharged the service sent a letter to their GP or current community mental health team confirming the outcome and whether any follow up was required.

Staff supported clients during referrals and transfers between services. For example, staff handed over to professionals that they referred clients to with an update on their discharge.

The facilities promote recovery, comfort, dignity and confidentiality

The service had enough rooms for clients to meet with their recovery worker on the premises. The rooms were adequately sound proofed to maintain privacy. The reception space was limited; therefore, staff did not leave clients waiting for long periods.

Clients' engagement with the wider community

Staff encouraged clients to maintain contact with their families and carers and seek support from them where possible.

A partner in service delivery, offered weekly meetings to share with clients information about changes happening in the community and also offered training for clients to become recovery champions.

Staff encouraged clients to access the local community and social activities. There were some leaflets in the service about the types of services, which clients could access if they wished as well as useful information on a range of topics. These leaflets included a safe sleeping guide for parents with babies and infants, a guide for storing medicines and keeping families safe, and a weekend out of hours service that offered a drop-in service for people suffering with substance misuse.

Meeting the needs of all people who use the service

Staff demonstrated an understanding of the potential issues facing vulnerable groups, for example, lesbian, gay, bisexual, trans, intersex, and queer or questioning clients, black, Asian, minority, ethnic clients, and people experiencing domestic abuse. The service had completed an out of your mind lesbian, gay, bisexual, trans, intersex, and queer or questioning toolkit to review how these needs could be met and improve service provision. Staff demonstrated good knowledge of supporting and understanding older people as well as those who may be victims of domestic violence. The service also had a specialist recovery worker role as a black, Asian, minority and ethnic lead.

Staff arranged interpreter services for clients as necessary for face to face and telephone appointments.

Clients reported that staff rarely cancelled appointments. Staff met clients on the premises, or if there were concerns about a client's welfare joint home visits were considered. If clients failed to attend an appointment staff made every effort to contact them either by telephone, text messages or by contacting their next of kin and in some cases the client's GP.

The building was accessible for clients who lived with a physical disability. The waiting area was limited in size but the service had made plans to renovate this.

Listening to and learning from concerns and complaints

The service had received five formal complaints in the past 12 months prior to inspection. One was upheld by the service following investigation. We reviewed this complaint,

and found the response to be appropriate, with lessons learned as a result such as developing a new pathway clarifying the role staff member involved in supporting the process of completing a community care assessment and referral for residential treatment.

Staff received 55 compliments about the service in the past 12 months prior to inspection.

Clients knew how to complain or raise concerns if they needed to. The client we spoke with, and comment cards received told us they knew how to make a complaint. The service also had complaints and compliment leaflets accessible to clients, that advised them how to make a complaint. These were displayed outside interview rooms

Staff knew how to handle complaints appropriately. Staff dealt with informal complaints immediately if a client or their representative approached them. If necessary, staff escalated the complaint to the team managers or service manager.

If clients complained or raised concerns, there was a policy in place to follow. The policy outlined the process for making a complaint and how it would be handled. Clients were informed that they could contact the Care Quality Commission as well as the local government ombudsman if they remained unsatisfied with the response from the service.

Are community-based substance misuse services well-led?

Requires improvement

Leadership

Leaders could clearly explain their roles and demonstrated a high understanding of the services they managed. Staff spoke positively about clients' recovery and how they supported them to achieve their goals.

Leaders were visible in the service and approachable for patients and staff. The service manager worked on site and was in close contact with staff throughout the day.

The operations manager provided supervision to the service manager on a regular basis. The operations manager had identified additional leadership courses that would be offered for team leaders, service manager and other staff that desired this. This also included optional additional physical health course for medical emergencies if desired by staff.

Vision and strategy

Staff had opportunities to contribute to discussions about the vision and strategy of the service through team away days and at team meetings. Staff also contributed to changes to the service through suggestions at away days.

Culture

Staff felt respected and valued. Staff spoke positively about the visibility of the operational manager.

Staff felt able to raise concerns with management if they needed to but some felt there had been very delayed responses to concerns they had raised, giving rise to the need to repeatedly raise concerns. This, at times, affected their morale.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for development, for example voluntary staff could become substantive members of the team.

The staff teams worked well together and where there were difficulties managers dealt with them appropriately.

Staff also had well-being sessions and training. Well-being plans included lunch time walks, access to a healthy fruit bowl and 'mindfulness Mondays', which were facilitated by the clinical psychologist.

Governance

The service had an integrated governance policy, which included the complaints policy, quality policy, record management policy, risk management policy, incident reporting and health, safety and wellbeing.

The service manager could not provide evidence of cleaning records and audits of client record in respect of good governance and to provide assurance that appropriate systems to evaluate the safety and effectiveness of the service were in place.

Managers were able to describe examples of audits that were being undertaken, and lessons learnt from these. However, when we asked to see these, they were not supplied. Similarly, we asked to see a number of other supporting documents such as the service risk register and

cleaning records. The service manager was unable to provide us with copies either during or after the inspection. We requested a copy of the risk register for Westminster Drug Project Brent - Cobbold Road, but the service was not about to provide this in time for this report.

The provider had a clear framework of what had to be discussed at team meetings to ensure essential information was shared amongst the staff. The service held monthly team meetings where pertinent information was discussed. A clinical governance meeting was held, and information shared with the Willesden Centre location. This included an overview of service incident reports, compliments, safeguarding and complaints. However, there was no discussion about the risk register for the Westminster Drug Project Brent - Cobbold Road location for the last three minutes of the monthly meeting we reviewed. There were no safeguarding discussions for the month of April 2019.

Staff had implemented recommendations from incident reviews and safeguarding alerts at the service level. For example, women of child bearing age would be offered pregnancy tests at assessment.

Staff completed audits to provide assurance on the performance of the service. During the inspection we reviewed the service internal audit completed in January 2019 for Westminster Drug Project Brent – Cobbold Road. This service audit identified areas which the service needed to improve. For example, the audit noted that incidents were not being investigated in a timely manner and not allocated for investigation two months after the original incidents; due to not having a manager in place. In this inspection we noted there had been an improvement and that incidents had been allocated and investigations took place promptly.

The service submitted some data and notifications to external bodies when required, for example to social services, local authority safeguarding teams and commissioners. However, staff had not completed notifications of allegations of abuse/safeguarding concerns and deaths of clients using the service to the Care Quality Commission (CQC) since registration of the service in April 2018. Independent health providers are required to complete statutory notifications to the CQC for a range of incidents including the death of a client and any allegation of abuse concerning a person using their service. The service standard operating policy for incidents highlighted the requirement for statutory notifications to be sent to the CQC but this had had not been followed. The service had not notified the CQC of 11 deaths, 11 adult safeguarding referrals and nine child safeguarding referrals relating to clients of the service since April 2018. Staff had completed incident reports as per provider policy and indicated a notification had been completed, but they had not. Following the inspection the provider completed statutory notifications retrospectively for all incidents identified. We have written to the provider separately about this matter.

The service had a whistle blowing policy in place. The policy advised who staff should contact, both internally and externally, if they had concerns about poor practice.

Management of risk, issues and performance

The service manager reported that a risk register for the service was maintained and gave examples in the risk register such as medicine management, risk of medication errors and information governance. This corresponded with the information on the risk register provided by the service. However, a record of a Westminster Drug Project board discussion of risk registers for May 2019, did not mention the risk register for Westminster Drug Project Brent - Cobbold Road location. We also reviewed integrated governance meeting minutes for three months and there was no evidence of discussions of the risk register for Westminster Drug Project Brent - Cobbold Road.

The service had plans in place in case of an emergency, such as adverse weather conditions or an IT fault. There were arrangements in place to back up the client record system and see clients at another location in the event of a fire or a flood.

Information management

Staff recorded incidents on both the service's incident reporting system and that of the partner NHS trust.

Staff had access to the equipment and information technology needed to do their work. The telephone systems worked well, and clients did not report problems contacting staff when they needed to.

The service used an electronic client record system to record client information. The service also conducted an audit of the IT system and no problems were identified.

Requires improvement

Community-based substance misuse services

The service manager said they had access to information to support them in their management role. For example, supervision records, training data, sickness records, health and safety audit and annual leave requests.

Engagement

Staff and clients had access to information about the provider. Staff and clients could access the organisation's website and twitter page for information about services.

Clients could give feedback on the service through client survey, the waiting room also had a box for clients to hand in feedback. The service displayed outcomes of the survey and what they had done to address the concerns and suggestions raised.

Clients had the opportunity to discuss any feedback with the service manager if they wished to.

Staff gave feedback about their experience through surveys, meetings, supervision or appraisals.

Learning, continuous improvement and innovation

Staff used quality improvement methods and knew how to apply them. Staff provided two examples of quality improvement, these projects were being carried out in partnership with the partner NHS trust. Projects included reducing supervised consumption of controlled drugs. Clients fed back stating that they felt empowered, trusted and did not have to go to high risk places that would involve them making contact with drug deals.

Staff also had a quality improvement project to measure the effects of the introduction of a well-being group on clients over a six-week period. Training was provided for both staff and clients. Clients feedback included that the wellbeing group was important to their recovery, easy to understand, enjoyable and effective.

Outstanding practice and areas for improvement

Outstanding practice

The service had an effective partnership with their NHS partner and participated in quality improvement projects on reducing supervised consumption of controlled drugs and wellbeing training that included clients.

The service had also introduced dog therapy programme that works to improve wellbeing of service users.

The service participated in a provider wide, evidence-based reward card scheme to encourage clients to engage with the service. This reward scheme was developed in consultation with clients. Updates of the scheme were available on their website and on twitter for clients and their families.

The service had completed an out of your mind lesbian, gay, bisexual, trans, intersex, and queer or questioning toolkit to review how the service could meeting the needs of lesbian, gay, bisexual, trans, intersex, and queer or questioning people.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure all relevant incidents are formally notified to the Care Quality Commission. (Regulation 16 of the Care Quality Commission (Registration) Regulations 2009 1 and 3 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 2(b) and (e)).
- The provider must ensure that documentary evidence of quality monitoring, assurance, risk management and effective governance systems, along with other records required for the management of the regulated activity are kept and are available to evaluate and improve the service. (Regulation 17 (2)(d)(ii) and (f)).
- The provider must ensure that persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform (Regulated Activities) (Regulation 18 (2)(a)).
- The provider must ensure that the care and treatment of service users reflects their preferences. (Regulated Activities) (Regulation 9 (1)(c) and (3)(b)).

Action the provider SHOULD take to improve

- The provider should ensure that there are effective systems in place to provide oversight of safeguarding referrals.
- The provider should ensure that emergency medicines are stored in a temperature-monitored environment and follow local policy and procedures on storage of medication.
- The provider should ensure that staff consistently develop care plans for each client that are personalised.
- The provider should ensure that staff always request summaries of care and treatment from clients' GPs and follow up with GPs to check that tests have requested been completed and results obtained.

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	Regulation
Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **Care Quality Commission (Registration) Regulations 2009:** **Regulation 18: Notification of other incidents**

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services **Care Quality Commission (Registration) Regulations 2009:** **Regulation 16: Notification of death of service user.**

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Care Quality Commission (Regulated Activities) Regulations** **Regulation 17: Good governance**

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Care Quality Commission (Regulated Activities) Regulations Regulation 9: Person Centred Care
	Care Quality Commission (Regulated Activities) Regulations. Regulation 18: Staffing