

Good 

Norfolk and Suffolk NHS Foundation Trust

Substance misuse services

Quality Report

Hellesdon Hospital
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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RMY01	Hellesdon Hospital	NRP King's Lynn	PE30 1EG
RMY01	Hellesdon Hospital	NRP Unthank Road	NR2 2PA
RMY01	Hellesdon Hospital	NRP Hellesdon Hospital	NR6 5BE

This report describes our judgement of the quality of care provided within this core service by Norfolk and Suffolk NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Norfolk and Suffolk NHS Foundation Trust and these are brought together to inform our overall judgement of Norfolk and Suffolk NHS Foundation Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated substance misuse services as good because:

- Staff were aware of who the safeguarding leads within NRP and the trust were. Staff had good working relationships with adult social care, children's social care and the local multi agency safeguarding hub (MASH).
- Managers fed back learning from incidents and areas of good practice in weekly team meetings.
- Staff completed holistic and specific assessments, recovery plans and risk assessments with clients at the start of treatment and updated them regularly.
- Clinical case notes were thorough and detailed, and had up to date details in client records, including prescribing dose and frequency.
- Staff offered a range of psychosocial therapies recommended by The National Institute for Health and Care Excellence (NICE), available as one to ones or group work.
- All NRP services offered a blood borne virus (BBV) testing and vaccination programme.
- Clients told us that staff were interested in their wellbeing and that staff were respectful, polite and compassionate. Clients felt they were treated as an individual.

- NRP worked with families and carers of clients. Carers could attend groups which provided the opportunity for mutual support.
- Managers supervised staff regularly.
- Staff and managers said morale was high and they felt valued and rewarded. Staff spoke with passion about working with the client group.
- NRP facilitated a pregnancy liaison partnership protocol for pregnant clients across Norfolk to ensure that any pregnant clients received additional support.

However:

- Staff at Hellesdon Hospital were not logging the prescription numbers of prescriptions stored within boxes. Staff did not carry out any audits with regard to unopened boxes held in the storage area, meaning that they would not know if any prescriptions went missing.
- Overall, only 49% of NSFT employed staff working within substance misuse services had received a yearly appraisal.
- Staff did not always get a signature from clients on recovery plans to show they agreed to the goals identified, or record in case notes if people had a copy. We spoke with 17 clients; only five clients told us they had been offered a copy of their recovery plan.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated safe as good because:

- Staff had access to both emergency and client take-home naloxone (used to reverse the effects of opioids).
- The NRP services held weekly multi disciplinary team meetings to discuss incidents and feedback from incidents, discuss new referrals, complex cases, safeguarding and unexpected exits from treatment.
- Staff completed thorough and holistic risk assessments with all clients.
- Staff were aware of who safeguarding leads within NRP and the trust were. The NRP had a dedicated family team based at Hellesden hospital who managed any clients who were open to safeguarding or who were identified as high risk. Staff had good working relationships with adult social care, children's social care and the local multi agency safeguarding hub (MASH).
- Services had good links with local dispensing pharmacies that were dispensing medication to clients. Pharmacies contacted services if they saw a deterioration in a client's presentation or if they had missed three days of collecting their prescription.
- Managers fed back learning from incidents and areas of good practice in team meetings.
- Staff were offered a debrief from management or the clinical psychologist after a serious incident.

However:

- Staff at Hellesdon Hospital were logging the invoice number of prescription boxes but not the individual prescription numbers within the boxes. Staff did not carry out any audits with regard to unopened boxes held in the storage area, meaning that they would not know if any prescriptions went missing.

Good



Are services effective?

We rated effective as good because:

- Staff completed assessments with clients on their first presentation to the service. Assessments were thorough and included diet and nutrition, sexual, physical and mental health, if the client had children and social history.
- Staff completed recovery plans with clients at the start of treatment. Recovery plans were holistic and included meaningful use of time, relationships, employment and accommodation as well as substance use.

Good



Summary of findings

- Clinical case notes were thorough and detailed and had up to date details in client records of prescribing dose and frequency.
- Staff offered a range of psychosocial support recommended by NICE, available as one to ones or group work. These included a recovery group, relapse prevention, International Treatment Effectiveness Project (ITEP) mapping, motivational interviewing and a cannabis cessation group.
- All NRP services offered a blood borne virus testing and vaccination programme. Blood borne virus testing and vaccination was routinely offered to all clients who were accessing treatment.
- All services provided needle exchange services to clients that met NICE guidelines on needle and syringe programmes.

However:

- The appraisal system was changed in April 2016 to use a new structure. In June 2016, only 49% of NSFT staff working within substance misuse services had received a yearly appraisal.

Are services caring?

We rated caring as good because:

- We observed staff interacting with clients in a kind, considerate and supportive manner. Staff spoke with clients with respect and provided practical and emotional support to people using the service.
- Clients we spoke with told us that staff were interested in their wellbeing and that staff were respectful, polite and compassionate. Clients felt they were treated as an individual.
- The NRP worked with families and carers of clients. Staff completed a carers assessment with family members or carers and attended carers groups which provided the opportunity for mutual support.

However:

- Staff did not always get a signature from clients on recovery plans to show that they agreed to the goals identified, or record on case notes if people had a copy.
- We spoke with 17 clients; only five clients told us they had been offered a copy of their recovery plan.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- The NRP provided open access services for initial assessments. Clients presented at the services when they required help.

Good



Summary of findings

- The services all offered extended opening hours, including later appointments for clients who were in employment or could not attend day time appointments.
- Each service displayed information on how to make a compliment or a formal complaint about the service.
- The services visited had a comments box available for clients. The comments box was opened during weekly team meetings and discussed as part of the meeting.

However:

- The service facilitated a 24/7 emergency phone line for clients, which was managed by recovery staff. Staff did not feel that the service was being used by clients effectively and felt they were insufficiently trained to manage the calls they received.
- Overall, 4,394 clients did not attend their appointment between 01 April 2016 to 30 June 2016, which equated to 25%. This impacted on the support that substance misuse practitioners were able to give clients. The service had a did not attend (DNA) procedure to follow up clients who had failed to attend their appointment.

Are services well-led?

We rated well-led as good because:

- We looked at 11 staff supervision files and saw that managers were supervising staff regularly. Supervision included discussing staff wellbeing, areas of development and actions to be completed within the next month.
- Staff and managers said morale was high and they felt valued and rewarded. Staff said although there had been some issues initially with the implementation of NRP, these had been resolved and staff worked well together as a team. Staff spoke with passion about working with the client group.
- We saw evidence of promotion and recruitment from within the service, with staff that had been promoted into roles and been recruited after starting with NRP as volunteers.
- The NRP facilitated a pregnancy liaison partnership protocol for pregnant clients across Norfolk to ensure that any pregnant clients received additional support.

However:

- Overall, 76% of staff were compliant with mandatory training. This was below the trust target of 90%.

Good



Summary of findings

- The appraisal system was changed in April 2016 to use a new structure. In June 2016, only 49% of NSFT employed staff working within substance misuse services had received a yearly appraisal.

Summary of findings

Information about the service

Norfolk and Suffolk Foundation Trust provide substance misuse services across Norfolk as part of the Norfolk Recovery Partnership (NRP). NRP includes staff from two registered charities and Norfolk and Suffolk Foundation Trust staff working within the community and three prisons commissioned to provide substance misuse services.

The NRP integrated recovery service model is based on the requirements of the commissioner for fully integrated community, criminal justice and prison-based interventions. This inspection focussed on the services provided by Norfolk and Suffolk Foundation Trust within the community.

The service commissioned by Norfolk County Council's Norfolk Drug and Alcohol Partnership (N-DAP) launched in April 2013, providing a recovery focused service for anyone affected by drug or alcohol either personally, as a carer, family member or friend.

The service operates outreach in GP surgeries, hospitals and clients homes as well as having seven centres based in Norwich, King's Lynn, Great Yarmouth, North Walsham, Thetford and Dereham. The NRP also operates in HMP Norwich, HMP Bure and HMP Wayland. We did not inspect the prison inreach services during this inspection.

Our inspection team

Our inspection team was led by:

Chair: Paul Lelliott, Deputy Chief Inspector (Lead for mental health), CQC.

Team Leader: Julie Meikle, Head of Hospital Inspection, mental health hospitals, CQC.

Inspection manager: Lyn Critchley, Inspection Manager, mental health hospitals, CQC.

The team that inspected the substance misuse services consisted of one inspector, a specialist advisor and an expert by experience.

The team would like to thank all those who met and spoke with inspectors during the inspection and were open and balanced with the sharing of their experiences and perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

We inspected this core 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?

During the inspection visit, the inspection team:

- visited three substance misuse services; Norfolk Recovery Partnership (NRP) Unthank Road, NRP King's Lynn and Hellesdon Hospital
- spoke with 17 service users and four family members/carers
- interviewed four managers

Summary of findings

- spoke with 15 staff members; including substance misuse practitioners, nurses, peer support workers, volunteers and administrators
- attended and observed a multi-disciplinary team meeting
- reviewed 20 care and treatment records in detail
- reviewed 11 staff supervision records
- carried out specific checks of the medication management across all sites
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

All clients we spoke with were positive about the care they received; they told us that they felt safe whilst using the service and staff treated them with respect.

Clients said staff knew them, were approachable and took time to support them, as an individual with important issues alongside drug and alcohol, such as their physical and mental health, employment and housing.

Clients we spoke with knew how to complain.

Carers told us they had attended the carers groups and the staff were helpful, supportive and reassuring. Carers told us staff were approachable and knowledgeable.

Good practice

The NRP facilitated a pregnancy liaison partnership protocol for pregnant clients across Norfolk. This ensured

that any pregnant clients who needed support for substance abuse were supported by a dedicated team of a substance misuse NRP nurse, a midwife, neonatal intensive care nurse, their GP and a health visitor.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should ensure that mandatory training compliance in substance misuse services meets the trust target.
- The trust should ensure that prescriptions located within Hellesdon Hospital are logged and audited.
- The trust should ensure that managers are completing appraisals with staff.
- The trust should ensure that clients sign and are offered a copy of their recovery plan.

Norfolk and Suffolk NHS Foundation Trust

Substance misuse services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Hellesdon Hospital	Hellesdon Hospital
NRP Unthank Road	Hellesdon Hospital
NRP King's Lynn	Hellesdon Hospital

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Norfolk and Suffolk Foundation Trust substance misuse services did not work with clients that were subject to detention under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Overall, 76% of NSFT staff working within the substance misuse services had completed mandatory training, which included Mental Capacity Act training. We were not given any figures to break down what percentage of substance misuse staff had completed mandatory training for MCA. However, the trust compliance rate for MCA training was 71%.
- Staff were able to describe capacity in a substance misuse setting, such as what action they would take if a person attended the service whilst intoxicated.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- Staff had access to personal alarms. When activated, personal alarms indicated on a dashboard visible by other staff where the incident was located.
- Staff regularly cleaned the premises and kept up to date records. All sites we visited were visibly clean and tidy.
- Staff had access to both emergency and service user take-home naloxone.
- Clinical staff were able to carry out physical health checks in suitable clinic rooms that were clean and well kept. Equipment was well maintained and checked regularly to ensure it was in working order.
- A clinical waste disposal company contract was in place to collect and dispose of clinical waste.
- Staff adhered to infection control principles. Services displayed hand washing posters at each sink within the service. Hand sanitizer was available in all areas, including reception and clinic rooms.

Safe staffing

- The Norfolk Recovery Partnership (NRP) included staff from two registered charities and Norfolk and Suffolk Foundation Trust staff working within the community. Staffing consisted of multi-disciplinary teams working together.
- Staff across substance misuse services had an overall sickness rate of 7% in June 2016, equating to 15 members of NSFT staff.
- In June 2016 there was a staff turnover rate of 8% for NSFT staff working within NRP.
- The NRP services held weekly multi disciplinary team meetings to discuss incidents and feedback from incidents, new referrals, complex cases, safeguarding and unexpected exits from treatment.

- Overall, 76% of staff were compliant with mandatory training. This was below the trust target of 90%. Mandatory training included fire awareness training, trust induction, policy awareness, safeguarding adults and safeguarding children.
- Team managers were able to request additional agency staff without seeking approval from their managers.

Assessing and managing risk to patients and staff

- Staff completed risk assessments with clients at the point of assessment. We looked at 20 records, all of which contained thorough and comprehensive assessments of risk. Staff reviewed risk formally every 12 months and would update risk assessments if a client's situation changed.
- Staff had access to drug alerts that gave them information on any safety issues that were in the local area. Information was displayed in services so clients were aware of any safety risks.
- Staff were aware of who the safeguarding leads within NRP and the trust were. The NRP had a dedicated family team based at Hellesdon hospital who managed any clients who were open to safeguarding or who were identified as high risk. Staff had good working relationships with adult social care, children's social care and also the local Multi Agency Safeguarding Hub (MASH).
- Services had good links with local dispensing pharmacies that were dispensing medication to clients. Pharmacies contacted services if they saw deterioration in a client's presentation or if they had missed three days of collecting their prescription.
- Staff were aware of the trust's lone working policy. Client records showed that the lone working policy was being adhered to.
- Staff managed medicines well at NRP Unthank Road and at King's Lynn. Clinical staff used secure transportation bags if any medication needed to be transported to another location, such as a client's home.
- Staff at Hellesdon Hospital were logging the invoice number of prescription boxes but not the individual

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

prescription numbers within the boxes. Staff did not carry out any audits with regard to unopened boxes held in the storage area, meaning that they would not know if any prescriptions went missing.

- The NRP services provided a recovery café and open access; any new clients were able to be seen on the day they attended at the service.

Track record on safety

- Between 20 May 2015 and 19 May 2016 the service reported 44 serious incidents requiring investigation. This included 38 unexpected deaths. The NRP had an average caseload of 2,475 clients meaning that the number of unexpected deaths would equate to 1.5% of the caseload.

Reporting incidents and learning from when things go wrong

- Staff reported incidents using an electronic reporting system. Managers of the service reviewed incidents and completed an investigation if required to do so.
- Staff were able to describe incidents that would require reporting, such as violence or aggression.
- Managers fed back learning from incidents and areas of good practice in team meetings.
- Staff were offered a debrief from management or the clinical psychologist after a serious incident.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- We reviewed 20 care records across substance misuse services.
- Staff completed assessments with clients on their first presentation to the service. Assessments were thorough and included diet and nutrition, sexual, physical and mental health, if the client had children and social history.
- Staff completed recovery plans with clients at the start of treatment. Recovery plans were holistic and included meaningful use of time, relationships, employment and accommodation, as well as substance use.
- Staff used an electronic recording system. If staff completed International Treatment Effectiveness Project (ITEP) maps or a paper recovery plan during a client's appointment it could be scanned onto the system, the paper copy would then be destroyed to maintain confidentiality.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence (NICE) guidance in prescribing, this included following drug misuse and dependence guidelines on clinical management of supervised consumption. Clinical case notes were thorough and detailed and had up to date information about medicines, including prescribing dose and frequency.
- Staff completed assessments with clients on their first presentation to the service. Assessments were thorough and included diet and nutrition, sexual, physical and mental health, if the client had children and social history.
- Staff offered a range of psychosocial support recommended by NICE, available as one to ones or group work. These included a recovery group, relapse prevention, ITEP mapping, motivational interviewing and a cannabis cessation group.
- All NRP services offered a blood borne virus testing and vaccination programme. Blood borne virus BV testing and vaccination was routinely offered to all clients who were accessing treatment.

- All services provided needle exchange services to clients that met NICE guidelines on needle and syringe programmes.
- Since April 2013 NRP staff supplied 309 naloxone kits to high risk clients, family members and carers. NRP had been advised of seven occasions when these had been used to save lives.
- Staff used treatment outcome profiles with clients at review appointments to measure substance misuse, social needs, physical health, mental wellbeing and overall quality of life. Staff completed this at the start of treatment, during reviews and at the point of discharge.
- Clinical staff completed regular clinical audits with support from the clinical team leader.

Skilled staff to deliver care

- Multidisciplinary teams within NRP consisted of service managers, substance misuse practitioners, nurses, doctors, peer support workers, volunteers, administrators and other specialist roles such as homeless outreach workers, substance misuse liaison nurses, criminal justice workers and a dedicated family team.
- We looked at 11 staff supervision files and saw that supervision was taking place regularly. Supervision included discussing staff wellbeing, areas of development and actions to be completed within the next month.
- The appraisal system was changed in April 2016 to use a new structure. In June 2016, only 49% of NSFT employed staff working within substance misuse services had received a yearly appraisal.
- Staff told us there was a good level of online and face to face training available. The Matthew Project organised substance misuse specific training, such as motivational interviewing, available for all NRP staff to attend.
- No staff had been subject to supervised practice or suspended from work within the last 12 months. The managers of the service effectively managed poor performance through staff supervision.

Multi-disciplinary and inter-agency team work

- Managers held weekly team meetings across all services, which all staff were expected to attend.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- The service had good links with external agencies such as homelessness teams, social services, local dispensing pharmacies, local GP surgeries and mental health teams.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- Staff working in substance misuse services did not work with people detained under the Mental Health Act (MHA).
- Overall, 76% of NSFT staff working within the substance misuse services had completed mandatory training,

which included Mental Health Act training. We were not given any figures to break down what percentage of staff had completed mandatory training for MHA. However, the trust compliance for MHA training was 63%.

Good practice in applying the Mental Capacity Act

- If someone attended the service lacking capacity due to intoxication recovery workers would request that they came back at a later date or if an assessment decided that immediate assistance was required a healthcare professional could be called to assess the client.
- Staff were able to tell us how they would apply their Mental Capacity Act knowledge to their work.

Are services caring?

Good 

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- We observed staff interacting with clients in a kind, considerate and supportive manner. Staff spoke to clients with respect and provided practical and emotional support to people using the service.
- Clients we spoke with told us that staff were interested in their wellbeing and that staff were respectful, polite and compassionate. Clients felt they were treated as an individual.
- All client files we viewed had a confidentiality contract located within them, these were updated yearly or when a client changed permission.

The involvement of people in the care that they receive

- Clients told us that they knew the contents of their recovery plan and staff helped them to work towards their goals.
- Staff did not always get a signature from clients on recovery plans to show that they agreed to the goals identified or record on case notes if people had a copy.
- We spoke with 17 clients; only five clients told us they had been offered a copy of their recovery plan.
- Families and carers were involved with a person's treatment if the person gave consent for this to happen.
- The NRP worked with families and carers of clients. Staff completed a carer's assessment with family members or carers and could attend carers groups, which provided the opportunity for mutual support.
- The service displayed information for clients about an independent advocacy service if people required extra support.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- The NRP provided open access services for initial assessments. Clients presented at the services when they required help.
- The services accepted referrals from a wide range of sources, including criminal justice, family and referrals from professionals. When a referral was made to the services the client would be called and invited to come in during open access times for an assessment.
- The service facilitated a 24/7 emergency phone line for clients, which was managed by recovery staff. Staff did not feel that the service was being used by clients effectively and felt they were insufficiently trained to manage the calls that they received.
- Staff were provided with business mobile phones for clients to phone their recovery worker directly if they required advice or support during business hours.
- Staff worked from the main centres in each location. A shared care service was available within GP surgeries. The services also consisted of a homeless outreach team, dedicated family team and substance misuse liaison nurses, located within hospitals.
- The services all offered extended opening hours, including later appointments for clients who were in employment or could not attend day time appointments.
- Overall, 4,394 clients did not attend their appointment between 01 April 2016 to 30 June 2016, which equated to 25%. This impacted on the support that substance misuse practitioners were able to give clients. The service had a did not attend (DNA) procedure to follow up clients who had failed to attend their appointment.
- NRP staff discharged 897 clients within a three month period prior to inspection. Of those discharged 19% had been discharged positively from services as an occasional substance user or having stopped using substances; 28% had been discharged as a negative discharge, meaning they had continued substance use or exited treatment early.
- Clients told us that appointments and groups were rarely cancelled.

The facilities promote recovery, comfort, dignity and confidentiality

- All locations had a range of rooms available, including group rooms, interview rooms, clinical rooms and large waiting areas. All premises were clean and well kept and displayed positive information about recovery.
- At NRP King's Lynn rooms were not sound proofed. However, staff had displayed signs around the waiting area to advise service users that rooms were not sound proof. Rooms at NRP Unthank road were adequately soundproofed.
- Staff displayed information for service users throughout the premises, this included information about other useful, local services, harm minimisation, safety information and blood borne virus testing information.
- Each service displayed information on how to compliment, or make a formal complaint.

Meeting the needs of all people who use the service

- Services we visited were accessible for people requiring disabled access; this included adapted toilets on site.
- Leaflets were available in English but staff told us they were able to access them in other languages if needed.
- Staff were able to access interpreters if required.

Listening to and learning from concerns and complaints

- The NRP services received 11 complaints within the last year, one of these was fully upheld, and two of these were partially upheld.
- Clients knew how to complain; in addition, information on how to make a complaint was available in the recovery café and waiting area at each site visited, along with a comments box. None of the clients we spoke with had made a complaint and were not therefore able to reflect on how the service handled complaints. Staff knew how to handle complaints appropriately.
- The services we visited had a comments box available for clients. The comments box was opened during weekly team meetings and discussed as part of the meeting.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

- The NRP had received one formal compliment within the last year. However, we saw cards and thank you letters displayed within staff offices that had not been formally logged.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- Staff knew the trust's vision and values. Staff were also aware of the recovery agenda and had developed NRP specific visions.
- Staff knew who the most senior managers within the trust were and said they had visited the services, although not regularly.

Good governance

- Overall, 76% of staff were compliant with mandatory training. This was below the trust target of 90%.
- We looked at 11 staff supervision files and saw that managers were supervising staff regularly. Supervision included discussing staff wellbeing, areas of development and actions to be completed within the next month.
- The appraisal system was changed in April 2016 to use a new structure. In June 2016, only 49% of NSFT employed staff working within substance misuse services had received a yearly appraisal.
- The NRP used key performance indicators (KPIs) to measure performance. These included number of clients offered hepatitis B and C testing, Treatment Profile (TOPs) completion and percentage of clients who had an assessment appointment within two working days of receipt of referral.

Leadership, morale and staff engagement

- Staff across substance misuse services had an overall sickness rate of 7% in June 2016, equating to 15 members of NSFT staff.

- The service did not have any active bullying or harassment cases.
- Staff were able to describe the trusts whistleblowing process.
- Staff and managers said that morale was high and they felt valued and rewarded. Staff said that although there had been some issues initially with the implementation of NRP, these had been resolved and staff worked well together as a team. Staff spoke with passion about working with the client group.
- We saw evidence of promotion and recruitment from within the service with staff that had been promoted into roles and been recruited after starting with NRP as volunteers.

Commitment to quality improvement and innovation

- NRP Unthank Road was taking part in a fingerprints study with King's College London. The study investigated whether fingerprints could be used to screen for drug use as a less invasive way of drug testing. Clients who were willing to take part in the study were offered a £5 food voucher on completion of a sample collection.
- The NRP facilitated a pregnancy liaison partnership protocol for pregnant clients across Norfolk. This ensured that any pregnant clients who needed support for substance abuse were supported by a dedicated team of a substance misuse NRP nurse, a midwife, neonatal intensive care nurse, their GP and a health visitor.