

Good



Northumberland, Tyne and Wear NHS Foundation Trust

Substance misuse services

Quality Report

St Nicholas Hospital
Jubilee Road
Newcastle upon Tyne
NE3 3XT
Tel: 01912130151 / 01912466800
Website: www.ntw.nhs.uk

Date of inspection visit: 31 May - 10 June 2016
Date of publication: 01/09/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RX4E4	St Nicholas Hospital	Newcastle Addictions Service, Plummer Court, Carlisle Street, Newcastle.	NE1 6UR
RX4E4	St Nicholas Hospital	Northumberland Recovery Partnership (Drug and Alcohol Service), Blyth Valley Addictions, 2 Sextant House, Freehold Street, Blyth.	NE24 2BA

This report describes our judgement of the quality of care provided within this core service by Northumberland, Tyne and Wear 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 Northumberland, Tyne and Wear NHS Foundation Trust and these are brought together to inform our overall judgement of Northumberland, Tyne and Wear 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

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	8
Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	8
What people who use the provider's services say	9
Good practice	9
Areas for improvement	10

Detailed findings from this inspection

Locations inspected	11
Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Findings by our five questions	12

Summary of findings

Overall summary

We rated substance misuse services as good because;

All areas were clean, well maintained and offered good facilities for the service to be delivered. Staff carried personal alarms and adhered to the lone working policy. Clients and staff told us they felt safe using the service. Clients had risk assessments which were comprehensive and up to date. There was a system in place to ensure that incidents were recorded and investigations were undertaken whenever necessary.

Clients spoke positively of the service; they felt involved in their treatment options and told us the staff team treated them with dignity and respect. There was a helpful pack available to clients and carers which described how the service worked and information regarding support available through other agencies.

There were several treatment pathways available to clients depending on their individual needs. Teams took active steps to keep clients engaged in treatment including an initiative for clients new to the service and making contact with clients who did not attend appointments. Staff knew how to support clients in making a complaint and there was information available through the information packs and within all premises informing clients how to make a complaint.

We saw evidence of how the aims of the service were upheld by the staff team. Staff described good working relationships within the partnerships and the other agencies involved, Mandatory training, supervision and performance appraisal was undertaken within all teams.

Staff knew how to report incidents, complaints and safeguarding concerns and the service had developed an APP (software designed to run on a computer) to support staff in getting feedback on incidents, the outcomes and any shared learning or changes to practice. There was a risk register which listed risks, actions, dates and those responsible for taking any action.

However;

In one location services were provided on the first floor of the building and there were no facilities for anyone with physical disabilities to access these areas. Staff told us this could be problematic but this was mitigated by using alternative rooms for clinical interventions or clients manoeuvred the stairs as best they could.

A system for checking medical equipment in one location had recently been introduced but had not been undertaken in the week of our inspection.

The system for checking stocks of prescriptions in one location did not allow for regular reconciliation of unused prescriptions.

Summary of findings

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

Are services safe?

We rated safe as good because ;

- All areas were clean and well maintained throughout all the locations we visited.
- All staff were issued with personal alarms and the lone working policy was followed to help ensure the safety of staff.
- Clients had risk assessments that were comprehensive and up to date.
- There was a system in place to ensure that incidents were reported and investigations undertaken where it was necessary.

However

- There was a system for checking medical equipment in one location which had recently been introduced but had not been undertaken in the week of our inspection.
- The system for checking stocks of prescriptions in one location did not allow for regular reconciliation of unused prescriptions

Good



Are services effective?

We rated effective as good because ;

- Care notes contained up to date personalised, holistic and recovery orientated care plans.
- We found evidence that staff followed national institute for health and care excellence guidelines.
- Over the past three years over 60 clients had been supported into sustained employment.
- The services had regular and effective multidisciplinary meetings.
- The services followed the drug misuse and dependence UK guidelines on clinical management (department of health 2007).
- Staff performance appraisals had been completed for 94% of non-medical staff.
- Staff participated in clinical audit.

Good



Are services caring?

We rated caring as good because ;

- Staff showed a caring and emphatic attitude to clients. They talked about clients in a respectful manner. We observed staff from all parts of the service treating clients with dignity, respect and with consideration to their confidentiality.

Good



Summary of findings

- There was a helpful pack available for carers which contained information about support services available through the trust and other agencies.
- Clients told us they feel involved in decisions regarding treatment options for example nutritional support, harm minimising options and active signposting to other support services.
- Two peer support workers told us how the service had changed their lives and probably saved their lives. They spoke of now having a life worth living and how they had been able to gain back a relationship with their family members and secure employment.

Are services responsive to people's needs?

We rated responsive as good because ;

- Teams took active steps to make contact with clients who did not show for appointments, this included telephone, letter, contact with the referrer and in some cases three way appointments with the clinical worker.
- There were several pathways available to clients depending on their needs. Those requiring support in reducing the use of opiates or alcohol were always referred to the clinical teams within the trust. The treatment would involve monitoring of physical health during any changes to medication.
- There was a full range of interview rooms, treatment rooms, group rooms and clinical rooms available at both locations.
- Staff were aware of how to support clients making a complaint and felt fully informed on feedback from complaints made. Clients told us they knew how to complain and felt able to approach staff if they had any issues.

However

- In one location service were provided on the first floor of the building and there were no facilities for anyone with physical disabilities to access these areas. Staff told us this could be problematic but this was mitigated by using alternative rooms for clinical interventions or clients manoeuvred the stairs as best they could.

Good



Are services well-led?

We rated well led as good because ;

- We saw evidence that the aims of the service were upheld by the staff team. Staff described good working relationships within the partnerships and the other agencies involved.

Good



Summary of findings

- Team managers felt able to take day to day decisions regarding the service and also received support from more senior members of the service when appropriate.
- Staff knew how to report incidents, complaints and safeguarding concerns and the service had developed an APP (software designed to run on a computer) to support staff in getting feedback on incidents, the outcomes and any shared learning or changes to practice.
- There was a risk register which listed risks, actions, dates and those responsible for taking any action.
- Mandatory training compliance was high at 92%.

Summary of findings

Information about the service

Northumberland Tyne and Wear NHS Foundation Trust deliver substance misuse services through two partnership arrangements and a joint community based arrangement.

The Northumberland Recovery Partnership is a dedicated service for anyone in Northumberland, 18 years old or over, who is experiencing problems with drugs and alcohol. Delivered in partnership between Northumberland, Tyne and Wear NHS Foundation Trust, Changing Lives and Turning Point.

The North Tyneside Recovery Partnership is a dedicated service for anyone living in North Tyneside, 18 years old and over, who is experiencing problems with drugs and alcohol. Delivered in partnership between Northumberland, Tyne and Wear NHS Foundation Trust, Changing Lives and Turning Point.

The Newcastle Drug and Alcohol service- Addictions Services (Newcastle) is a joint community based service in Newcastle providing assessment and treatment for those 18 years old and over with drug and alcohol related problems. The service had been restructured in October 2015 due to changes in commissioning.

During the inspection we visited the Newcastle Drug and Alcohol service based at Plummer Court and the Northumberland Recovery Partnerships' recovery Centre based in Blyth town Centre.

CQC had previously inspected substance misuse services provided by Northumberland Tyne and wear NHS Foundation Trust which were provided at St Nicholas Hospital in 2013. The trust met all the requirements at that time.

Our inspection team

Chair: Dr Paul Lelliott, Deputy Chief Inspector (Mental Health), Care Quality Commission

Head of Inspection: Jenny Wilkes, Care Quality Commission

Team Leaders: Brian Cranna, Inspection Manager (Mental Health) Care Quality Commission

Jennifer Jones, Inspection Manager (Mental Health) Care Quality Commission

Sandra Sutton, Inspection Manager (Acute) Care Quality Commission

The team was comprised of: one CQC inspection manager, one CQC inspector and one registered nurse.

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?

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from staff at a focus group.

Summary of findings

During the inspection visit, the inspection team:

- Visited the premises in Blythe and Newcastle and observed how staff were caring for clients.
- Spoke with 16 clients who were using the service and two peer support workers through focus groups and one to one interviews.
- Spoke with 19 members of staff (including the service manager, consultant, nurses, team leaders, practitioners and administrative staff and consultant psychiatrists)
- Spoke with 13 staff who attended a staff focus group.
- Looked at eight client care records.
- Spoke with four relatives of people who use the service.
- Attended and observed two clinical reviews.
- 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

We spoke with 16 clients who were using the service and two peer support workers.

Client feedback on the service was mostly positive. We were told that the premises are always clean and tidy and the day service at Plummer Court is particularly beneficial. There is a large variety of groups available and ground rules are always established at the start of groups. Clients told us that staff were helpful, supportive, respectful and showed that they care about helping with their recovery. There was a comment made about the length of waiting time from arrival to seeing a practitioner in Newcastle sometimes being lengthy.

Feedback from peer support workers was positive, these are people who have been through the service and

graduated to become mentors to other clients. Both told us how the service has changed their lives and probably saved their lives. They spoke of now having a life worth living and how they had been able to gain back a relationship with their family members and go into paid employment.

We spoke with four carers of people who used the service. Feedback was very positive and all carers were very happy with the treatment their family members had received. One carer was just about to start attending a carers group and felt this would be really beneficial. One carer told us the staff were amazing and they had no idea how they would have managed without the help and support of the service.

Good practice

Treatment naïve project

This began in January 2016 and has been delivered to 201 individuals in Northumberland who are new to the service. Research has shown that those who are new to addictions services are more likely to be successful in their treatment journey. Participants receive additional telephone recovery support. Phone calls are focused on listening to concerns and worries, encouraging changes, offering information, dispelling myths about treatment, harm reduction advice and inviting participants to support groups. Peer mentors also work on the project and share their experience with a view to instilling hope and positivity for change.

Employment support

Over the past three years over 60 clients have been supported into sustained employment. Clients receive support with CV writing, interview skills, application forms, job searching and covering letters. Clients may participate in a two week placement into the workplace with expenses for travel, uniform and lunches paid. Companies invest money into the scheme as part of their corporate social responsibility. We were told that 75% of clients attending a placement move onto employment within three months of completing their placement.

Recovery street film festival

Summary of findings

This was in the planning stages by clients and staff to provide a pop up cinema tour in Durham in September 2016. The aim is to reduce stigma surrounding drug and alcohol problems by showing the public three short films of personal accounts of addiction and how their lives have changed.

Following a five year review of incidents, focus groups and case note reviews, the service had developed an APP (software designed to run on a computer). This was updated each day and allowed staff to access the system

and update their knowledge of incidents, the outcomes and any shared learning or changes to practice. This is a relatively new system and some of the staff we spoke to were not aware of it. We were told the application received 400 views in January 2016 but this had increased to 7000 views so far in June 2016. This demonstrated increased usage within the service. Due to the efficiency and take up of the system, it is being looked at for implementation trust wide.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure there is a robust system to ensure that medical equipment is checked on a regular basis and this should be recorded.
- The provider should ensure that there is a system in place to ensure that regular stock checks on

prescription forms are undertaken and where possible there is a separation of duties between ordering, receiving and stock checking the prescription forms.

- The provider should ensure that all people can easily enter, exit and find their way around premises easily and independently.

Northumberland, Tyne and Wear NHS Foundation Trust

Substance misuse services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Northumberland Recovery Partnership	St Nicholas Hospital
Newcastle Addictions Service	St Nicholas Hospital

Mental Health Act responsibilities

As at May 2016, Substance Misuse scored 82% overall compliance for the number of staff who have received training in the Mental Health Act (1983). The teams were not currently working with any clients detained under the Mental health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

As at May 2016, Substance Misuse scored 87% overall compliance for the number of staff who have received training in the Mental Capacity Act.

Staff had a good understanding of the guiding principles of the Act and how clients were always given information and

choices about treatment options. Whilst staff used motivational techniques to try and keep patients involved and active in their care, they were fully aware of the clients' right to not accept treatment.

If clients were under the influence of substances, staff may postpone making decisions about their treatment until they had capacity to make the decision. If they were unsure they would refer to a consultant psychiatrist.

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

All areas were clean and well maintained throughout all the locations we visited. There was a protocol in place which clearly listed the roles and responsibilities of domestic staff. Whilst daily schedules were not completed, there was a weekly and monthly audit completed to ensure cleanliness was maintained.

All staff were provided with a personal alarm during their induction. The type of alarm was dependent upon their role. For example, staff visiting patients off the premises were provided with an alarm that enabled them to comply with lone working arrangements by using a tracking and recording system. Staff working in trust premises only had personal alarms that worked within the building.

Staff and clients told us they felt safe using the facilities in all locations. The waiting room in Newcastle was sometimes busy and an additional room was made available upstairs to help during busy periods and to offer clients more space. There were also facilities for children with a designated family room which contained toys and books.

Clinic rooms were well equipped based on the needs of the service. In Newcastle there were several clinic rooms available for medical interventions. All rooms were clean, tidy and equipment was checked and this was recorded. In Blyth, there was one clinical room, mainly used for screening procedures and immunisation. There had recently been a system established for checking and cleaning of equipment however we noticed that this had not been completed in the week of our inspection. Fridges used to store medication were kept locked and temperatures were monitored and recorded to ensure they were within the required range. There was a system in place to ensure clinical waste was disposed of in bins designated for usage and these were collected for disposal on a regular basis. Clinical rooms also had bins for the safe disposal of needles.

In Plummer court they had a well-equipped clinic as well as an examination room. The clinic was clean and well

stocked. All emergency equipment was available, in date and regularly checked including fridge temperatures. Instant urine screen pots were used and the breathalyser was regularly calibrated.

Premises displayed infection control guidance and anti-bacterial gel was provided throughout locations. Staff had access to protective equipment for use as appropriate, for example gloves and aprons.

We reviewed fire and first aid procedures at Plummer Court and Sextant house. There were designated fire wardens and first aiders within both locations. We saw how annual fire audits had been undertaken and weekly fire alarm checks were recorded. All locations had provision for staff and visitors to sign in and out of the premises.

Safe staffing

Team size varied according to the type of service delivery and commissioning arrangements.

There was a service manager who was responsible for all specialist services of which substance misuse was one. There was also a community clinical manager (this post had just become vacant and was being partly covered by a clinical nurse manager in mental health). In substance misuse services there was also a manager for treatment, effectiveness and governance.

Each team consisted of a clinical lead nurse, consultant psychiatrist, registered nurses, nursing assistants, practitioners and administration staff.

Nursing team sizes in whole time equivalent:

- The Northumberland Recovery Partnership had 10.4 qualified nurses and two nursing assistants. There was 1.7 registered nurse vacancy and one nursing assistant vacancy. One shift was filled by bank staff for this service and one shift was not filled by either bank or agency. Sickness rate was 6% at April 2016.
- The North Tyneside Recovery Partnership had 6.2 registered nurses and 0.5 nursing assistant. There were no vacancies. Sickness rate was 1.63%.
- The Newcastle Drug and Alcohol service had 22 qualified nurses and 4.5 nursing assistants. There were no vacancies. Sickness rate was 6.9%

Are services safe?

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

In Newcastle, there had been a change in commissioning arrangements in October 2015. The staff team had undergone a consultation and restructuring process due to changes in service delivery. The assessment and psychosocial intervention part of the work was awarded to Lifeline which meant changes within the team. As a consequence the team suffered staff losses and in increased levels of sickness.

Caseloads varied between locations depending on levels of risk, complexity and the ability of other organisations to take up individual cases. Nurses were holding caseloads averaging 60 clients and for those clients subject to alcohol treatment requirement and drug rehabilitation requirement caseloads were averaging 45 due to the extra monitoring requirement. In Newcastle there were plans for this to reduce as Lifeline were able to take on more clients from existing cases as they had been awarded the contract following a recent tendering process. This had been delayed due to difficulties at Lifeline in being able to resource new referrals as well as taking up existing workloads. Existing caseloads at lifeline were 80-90 clients. There was a joint working plan in place which was being monitored by the commissioners of the service as practitioners were struggling to cope with such high caseloads. Caseloads were reviewed weekly to try and have parity amongst the team. There were no waiting lists in any of the services.

There were two consultant psychiatrists, an associate specialist and a staff grade doctor within the whole service. This was further supported by three general practitioners and one nurse prescriber who also worked across all three services. There was provision for any absence for training, annual leave or sickness.

Staff were mainly up to date with their mandatory training with compliance at 92% across the whole service. There were three areas of training below 75%: in Newcastle, Mental Health Act 74% and breakaway at 70%, in the Northumberland recovery partnership, Mental Health Act 73%, deprivation of liberty safeguards 74% and breakaway 71%.

Assessing and managing risk to patients and staff

We viewed eight patient records across the two services inspected. Risk assessments were completed as part of the initial assessment process. This was undertaken by other parts of the partnership, Lifeline in Newcastle and Turning

Point in the other two services. This was then developed into a risk assessment by the clinical teams. Risk assessments covered treatment history, physical health, any high risk criteria, mental health, any blood borne viruses or sexually transmitted diseases, risk of suicide or self-harm, risk of harm to others, social exclusion, offending behaviour, misuse of medication and any accidents caused while under the influence of drugs or alcohol. Risk assessments were reviewed on a regular basis and were kept up to date.

Staff were up to date with safeguarding training. They were able to list different forms of abuse and how this might present. Staff knew how to raise a safeguarding alert through the safeguarding team within the trust.

There was a lone working policy to protect staff when working one to one with clients within the building or when out in the community. We saw how staff signed in and out of locations and used whiteboards to demonstrate their whereabouts and anticipated time of return. All staff were issued with personal alarms to support this process.

We reviewed the storage of prescriptions in Blyth and found that whilst new stocks of prescriptions were recorded using the first and last number, there was no control of stock by recording numbers on a daily basis. The prescriptions were stored in a locked cabinet in a restricted staff area and staff recorded in patients notes when a prescription had been issued. None of the stock prescriptions were pre-printed or pre signed. Trust policy stated that it was good practice to record the number of the first remaining prescription form in any opened stock at the end of the working day. This would help to identify any prescriptions lost or stolen overnight. This process was being put into place following our inspection.

Medication was stored, prescribed and dispensed at Plummer Court. Prescription charts were legible, with no gaps and their storage of the controlled medication was appropriate. They had a controlled drug book that was fully signed by two registered nurses and the accountable controlled drug officers name was available. Staff informed us that any spillage or destruction of controlled drugs would be reported as per trust policy and an incident form would be completed.

Track record on safety

Trusts are required to report serious incidents to STEIS (Strategic Executive Information System). These include

Are services safe?

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

'never events' (serious patient safety incidents that are wholly preventable). Substance Misuse reported three serious incidents between 1 January 2015 – 31 December 2015. None of these were Never Events. There were two incidents that met the reporting criteria as a serious incident by the commissioners of the service. There was also an unexpected death of a client using the service in the community. In the period 1 January 2015 to 30 November 2015, the trust reported 39 incidents within substance misuse services which related to an unexpected or avoidable death or severe harm of one or more clients, staff or members of the public.

Reporting incidents and learning from when things go wrong

Staff were able to demonstrate a good knowledge of what an incident was and how to report incidents. There were 500 incidents reported throughout the substance misuse services between 1 April 2015 to 30 April 2016 (inclusive). Two hundred of the incidents reported by substance misuse services were categorised as safeguarding incidents. This was followed by aggression and violence incidents with 77 incidents reported.

There was a system in place to ensure that incidents were reported and investigations undertaken where it was necessary. Following each investigation there was an after action review and lessons learned were shared with teams. An example of a change made following an incident was adding more contact details into an answerphone message to help direct clients to alternative forms of support when the service was closed.

Following a five year review of incidents, focus groups and case note reviews, the service had developed an APP (software designed to run on a computer). This was updated each day and allowed staff to access the system and update their knowledge of incidents, the outcomes and any shared learning or changes to practice. This is a relatively new system and some of the staff we spoke to were not aware of it. We were told the application received 400 views in January 2016 but this had increased to 7000 views so far in June 2016. This demonstrated increased usage within the service. Due to the efficiency and take up of the system, it is being looked at for implementation trust wide.

The trust has a duty of candour policy and staff were aware of this and the requirements.

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 eight care records and all of them demonstrated that a comprehensive assessment had been completed in a timely manner. Care notes contained up to date personalised, holistic and recovery orientated care plans. The substance misuse services used RIO (an electronic patient record system).

This system was well used and easy to navigate and find up to date clients information.

As part of the assessment process we could see that alcohol use disorders identification test had been used to monitor client's alcohol use, there was also evidence that blood borne virus status had been discussed and vaccinations offered if appropriate. Clients were also offered a full physical health screen and there was evidence that staff had referred clients back to their GP for any further physical health condition investigations that may be needed.

Best practice in treatment and care

We found evidence that staff followed national institute for health and care excellence guidelines.

The national institute for health and care excellence had produced two guidelines on drug misuse, drug misuse in over 16's psychosocial interventions (NICE guidelines CG51) and Opioid detoxification (NICE guidelines CG 52). These covered the support and treatment people could expect to be offered if they had a problem with or were dependent on opioids, stimulants or cannabis and how families and carers may be able to support a person with a drug problem and get help for themselves. These guidelines also made recommendations for the use of psychosocial interventions in the treatment of people who misuse opioids, stimulants and cannabis in the healthcare and criminal justice systems. The national institute for health and care excellence had produced joint information for the public that covered both guidelines, as well as tools to help organisations implement this guidance.

The services had designed their pathways aligned with the national institute for health and care excellence guidelines. They were able to offer a number of services and they had developed a clinical review pathway. This pathway included

- the review of the treatment outcomes profile which measured change and progress in key areas of the lives of people being treated in drug and alcohol services
- Use of the alcohol use disorders identification test. This tool was developed by the world health organisation as a simple method to identify excessive drinking.
- Toxicology screen
- full risk assessment.

Subjective measurements were also undertaken which included stability, motivation, social situation, physical health monitoring and recovery capital. Patients could access a doctor when required and also appropriate psychosocial interventions.

The services followed the drug misuse and dependence UK guidelines on clinical management (department of health 2007). These guidelines are currently under review and they are expected to be published in October 2016. These guidelines were fully implemented and pathways aligned to them and followed within the services and one of the consultant psychiatrists has been a member of the consultation group for the updated guidelines expected in October 2016.

Over the past three years over 60 clients have been supported into sustained employment. Clients receive support with curriculum vitae writing, interview skills, application forms, job searching and covering letters. Clients may participate in a two week placement into the workplace with expenses for travel, uniform and lunches paid. Companies invest money into the scheme as part of their corporate social responsibility. We were told that 75% of clients attending a placement move onto employment within three months of completing their placement.

Staff used treatment outcomes profile which measured change and progress in key areas of the lives of people being treated in drug and alcohol services. The team were also considering the use of the recovery star as a treatment outcome tool.

Clinical staff participated in clinical audit. Audits included a review of the quality standards in drugs and alcohol, a review of alcohol use disorders, a needle and syringe exchange review and drug use disorders review. The results

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.

of the audits were comprehensive and had been fed back to the clinicians and had action plans in place. Information was also cascaded to staff via the APP that they had developed.

Skilled staff to deliver care

There was an induction pack for all staff to work through. This was completed by permanent and temporary staff, students and staff on secondments. The pack contained necessary information regarding the service for example treatment options, service information, useful contact and a list of all the job roles and responsibilities. There was a checklist for completion by the staff member and an assigned mentor and diary sheet for each week of induction. This was completed in addition to the trust induction programme.

Staff performance appraisals had been completed for 94% of non-medical staff and all medical staff had completed the annual appraisal process. Records showed that 78% of staff were in receipt of regular clinical supervision. There were no staff on suspension or being managed under supervision.

The team included a range of disciplines for example, veterans specialist substance misuse nurses, community psychiatric nurses, social workers, consultant psychiatrist, occupational therapy technician, specialist general practitioners, harm reduction service project worker, data analyst, administration staff, care managers, service user involvement worker and a clinical manager.

There were concerns raised by the peer support group members who highlighted the importance of adequately resourcing the occupational therapy technician role in the day unit to provide continuity of care as there was currently only one occupational therapy technician within the team.

Staff were experienced and qualified and many had undertaken extended roles such as non-medical prescribers, dual diagnosis and blood borne virus training.

Multi-disciplinary and inter-agency team work

The services had regular and effective multidisciplinary meetings. These meetings offered assessment feedback, prescription changes, illicit use/relapse, safeguarding, health concern and discharge. There was also a complex

case review available. These further meetings included an extended multidisciplinary review, acute/complex issues review, any urgent safeguarding and allowed the team to support the client in decision making.

Staff reported close links with the community mental health teams and inpatient mental health wards. They also referred clients to other teams such as family therapy, improving access to psychological therapies (IAPT) and to partner agencies Lifeline and Turning Point for further counselling, cognitive behavioural therapy and motivational interviewing.

As part of the clients recovery plan referrals could be made to the NTW housing worker and we were able to see a clinic running at the Blythe services, this also included assistance with financial matters.

If clients were pregnant the service also sought help from midwifery services.

Adherence to the MHA and the MHA Code of Practice

As at May 2016, Substance Misuse scored 82% overall compliance for the number of staff who have received training in the Mental Health Act (1983). The teams were not currently working with any clients detained under the Mental health Act.

Good practice in applying the MCA

As at May 2016, Substance Misuse scored 87% overall compliance for the number of staff who have received training in the Mental Capacity Act.

Staff had a good understanding of the guiding principles of the Act and how clients were always given information and choices about treatment options. Whilst staff used motivational techniques to try and keep patients involved and active in their care, they were fully aware of the client's right to not accept treatment.

There was a useful booklet provided by the trust which was available to all clients in waiting areas. It listed what consent might be asked for and why this was done. It covered options on verbal and written consent to a variety of different treatment options. It also advised clients of their right to refuse treatment or ask for other treatment options to be considered. It encouraged clients to ask questions and how to complain, seek further advice and offer feedback.

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

Staff showed a caring and empathic attitude to clients. They talked about clients in a respectful manner. We observed staff from all parts of the service treating clients with dignity, respect and with consideration to their confidentiality. There were sufficient interview rooms which protected the confidentiality of the clients in key work sessions.

We attended three face to face clinical reviews with consent of the clients. The staff member was warm, showed empathy, took time to listen and applied good problem solving skills to respond to the needs of the clients particularly with one client who was in distress. There was evidence that staff had a good wealth of local knowledge and resources and signposted the clients to the appropriate resource or services to meet their needs. For example one client was referred to Fulfilling Lives organisation which supports people with complex needs to better manage their lives by ensuring that services are tailored and better connected to each other.

We held a two focus groups attended by sixteen clients. Feedback about the service was very positive. We were told that the premises are always clean and tidy and the day service at Plummer Court is particularly beneficial. There are a large variety of groups available and ground rules are always established at the start of groups. Clients told us that staff were helpful, supportive, respectful and show that they care about helping with their recovery.

We spoke with two peer support workers. These are people who have been through the service and graduated to become mentors to other clients. Both told us how the service has changed their lives and probably saved their lives. They spoke of now having a life worth living and how they had been able to gain back a relationship with their family members.

We spoke with four relatives of people who use the service. They told us the premises are always clean and bright with information available. They find the staff very approachable, open and honest but always respecting client confidentiality.

The involvement of people in the care they receive

We viewed eight client records which showed that clients were involved in their care plans. Clients told us they feel involved in decisions regarding treatment options for example nutritional support, harm minimising options and active signposting to other support services.

There was a helpful pack available for carers which contained information about support services available through the trust and other agencies, for example Northumberland Carers and the Carers Trust. Staff told us how supporting carers can sometimes be problematic as clients do not always want their relatives or carers to be involved in their treatment. Carers groups had been set up to offer support and education and family involvement was encouraged and was seen as a key component of supporting recovery.

Carers felt involved in the treatment received by their family members. One relative made comment that when they had not been involved, their family member had discontinued the programme. Since their involvement, progress through the programme had improved tremendously and the felt fully supported by the staff team. One carer told us they can phone the doctor at any time and all carers said they felt able to approach staff with any difficulties and they would be dealt with appropriately. All carers we spoke with felt the service had made a significant positive impact on the life of their relative. They were all very grateful for the help and support and made further comment that they were very happy with the care their relatives had received.

The peer support group members confirmed that ex-users and other service users groups are consulted when the service is going through change. For example the Newcastle Carer's Forum had an input in the recent commissioning of services to Lifeline in October last year.

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

Both services had a single point of access for a person who was experiencing difficulties with drug or alcohol misuse. In Newcastle this was through Lifeline and in Blyth through Turning Point. Referrals came from general practitioners, family members, social services, mental health teams and self-referral. Both access points offered a telephone triage followed by an appointment for a face to face assessment. Sometimes clients might turn up without an appointment and assessments would be facilitated where possible. Due to the large geographical area covered, the teams were flexible in offering options for assessments. They might be held in a general practitioners surgery or premises associated with the service to be agreed with the client. There was no waiting list for assessment.

The assessment process was comprehensive and covered: personal details, referral information, details of substances being used, treatment history, accommodation, children information, physical health, commitment to change, immediate needs, risk criteria, personal history, mental health, treatment modality, pharmacology, current risks and an agreement for sharing of information.

Following assessment there were a range of options available from both services depending on the needs of the client. Where clients required clinical input (opiate or alcohol users) they would be referred to the clinical teams for further assessment.

Teams took active steps to make contact with clients who did not show for appointments, this included telephone, letter, contact with the referrer and in some cases three way appointments with the clinical worker. As clients seen by trust staff were usually awaiting the receipt of prescriptions, the number of clients who did not attend appointments was low. In Newcastle we were told that the change of contract in October last year had caused some issues with clients not attending appointments with Lifeline, they were the providers of the psycho social aspects of treatment. We spoke with two members of the Lifeline team and they described a piece of work that was being undertaken to get a better understanding of the reasons for not keeping appointments. They had instigated a system where lifeline workers were located within the building where the trust was located to encourage more

joined up working. This was in its early stages but we were told initial improvements were being seen. There was no data available to demonstrate the number of missed appointments or any improvements.

There were several pathways available to clients depending on their needs. Those requiring support in reducing the use of opiates or alcohol were always referred to the clinical teams within the trust. The treatment would involve monitoring of physical health during any changes to medication.

In Newcastle the service is offered as a joint community based service by the trust and Lifeline, the following options were available

- There was a day service that was available seven days a week. Monday to Friday this was 9am – 8.30pm and on weekends 10am – 6pm. The day service offered intensive support, individual keyworker sessions and clinic based support alongside specialist criminal justice services.
- Medical and nursing support which included medication to support maintenance, reduction and detoxification programmes.
- Harm reduction services including blood borne virus screening and immunisation, needle exchange and safer injecting support. The needle exchange was available Monday to Friday 6pm-8pm and weekends 12.30pm-5pm.
- Psychosocial support such as counselling alongside clinical intervention, for example medication and health support. This is offered through the trust for high risk clients or those involved in the criminal justice system.
- Partnership working through Lifeline who also offered a range of psychosocial interventions to support progress through recovery.

The Northumberland Recovery Partnership and the North Tyneside Recovery Partnership were made up of Northumberland, Tyne and Wear Trust clinical staff offering medical input, Turning Point offering triage, assessment and signposting and Changing Lives offering the psychosocial aspects of care. The Northumberland recovery partnership operates 9am-5pm Monday to Thursday and 9-4.30 Fridays with a late night service on a

Are services responsive to people's needs?

Good 

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

Wednesday until 8pm. The North Tyneside Recovery Partnership operate 9am – 5pm weekdays with a late night until 8pm on Mondays at Wallsend and 8pm on Thursdays on North Shields at the needle exchange.

- Medical services specialist prescribing and detoxification treatments, including managed maintenance and reduction plans.
- Harm Reduction Blood Borne Virus screening and immunisation, needle exchanges and safer injecting support.
- Abstinence-Based Recovery Programmes, 12 step community-based support focused on sustained abstinence from drugs or alcohol, counselling and behavioural therapies, support from a community of local peers in recovery.
- Ongoing recovery support, practical support and advice for day-to-day needs including housing, volunteering, employment and training.
- Recovery check-ups and relapse prevention and support.

Clients access that part of the pathway most appropriate to meet their needs. When medical input is no longer required there is a graded approach to discharge from the service through partnership working with Turning Point, Changing Lives or Lifeline. At the end of the programme there are options to attend through a graduate programme and to become a peer support worker.

Some clients had made comment that appointments do not always run on time in Newcastle with long waits. We asked for data to demonstrate the length of wait and we were informed that this is not always recorded. From the limited data they had available (In the period 1 December 2015 to date the service completed 8109 contacts in total. Of these contacts 266 had recorded in their records the time between the planned appointment time and the time the patient was actually seen) Of those where a time seen was recorded the patient's waited on average 28 minutes for their appointment. We were also informed that the service operated on an outpatient basis with planned appointments. They were aware that a proportion of clients turned up without a planned appointment requesting to be seen. Where this occurred the service endeavoured to see the client. However, due to the planned appointments in

place the client might have waited for a gap in appointments to be seen. They were unable to provide specific information on the numbers who attended without an appointment.

The service had a target of three weeks from referral at the point of access to their first appointment. Data from the National Drug Treatment Monitoring System showed that there was only one month where this had not been achieved in the last year for both alcohol and drug related referrals.

The facilities that promote recovery, comfort, dignity and confidentiality

There was a full range of interview rooms, treatment rooms, group rooms and clinical rooms available at both locations. In Newcastle this was all located within one building and included a base for Lifeline staff which had just been set up to improve the joint working arrangements. In Blyth, the Northumberland Recovery Partnership operated from several buildings, medical input was in a separate building with group work and the needle exchange also located in different buildings but close by. Interview rooms were soundproof but we did notice the group rooms in Blyth were not fully sound proof.

There was a wide range of leaflets available covering all aspects of care associated with substance misuse for example, medication, physical health, types of abuse, mental health, sexual health, smoking and self-harm. There were also leaflets signposting clients and carers to other community services for example Samaritans, alcoholics anonymous, Northumberland carers and narcotics anonymous.

Both services had a useful information pack for clients and carers. The leaflet was also available on the trust website. This contained details of the service, opening times, how to complain and useful contact numbers.

Meeting the needs of all people who use the service

All three services offered out of hours treatment times. Whilst the service in Newcastle was the only location to operate on a weekend, we heard how clients from across the trust could access the services of the day unit if required.

There was a wide range of leaflets available in English. The client group was mostly English speaking but interpreters could be made available upon request.

Are services responsive to people's needs?

Good 

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

In Newcastle there was good disabled access but in Blyth this was more limiting. Staff told us this could be problematic as the facilities were based on the first floor. Staff had to use alternative rooms for clinical interventions or manoeuvre the stairs as best they could.

Listening to and learning from concerns and complaints

The substance misuse service received eight complaints with four upheld during the last 12 months (1 May 2015 – 30 April 2016). No complaints were referred to the ombudsman.

There were no recorded compliments for the service but during our inspection we saw numerous thank you cards and letters from clients expressing their gratitude to staff within the service. Clients we spoke with were very complimentary about the service.

Staff were aware of how to support clients making a complaint and felt fully informed on feedback from complaints made. Clients told us they knew how to complain and felt able to approach staff if they had any issues.

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

The mission of the Northumberland, Tyne and Wear NHS Foundation Trust is to improve the wellbeing of everyone we serve through delivering services that match the best in the world. The mission is that they strive to provide the best care, delivered by the best people, to achieve the best outcomes.

The substance misuse service aims to provide a comprehensive service which is effective and of high quality, that strives to meet the needs of people who experience problematic use of drugs and alcohol throughout north of Tyne. Within Northumberland to assess suitability and facilitate entry into tier 4 models of care residential detoxification facilities. By working in partnership with other agencies, they intend to improve the knowledge of drug and alcohol issues for professionals and the public of Northumberland by supplying relevant up-to-date information and training.

We saw evidence of how the aims of the service were upheld by the staff team. Staff described good working relationships within the partnerships and the other agencies involved, Lifeline, Changing Lives and Turning point all felt very included and involved in the partnership or joint community working. In Newcastle this was still work in progress as the services are offered separately. However Lifeline staff had recently moved into the same building and this is helping to develop good working relationships within the two parts of the service.

Staff knew who senior members of the substance misuse service were but were not sure about senior members of the trust team.

Good governance

There was a clear structure to the staff team within the service. There was a service manager leading the service with a locality clinical manager (this post had just become vacant due to a promotion). There was a clinical lead heading up the clinical teams of nurses and other practitioners. The staff induction booklet gave a clear description of all the job roles and responsibilities.

Staff had undertaken mandatory training showing compliance of 92% across the service. Staff performance appraisals had been completed for 94% of non-medical staff and all medical staff had completed the annual

appraisal process. Records showed that 78% of staff were in receipt of regular clinical supervision. All medical staff were in receipt of supervision and all doctors had been through the revalidation process and were up to date with this. There were no staff on suspension or being managed under supervision. The consultant psychiatrist also offered ongoing supervision to the non-medical prescriber.

Caseloads were running high but staff worked hard to manage this and there was no waiting list.

Staff knew how to report incidents, complaints and safeguarding concerns and the service had developed an APP (software designed to run on a computer) to support staff in getting feedback on incidents, the outcomes and any shared learning or changes to practice.

Team managers felt able to take day to day decisions regarding the service and also received support from more senior members of the service when appropriate.

There was a risk register which listed risks, actions, dates and those responsible for taking any action. In Newcastle this did include the current difficulties that were being experienced following the changes in commissioning in October 2015. The senior team met with staff from Lifeline on a regular basis to view data and discuss any necessary changes to working practice.

Leadership, morale and staff engagement

Staff moral within the service overall was high.

We saw evidence of good working relationships between agencies to come together and deliver an integrated service. This was more apparent in Blyth where the partnership had been in place for over three years. Staff did express their concerns about the way the substance misuse service is funded and the sense of anxiety that comes with the frequency the service has changed with commissioning that can make big changes to teams and ultimately the level of care delivered to clients. The service in Newcastle was still embedding some new staff into the service following the changes and working with lifeline to try and offer a seamless joint integrated model of care.

High rates of staff turnover and sickness in Newcastle following the re-structure were now improving and the team were feeling more settled.

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.

Staff knew how to use the whistleblowing process and had an understanding of the need to be open and transparent with colleagues and with clients when things might go wrong.

Commitment to quality improvement and innovation

The substance misuse service was not involved in any national quality improvement programmes at the time of our inspection.