East Kent Substance Misuse Service - Thanet

Quality Report

Mill Lane House
Mill Lane
Margate
Kent
CT9 1LB
Tel: 0300 123 1186
Website: www.rapt.org

Date of inspection visit: 3 April 2019
Date of publication: 21/05/2019

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	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 and Deprivation of Liberty Safeguards

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

Summary of findings

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

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

Overall summary

We rated East Kent Substance Misuse Service Thanet as good because:

- The service had enough staff and provided safe care in a risk assessed and clean environment. Staff assessed client risk in collaboration with clients and relevant professionals.
- Staff followed the service's prescribing and treatment policy and National Institute of Health and Care Excellence guidance in relation to clients receiving medically assisted treatment.
- Staff developed holistic, recovery-oriented, client centred care plans following completion of comprehensive assessments. A range of treatments were available to clients to meet their needs in line with national guidance.
- The team comprised of and had access to a range of skilled and trained professionals to meet clients' needs. The service manager and team leader ensured that staff received training, regular clinical and managerial supervision and annual appraisals. Staff worked together as a multi-disciplinary team and with professionals in the wider community to deliver treatment and aftercare.
- Staff treated clients with kindness, respect, and understood the individual needs of their clients and their family members or carers.
- The service used internal and commissioned key performance indicators to monitor service outputs and outcomes.
- The service was well led and the governance processes in place ensured that the all processes ran smoothly.However:

• We reviewed five risk management plans and only one of them included risk management for a client in the event they exited from treatment early.

• There was no evidence in the five care plans we reviewed that clients had been offered a copy.

Summary of findings

Contents

Good

East Kent Substance

Services we looked at:
Substance misuse/detoxification

Summary of this inspection

Background to East Kent Substance Misuse Service - Thanet

East Kent Substance Misuse Service Thanet provides specialist community treatment and support for adults affected by substance misuse. The service is one of five in East Kent provided by The Forward Trust. The Kent Drug and Alcohol Team funded treatment for the majority of clients at the service. Most of the referrals into the service were self-referrals. The service is commissioned to provide treatment for people who live in East Kent.

The service offers a range of services including initial advice; assessment and harm reduction services including needle exchange; prescribed medicine for alcohol and opiate detoxification; naloxone dispensing (emergency reversal of opiate overdose); group recovery programmes; one-to-one key working sessions and doctor and nurse clinics which included health checks and blood borne virus testing.

There is a registered manager at the service.

The service was last inspected on 14 November 2017 which was its second inspection since it registered with CQC on 1 May 2017. We issued the provider with one requirement notice. This related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing

This was in relation to our inspection finding that staff did not receive appropriate support, training and development to enable them to fulfil the requirements of their role.

A requirement notice is issued by CQC when an inspection finds that the provider is not meeting essential standards of quality and safety.

On this inspection this requirement was met.

The service is registered to provide the activity treatment for disease, disorder and injury.

Our inspection team

The team that inspected the service comprised of one CQC inspector, one assistant inspector and a specialist advisor with knowledge and experience of working in substance misuse.

Why we carried out this inspection

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

How we carried out this inspection

To fully understand the experience of clients, 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 clients' needs?
- Is it well-led?

Summary of this inspection

Before the inspection visit we reviewed information that we held about the location.

During the inspection visit, the inspection team:

• visited the service looked at the quality of the physical environment, and observed how staff were caring for clients

• spoke with the registered manager

• spoke with eight staff members including a team leader, the doctor, two nurses, three recovery workers and the lead administrator

- spoke with two clients
- observed an alcohol detoxification clinic appointment
- reviewed the medicines management of the service

• observed an allocations meeting where clients were allocated to keyworkers or groups to provide support

• looked at five client care and treatment records

• reviewed policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients we spoke with were positive about the care and treatment received from staff. They said that staff were supportive, professional, and treated them with respect. Clients said they felt listened to, informed, and that the care and treatment they received was effective. They said that the environment was clean and safe.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as **good** because:

- The service environment was safe, risk assessed, clean, and had good infection control procedures in place.
- The clinic room was clean, tidy and well equipped with medicines stored in the lockable fridge.
- The service had a range of skilled and trained professionals to deliver care and treatment.
- The service had a receptionist and a staff member on duty in reception which ensured that all clients visiting the service could access assessment and support at first contact.
- All clients were risk assessed during the admission process to the service.
- Staff followed the service's prescribing and treatment policy for clients receiving medically assisted treatment which was in line with national guidance.
- There was a safeguarding lead at the service who staff could speak to for advice.
- Staff had effective policies, procedures and training in relation medicines management.
- Staff had access to clinical information and it was easy for them to maintain quality clinical records.
- The service had a robust procedure to reporting and responding to incidents.

However:

- We reviewed five risk management plans and only one of them included risk management for a client in the event they exited from treatment early.

Are services effective?

Good

We rated effective as **good** because:

• All clients received a comprehensive assessment, physical assessment where appropriate, and agreed a care plan following admission to the service.

• Physical health monitoring was undertaken for clients undergoing detoxification, including electrocardiograms to monitor cardiac health, blood borne virus testing, nutrition and vein care.

Summary of this inspection

• The service provided evidence based interventions that met National Institute of Health and Care Excellent guidance. These including providing clients with a needle and syringe programme, appropriate psychosocial interventions, and offering comprehensive assessments.

• Staff supported clients with housing, benefits and employment issues.

• The service provided naloxone to opiate using clients. Naloxone is a medicine which rapidly reverses the effects of an opioid overdose.

• All staff received regular clinical and managerial supervision and annual appraisals.

• Staff from difference disciplines worked with a range of external agencies and professionals including GPs, midwives, police, pharmacies, district council, probation, the community mental health team, young person's drug and alcohol service and supported housing providers to provide comprehensive and holistic care for clients.

However:

- There was no evidence in the five care plans we reviewed that clients had been offered a copy.

Are services caring?

Good

We rated caring as **good** because:

• Staff we observed were non-judgemental and treated clients with respect when discussing their care. Staff were compassionate and keen to maintain clients' dignity.

• We spoke with two clients who told us that staff treated them with respect and supported them to understand and manage their care.

• Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided.

- Clients could complete feedback forms about their experience of the service. The drop-in service was open to carers for support and advice.
- Carers were fully involved in clients' care, with support from the carers' lead, if clients gave permission for this.

Are services responsive?

Good

We rated responsive as **good** because:

Summary of this inspection

• The service offered a daily drop in so that people meeting the service's entry criteria could be seen without an appointment. A late clinic took place one evening a week to reduce barriers to accessing treatment.

• Clients' recovery and risk management plans reflected a range of clients' needs including clear pathways to other supporting services including housing and maternity care.

• Where appropriate staff ensured that clients had access to education, training and work opportunities.

• The service had a lift for access and had equipment to evacuate people with mobility support needs from the building in an emergency.

• The service offered appointments and groups at three satellite services in Ramsgate and Broadstairs. Where possible, staff arranged home visits for clients with complex needs or who found it difficult to attend the service.

• The service had a hearing loop in the office, access to sign language practitioners and interpreters to support clients with communication support needs to engage.

• The service had a complaints policy which was explained to clients at point of engagement with the service.

Are services well-led?

Good

We rated well-led as **good** because:

• Service leaders had skills and knowledge to perform their roles and provide clinical leadership.

• Staff told us that they knew who the most senior managers in the organisation were.

• Team objectives were based on the organisation's vision and values which staff understood.

• Staff we spoke with told us they felt respected and valued at work and worked within a happy team where they were supported by managers.

• All staff we spoke with knew how to use the provider's whistle-blowing process and felt they could raise concerns without fear of victimisation.

• The service used key performance indicators set by their commissioners to gauge performance and productivity.

Summary of this inspection

• There were clear frameworks of what needed to be discussed at service level to ensure that essential information, such as learning from incidents, was shared and discussed.

• The service had clear quality assurance management and performance frameworks in place.

• Staff maintained and had access to a service risk register.

• Staff, clients and their family members had the opportunity to give feedback on the service and its development.

• Staff met regularly with external stakeholders including local ambulance service, hospitals, and commissioners to review all drug and alcohol related deaths to identify learnings, trends and opportunities to reduce these incidents.

• The service was continuously improving and innovating by analysing internal client surveys about early treatment exits, opiate overdose reversal medicine (naloxone) effectiveness, and clients with 15 years or more treatment history.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received Mental Capacity Act training. Staff we spoke with had a good understanding of how substances could affect clients' capacity and how this could have implications for consent and treatment. For example, staff were aware that when clients attended an appointment and were under the influence of drugs or alcohol they needed to reschedule the appointment for a time when the client was not intoxicated. This was to ensure the client would have the capacity to make informed choices about their treatment.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse/ detoxification	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Notes

Good

Substance misuse/detoxification

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

Are substance misuse/detoxification services safe?

Good

Safe and clean environment

- The service had a range of rooms including clinic room, needle exchange room, group rooms and smaller rooms that staff used for one to one appointments. All rooms contained fitted alarms.
- The clinic room was clean, tidy and well equipped. Staff completed regular checks to ensure equipment including the adrenaline kit was in date. There was an emergency grab bag and all contents were in date and ready for use.
- Medicines were stored in the lockable fridge in the clinic room. Staff locked the clinic room when not in use. Staff completed daily temperature checks to make sure that medicines were kept at the recommended temperature.
- The service had arrangements in place for the collection and disposal of clinical waste.
- The provider had an infection prevention and control policy and infection control and hand washing policy.
- The service had up to date fire risk assessments and two identified and trained fire wardens.
- There were stocks of naloxone which staff checked regularly to ensure they were in date. Naloxone is a medicine used to reverse the effects of an opiate overdose.
- The service had a well-stocked needle exchange in line with National Institute for Health and Care Excellence guidance for needle and syringe programmes. Information was displayed and available for clients to take away about harm reduction and a range of relevant health matters.

Safe staffing

- The provider had established the staffing levels required through consultation with the service commissioners. At the time of the inspection there was a service caseload of approximately 500 clients in treatment.
- The service adjusted staff caseload levels on their knowledge, experience, additional responsibilities and hours worked. The manager told us that maximum case limits applied to all staff to ensure their wellbeing was managed.
- There were enough skilled staff to meet the needs of clients accessing the service. Any sickness absence was covered by the manager and team leader who also carried a small case load.
- The service had a receptionist and a staff member on duty in reception which ensured that all clients visiting the service could access assessment and support at first contact.
- The service had lone working protocols and satellite working was risk assessed to manage client and staff safety.
- All staff had received mandatory training. This training included the Mental Capacity Act and Mental Health Act. Future dates where scheduled to indicate when refresher training was due to take place.
- All staff had valid Disclosure and Barring Service (DBS) check in place, which identified a conviction, caution or concern.

Assessing and managing risk to clients and staff

Good

Substance misuse/detoxification

- We reviewed five client care records. All contained a completed and in date risk assessment, which looked at risk to self and others, physical health, substance misuse and safeguarding concerns including child protection and domestic abuse. Risk assessments were reviewed and updated by staff when appropriate.
- Staff followed the service's prescribing and treatment policy for clients receiving medically assisted treatment (MAT). Discussions took place between the doctor, key workers and the client before moving the client from supervised to unsupervised consumption or reduction in frequency of medicine collection from the pharmacy. Supervised consumption is where a client is observed taking their detoxification medicine to ensure adherence to their agreed treatment.

Management of client risk

- Staff supported clients so they were aware of the risks of continued substance misuse. Harm minimisation information was delivered as part of all treatment interventions and was part of all clients' recovery plans.
- The service had a clear zero tolerance policy to manage client aggression to manage client and staff safety.
- Staff had clear protocols in place which they carried out if clients disengaged from treatment. Clients who declined to engage with the service were reviewed at weekly allocations so staff could discuss client risk and the appropriateness of alternative engagement methods such as home visits.
- We reviewed five risk management plans and only one of them included risk management for a client in the event they exited from treatment early.

Responded to changes in patient risk

- Staff gave us examples of how they protected clients from harassment and discrimination, including those protected characteristics under the Equality Act.
- Staff recorded details of vulnerable clients on a safeguarding register which were discussed during the business and clinical meetings. There was a safeguarding lead at the service who staff could speak to for advice. The safeguarding lead attended monthly safeguarding meetings with colleagues from other hubs.
- Records we reviewed indicated that staff worked effectively within teams and other agencies to promote client safety through collaborative work and appropriate information sharing.
- The service had not completed any safeguarding alerts or concerns for the year to 28 February 2019.
- There was a designated member of staff who attended MARAC meetings and shared information with the team. MARAC is a multi-agency risk assessment conference where representatives from agencies including the police, social services, schools and local authorities discuss high risk cases of domestic abuse.

Staff access to essential information

- The service used an electronic recording system. Any paperwork which was uploaded to the system was then shredded.
- All staff had password protected access to the system.

Medicines management

- The service had funding for a non-medical prescribing nurse. At the time of the inspection the role was being advertised as the previous incumbent had left employment of the service.
- Staff had effective policies, procedures and training in relation medicines management. This included prescribing, detoxification, and take-home emergency medicine such as naloxone.
- Medicine management including dispensing, administration, reconciliation, recording and disposal was all undertaken in line with National Institute of Health and Care Excellence (NICE) guidance.
- Staff reviewed the effects of medicine on clients' physical health in line with NICE guidance.

Track record on safety

- The service had reported ten serious incidents since in the 12 months to 28 February 2019. These included deaths due to unknown causes and due to substance misuse. The service manager informed us that all incidents had been investigated.

Reporting incidents and learning from when things go wrong

- All staff had access to the service's electronic incident recording and management system. Incident records included a record of identified learning. The system also had an action tracker and triggered an alert indicate to staff when action was required. Details of all incidents were cascaded to managers, head office and the governance and quality team to monitor, review and

Good

Substance misuse/detoxification

sign off. Each incident had a root cause analysis form on the system to review incidents. Staff recorded incidents including antisocial behaviour and when clients failed to collect their detoxification medicine or prescription.
- The central governance team supported the service to investigate and analyse serious incidents for senior management review. The team leader and manager completed and submitted notifications for the CQC.
- The manager and medical staff attended clinical governance meetings to discuss complex cases and lessons learnt from serious incidents. Managers discussed incidents and shared learning during monthly managers meetings, group supervision, and staff team meetings.

Duty of candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify clients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- The service had a Duty of Candour: Being Open Policy. Staff were aware of the policy and felt supported by managers to be open and transparent with clients..

Are substance misuse/detoxification services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- All clients received a comprehensive assessment on admission to the service. The assessments covered topics including physical and mental health, relationships, and substance misuse history.
- Physical examinations of clients were undertaken at assessment stage if they wished to access the prescribing service.
- Physical health monitoring was undertaken for clients undergoing detoxification.
- The service had a comprehensive pathway in place to address clients' physical and mental health and social needs.
- All clients had care plans which met the holistic needs of each respective client.

Best practice in treatment and care

- We reviewed five client records. The records detailed interventions and practice which were in line with National Institute of Health and Care Excellence (NICE). The treatment offered included brief advice and information through to more structured clinical and group interventions. Interventions included one to one key working appointments, following a cognitive behavioural therapy model, mindfulness sessions, harm reduction groups and mutual aid meetings. All recovery workers except one had completed training in group facilitation.
- There was no evidence in the five care plans we reviewed that clients had been offered a copy.
- We observed one alcohol managed detoxification appointment. The appointment was professional, structured, and the nurse referred to previous clinical plans, ensured the client had sufficient vitamins, and undertook a clinical institute withdrawal assessment (CIWA). A CIWA is a ten item scale used in the assessment and management of alcohol withdrawal.
- The service manager told us that the provider's research department was responsible for developing recovery interventions and pathways in line with national guidance and best practice including group work and psychosocial interventions.
- Blood borne virus testing was routinely offered by the service or by clients' GPs.
- The service had a health trainer who held sessions with clients who needed support and encouragement regarding a healthy lifestyle.
- As part of the initial clinical assessment, where appropriate, staff arranged for clients to have an electrocardiogram (ECG). Where clients were on high doses of medicines staff arranged for them to have an ECG. High doses of certain detoxification medicines can have a serious effect on cardiac health. The service had an ECG machine and staff were trained to use it.
- Staff supported clients with housing, benefits and employment issues. Where more specialist knowledge was required, staff signposted clients to the appropriate agency. The provider had recently merged with an employment specialist to further enhance clients' integration back into society.

Good

Substance misuse/detoxification

- The service provided naloxone to opiate using clients. Naloxone is a medicine used to rapidly reverse the effects of an opioid overdose. Staff provided training to clients and carers in how to administer naloxone.
- Staff supported clients to live healthier lives by sharing information around health issues impacted by substance misuse, for example nutrition and vein care. A hepatitis nurse and mental health social worker each held weekly clinics at the service.

Skilled staff to deliver care

- Staff received a comprehensive induction when they commenced employment at the service.
- All staff had completed their mandatory training.
- The service manager and team leader identified the learning needs of staff in their supervision sessions and provided opportunities for them to develop their skills. The manager said that their learning and development was supported by the organisation by way of attendance at conferences, for example, in lieu of formal training. The manager felt this was more beneficial to them and is what they asked for.
- All staff received regular clinical and managerial supervision and annual appraisals.
- The central human resources department supported the manager to address staff performance issues promptly where appropriate.

Multi-disciplinary and inter-agency team work

- The service contacted a client's GP prior to and after prescribing any medicine. Doctors completed regular medical reviews for clients who were prescribed medicine assisted treatment for opiate or alcohol dependence. Staff requested GP summaries from clients' GPs to help inform their treatment and care.
- The service manager had engaged with a range of external stakeholders to develop and improve care and treatment pathways for a range of clients. For example, they engaged with the NHS to enable a hepatitis nurse to attend once a week, 12 step meetings were held weekly at the service, a mental health social worker used the office once a week to engage with clients they otherwise may not have seen, students from police and social services are invited to undertake placements at the service. They also worked with the district council to create a team of professionals to work with street homeless drug and alcohol using community to achieve improved successful treatment outcomes.
- Staff worked with a range of external agencies and professionals including GPs, midwives, police, pharmacies, district council, probation, the community mental health team, young person's drug and alcohol service and supported housing providers to provide comprehensive and holistic care for clients.
- The service held regular multi-disciplinary meetings where clients' care co-ordinators were clearly identified and shared care protocols had been agreed. We reviewed the minutes of one multi-disciplinary meeting and saw evidence of good clinical leadership from the doctor, clear identification and plan to manage client non-engagement and mortality risks.
- Recovery plans we reviewed detailed clear pathways to other supporting services where additional or next stage support was required.

Good practice in applying the Mental Capacity Act

- All staff had undertaken Mental Capacity Act training.
- During the assessment process staff explained that clients would not be seen if they attended appointments under the influence of drugs or alcohol. This ensured that when clients engaged with treatment they could make capacitous decisions about their treatment.

Are substance misuse/detoxification services caring?

Good

Kindness, privacy, dignity, respect, compassion and support

- We observed one client's alcohol detoxification clinic session. We saw that staff treated the client with respect and showed a genuine interest in their wellbeing.
- We observed an allocations meeting where clients were allocated to keyworkers and groups to offer support. In this meeting we saw that staff were non-judgemental and treated clients with respect when discussing their care. Staff were compassionate and keen to maintain clients' dignity. Discussions included considerations about other support available to meet clients' needs where appropriate.
- We spoke with two clients who told us that staff treated them with respect and supported them to understand

and manage their care. Both clients spoke highly of the support received and said that staff were non-judgemental, supportive, friendly and considerate. Clients said that they felt listened to and that staff had met their needs.
- Staff provided information to clients about the prevention of drug and alcohol related harm throughout their engagement with the service.

Involvement in care.

- Clients could complete feedback forms about their experience of the service. The drop-in service was open to carers for support and advice.
- All five recovery and risk management plans we reviewed included clients' preferences, recovery capital and goals.
- Carers were fully involved in clients' care if clients gave permission for this. We observed a meeting where the team respected and recorded a client's wish to withdraw permission for their carer to be informed of their engagement.
- The services had a carers' lead who met with the provider's network of carers' leads weekly. Carers and relatives could access the service in their own right for support and were supported to access a carer's assessment. The designated carer or relative of clients about to undergo alcohol detoxification was required to attend a two hour meeting to prepare them and arrange ongoing carer support if it was required.

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

Good

Access and discharge

- Staff we spoke with demonstrated a good knowledge of the local demographic and used local knowledge and insight to influence care and treatment.
- The service was commissioned to accept referrals for people who lived in East Kent. The majority of the referrals were self-referrals. The service accepted referrals from agencies and professionals including GPs, social services, hospitals, prisons and probation. The service offered a daily drop in so that people meeting the service's entry criteria could be seen without an appointment.
- Managers had regular monitoring meetings with the commissioners and stakeholders involved in the service to review performance.
- The service offered a late clinic one evening a week to reduce barriers to accessing treatment and support employed clients to be seen outside of normal working hours. There was a single point of access telephone number for clients to use outside of normal working hours.
- Clients' recovery and risk management plans reflected a range of clients' needs including clear pathways to other supporting services including housing and maternity care. Where clients were referred onwards for additional support, staff recorded acceptance and referral criteria.
- Staff told us how they supported clients throughout referrals and transfers to other support services, for example community mental health teams.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a range of rooms for staff to see clients for one to one appointments and group work. There was a comfortable reception and waiting area with clean, well maintained equipment.

Patients' engagement with the wider community

- Where appropriate staff ensured that clients had access to education, training and work opportunities. The service linked with a provider who delivered in-house training in areas such as curriculum vitae writing and computer skills.

Meeting the needs of all people who use the service

- The service had a lift for access and had equipment to evacuate people with mobility support needs from the building in an emergency.
- Staff supported clients in ways that considered age, gender, sexual orientation and disability. Staff considered other relevant information such as co-morbidities and clients' individual, social and mental health needs.

Good

Substance misuse/detoxification

- The service offered appointments and groups at three satellite services in Ramsgate and Broadstairs. Where possible, staff arranged home visits for clients with complex needs or who found it difficult to attend the service.
- Needle exchange provision was available including people who were not engaged in structured treatment. Staff provided harm reduction and safer injecting advice to people accessing this service.
- Leaflets and information were displayed in the waiting room and included how to make a complaint, safeguarding information, domestic abuse and harm reduction advice.
- The service had a hearing loop in the office and access to sign language practitioners for clients who had hearing difficulties. Interpreters were available for clients with language differences to enable them to engage with treatment. This was in line with national guidance.

Listening to and learning from concerns and complaints

- The service had a complaints policy and the complaints procedure was explained to clients at point of engagement. Clients knew how to make complaints, raise concerns and provide feedback to the service.
- The provider encouraged staff to manage informal complaints at a local level. The governance and quality department processed formal complaints. A database tracked the complaints process to monitor timeliness of response and trends.
- A comments box and feedback forms were positioned in the waiting area. Posters were displayed inviting feedback of a client or carers' experience of the service.
- The service had received four complaints during the 12 months to 10 January 2019. The service upheld one of the complaints. Managers discussed complaints during their meetings and cascaded learning to staff during business and clinical meetings.
- The service provided data which detailed that the service received 13 compliments during the 12 months to 10 January 2019.

Are substance misuse/detoxification services well-led?

Good

Leadership

- Service leaders had skills and knowledge to perform their roles and provide clinical leadership.
- The provider had a clear definition of recovery and this was shared and understood by all staff we spoke with. The definition included bringing lasting change to clients' lives, their families and community and to support clients to build fulfilling and productive lives with their families, work and community.
- The service manager had a clear understanding of the service they managed and could explain clearly how their team worked to provide high quality care and treatment.
- Staff told us that they knew who the most senior managers in the organisation were.

Vision and strategy

- Staff knew and understood the vision and values of the team and organisation. A revised vision had been circulated prior to our inspection following a number of changes within the organisation.
- Team objectives were based on the organisation's vision and values which were to build fulfilling and productive lives, work and community while inspiring and supporting others.

Culture

- Staff we spoke with told us they felt respected and valued at work and worked within a happy team where they were supported by managers.
- There was a good working relationship between members of the multi-disciplinary team.
- All staff we spoke with knew how to use the provider's whistle-blowing process and felt they could raise concerns without fear of victimisation.
- Staff appraisals included conversations about career development and how it could be supported.

Governance

- The service used key performance indicators set by their commissioners to gauge performance and productivity. These included treatment outcomes, incomplete treatment episodes and referral numbers.

Good

Substance misuse/detoxification

- The staff team reviewed performance indicators to identify training needs and individual performance management needs.
- The service manager had enough authority to do their job and had access to admin support.
- There were clear policies and procedures detailling what needed to be discussed at service level to ensure that essential information, such as learning from incidents, was shared and discussed.

Management of risk, issues and performance

- The service had clear quality assurance management and performance frameworks in place.
- Staff maintained and had access to a service risk register. The registered manager added risks to the register which they identified and which were flagged by the team. For example, management of the financial impact of increased cost of one particular detoxification medicine due to a national shortage.
- The registered manager told us that while the service had been impacted by change, this had not reflected on the care and treatment offered to clients.

Information management

- Staff had access to equipment and information to enable them to undertake their roles.
- Information was stored securely and accessible to those who needed it.

Engagement

- Staff, clients and their family members had the opportunity to give feedback on the service and its development.

Learning, continuous improvement and innovation

- Staff met regularly with external stakeholders including local ambulance service, hospitals, and commissioners to review all drug and alcohol related deaths to identify learnings, trends and opportunities to reduce these incidents.
- The service was continuously improving and innovating by analysing internal client surveys covering areas such as early treatment exits, opiate overdose reversal medicine (naloxone) effectiveness, and clients with 15 years or more treatment history.

Outstanding practice and areas for improvement

Outstanding practice

The service manager had engaged with a range of external stakeholders to develop and improve care and treatment pathways for a range of clients. For example, they engaged with the NHS to enable a hepatitis nurse to attend once a week, 12 step meetings were held weekly at the service, a mental health social worker used the office once a week to engage with clients they otherwise may not have seen, students from police and social services were invited to undertake placements at the service. They also worked with the district council to create a team of professionals to work with street homeless drug and alcohol using community to improve successful treatment outcomes.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that all risk management plans include a plan for unexpected exit from treatment.
- The provider should record in the clients' notes that clients have been offered a copy of their care plans.