

Gloucestershire Drug and Alcohol Recovery Service

Quality Report

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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

Gloucester Drug and Alcohol Recovery Service is a community substance misuse service.

We rated Gloucester Drug and Alcohol Recovery Service as good because:

- The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received training. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.
- The service was easy to access. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and staff said they felt valued by their leaders and worked together well. Many governance processes worked well to ensure good performance.

Summary of findings

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Good 

Gloucester Drug and Alcohol Recovery Service

Services we looked at

Community-based substance misuse services

Summary of this inspection

Background to Gloucestershire Drug and Alcohol Recovery Service

Gloucester Drug and Alcohol Recovery service is provided by Change Grow Live. This service provides community substance misuse services including substitute prescribing, nurse-led community detoxification for clients addicted to alcohol and doctor-led detoxification for clients addicted to opiates. The service also provides psychoeducational groups and aftercare groups for after their primary treatment ends. The service also offers vaccinations for blood borne viruses for clients.

The service has four main bases:

- The Gloucester hub
- The Stroud hub
- The Cheltenham hub
- The Southampton Hub

And it also provides satellite services in:

- The Forest of Dean
- Tewkesbury
- Cirencester

The primary working hours are 9-5 Monday to Friday (with all the bases having reduced hours on Wednesday where it is 1pm-5pm). There are reduced hours at the satellite bases. At the time of this inspection, the provider had secured an ongoing contract in Southampton and were in the process of registering this hub as a separate location. At this inspection we inspected the main hubs in Gloucestershire, Stroud and Cheltenham.

The service had a registered manager in place at the time of this inspection and was registered to provide treatment for disease, disorder or injury. The service was being provided to 2574 people across Gloucestershire and Southampton.

This was the first inspection since this location had been registered. Previously, the service was registered as the South Regional Office, which had been inspected four times, and rated good overall and in all key questions at the last inspection in September 2017.

Our inspection team

The team that inspected the service comprised two CQC inspectors and a nurse with specialist substance misuse treatment experience.

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 people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Summary of this inspection

During the inspection visit, the inspection team:

- Visited three of the main bases of the service, looked at the quality of the environment and observed how staff were caring for clients
- spoke with 10 clients who were using the service
- spoke with the registered manager and managers or acting managers for each of the three bases
- spoke with 18 other staff members; including doctors, nurses and recovery navigators
- spoke with three volunteers at the service
- attended and observed a hand-over meeting and a multi-disciplinary meeting
- looked at 19 care and treatment records of clients and seven medical charts
- reviewed 14 staff supervision records
- carried out a specific check of the medication management at the bases; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with 10 clients and all were very positive about the care they received. They said that staff treated them with respect and dignity. They felt that they were active

partners in their recovery and said that the service had helped them turn their life around. They felt there had been improvements in the service since the new provider took over.

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?

We rated safe as good because:

- All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm.
- Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's physical health.
- The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

However:

- Staff in the Cheltenham base only checked one personal attack alarm each month, meaning they could not be sure all alarms were in working order.

Good



Are services effective?

We rated effective as good because:

- Staff completed comprehensive assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

Good



Summary of this inspection

- Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired

Are services caring?

We rated caring as good because:

- Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.
- Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.
- Staff informed and involved families and carers appropriately.

Good



Are services responsive?

We rated responsive as good because:

- The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.
- The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.
- The service met the needs of all clients, including those with a protected characteristic or with communication support needs.

Good



Summary of this inspection

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Are services well-led?

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- We saw that in most areas, there were processes in place to monitor performance and address any concerns that arose from clinical audits.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance.

Good








Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

Deprivation of Liberty Safeguards were not applicable to this service.

Community-based substance misuse services

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

Are community-based substance misuse services safe?

Good 

Safe and clean environment

- All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Staff had access to either personal alarms or fixed-point alarms depending on the base they worked at. However, we saw that in the Cheltenham base, staff only checked one personal alarm a month at random meaning they could not be fully sure that all the alarms were in full working order.
- The clinic rooms and needle exchanges at the bases were clean and well stocked. Staff did not keep medicines on site, other than naloxone and vaccinations. They monitored the fridge temperatures to ensure that vaccines and medicines were stored appropriately. There were safe facilities and process to ensure that medical waste was stored and disposed of.
- Staff had access to clean and calibrated equipment to complete physical health checks. They adhered to infection control principles and had displayed posters on handwashing technique to reduce the risk of infection.
- The service had up to date health and safety and fire risk assessments in place.

Safe staffing

- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The service used block booked

temporary staff to cover vacancies. There were vacant posts for a psychiatrist, a non-medical prescriber, an administrator, a motivation worker and a recovery navigator as well as two vacancies for healthcare assistants. The service was actively recruiting to these posts. All staff had had suitable recruitment checks.

- Most areas of mandatory training had high completion rates. However, only 74% of staff had completed their refresher training for data protection and information security awareness. The managers were aware of this and were ensuring that staff caught up with their mandatory training
- The service reported a turnover rate of 25% in the year between 31 March 2018 and 31 March 2019. Staff told us this was due to the change in provider. This had led to caseloads at this time being reported at between 80 and 87 clients per worker across the Gloucestershire services before this inspection. However, at the time of this inspection the service had recruited more staff and had reviewed their caseload for clients ready for discharge and reported average caseloads being between 60 and 70 clients per worker across the Gloucestershire services. Caseloads were allocated based on the acuity of the client's need and most staff we spoke with felt their caseloads were manageable.

Assessing and managing risk to clients and staff

- We reviewed 18 care records, attended a handover meeting and a weekly team meeting. Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. If there was an onsite clinical emergency, staff had a clear procedure to follow

Community-based substance misuse services

and would use emergency services. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.

- Clients who were undergoing detox from alcohol received regular health checks to keep them safe. We saw this was recorded clearly in their care records, with staff taking prompt action where needed.
- Staff used standardised risk assessment forms that ensured they collected the appropriate risk information for the clients they saw and helped them to identify when to raise clients with high risks for team discussion. They discussed missed appointments daily as well as any other risks in their daily 'flash' meetings.
- All teams in Gloucestershire had safe and effective lone working protocols for visiting clients in the community.

Safeguarding

- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff access to essential information

- Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. These records were stored on a password protected electronic system.

Medicines management

- The service used systems and processes to safely prescribe, administer, record and store medicines. The service had both doctors and non-medical prescribers who issued and reviewed prescriptions to clients in line with the Change, Grow, Live policy and guidance from the National Institute for Health and Care Excellence.
- Staff regularly reviewed the effects of medications on each client's mental and physical health. They also provided clients with training on how to use naloxone (a medicine to reverse the effects of opioid drugs in case of an overdose) and provided this to clients. They noted when clients had been given naloxone and had posters promoting its use on display.

Track record on safety

- The service had a good track record on safety. The service had reported 41 unexpected deaths of clients in

2018, and 31 in 2019. None of these deaths were reported as serious incidents requiring investigation. The service had conducted reviews of these deaths and identified learning from them. This had led to additional training in long term health conditions for staff.

Reporting incidents and learning from when things go wrong

- The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.
- We saw specific examples of how the service was working to reduce deaths from overdose in the community and how the tracking and learning from these had impacted on additional training for staff, as well as a reduction in deaths over time.
- The service had undertaken work with their pharmacy providers to help reduce medication errors with medicines not being delivered.
- The service had conducted a national audit of violent and aggressive incidents, and this had fed into local learning.

Are community-based substance misuse services effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We reviewed 18 care records and saw that staff completed comprehensive face to face assessments with clients accessing the service. These included assessing clients physical and mental health and gathering a full medical history of the client before starting detox. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented. These assessments included plans for if a client exited treatment early.

Community-based substance misuse services

- Where clients were referred for a community detox, staff assessed their suitability for this to take place in the community and referred for inpatient treatment if appropriate. Staff ensured that clients were safe and had support to detox in the community.

Best practice in treatment and care

- Staff provided a range of treatment and care for clients based on national guidance and best practice. This included using medicines recommended by the National Institute for Health and Care Excellence. They ensured that clients had good access to physical healthcare and supported them to live healthier lives. Clients who were detoxing from alcohol had regular health checks to ensure they were safe and help staff identify if client's physical health was deteriorating. The service provided psycho-educational groups, an aftercare program and had trainee counsellors providing one to one counselling for clients that needed it. They had good working links with the local mental health trust and would refer clients to them as needed.
- Staff offered blood borne virus testing to clients in line with best practice guidance (Department of Health, 2007). They had access to single point of access contact tests for blood borne viruses which meant clients could get the results of their tests within 15 minutes instead of having to wait for their samples to be sent to a laboratory.
- The service had links with the Eddystone trust, a local charity that provided a drop in session at the Gloucester hub once a week that offered confidential HIV testing and advice for clients.
- Staff used recognised rating scales to assess and record severity and outcomes. For example, the severity of alcohol dependency questionnaire and the treatment outcomes profile. They also participated in clinical audit, benchmarking and quality improvement initiatives. We saw that the service was performing better than the Public Health England (PHE) average across a variety of measures. For example, the service performed 1% higher in opiate treatment completions than PHE average and 5% higher in alcohol treatment completions. The service was also performing better on their treatment completion rates than other Change Grow Live services nationwide.

Skilled staff to deliver care

- The teams included or had access to the full range of specialists required to meet the needs of clients under their care, either within the team or by referring to other services as required. Managers made sure that staff had the range of skills needed to provide high quality care through additional, service specific training such as training on physical health conditions to help staff meet the needs of aging clients. Managers provided an induction programme for new staff.
- Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. In July 2019, 87% had received supervision and those that had not had sessions booked. Staff were able to discuss their teams five riskiest clients in their weekly team meeting and could discuss any clients that had missed appointments in their daily 'flash' meetings.
- The service reported that 83% of eligible staff (excluding those in their first year of employment with the service) had received an appraisal. We reviewed an example of an appraisal and saw that it was guided by the providers values and included opportunities for staff to set goals for their career development.
- Managers felt able to address poor staff performance and could access support from the providers human resources team.

Multi-disciplinary and inter-agency team work

- Staff from different disciplines worked together as a team to benefit clients. The team included non-registered staff, registered nurses and psychiatrists. They supported each other to make sure clients had no gaps in their care. Staff met weekly as a team to discuss clients who were most at risk, and also to pass on learning from incidents and complaints and staff attended additional meetings depending on their role. This included meeting with staff from other change grow live services to ensure learning was shared.
- The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation, including with local mental health teams, the police, and the local

Community-based substance misuse services

safeguarding authority. We saw examples of close working with local services to help provide robust care for homeless clients, as well as engagement work with local colleges.

Adherence to the MHA and the MHA Code of Practice

- The service was not registered to accept clients detained under the Mental Health Act. Staff knew who to contact if they were concerned about a client's mental health.

Good practice in applying the MCA

- Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired. We saw in the 18 records that we reviewed that staff had sought clients consent to treatment appropriately.

Are community-based substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment. Staff we spoke with had a good knowledge of local services that could benefit clients and supported them to access these resources.
- Clients that we spoke with were very positive about the service they received, and we saw that the service had collected a lot positive feedback from clients that had completed treatment with them. They said staff were supportive, non-judgemental and had helped them turn their life around.
- There was clear guidance for staff on how to keep client's data confidential and staff ensured they followed this guidance.

Involvement in care

- Staff involved clients in care planning and risk assessment and actively sought their feedback on the

quality of care provided. They ensured that clients had easy access to additional support available. This included mutual support groups and an online tool that highlighted community resources.

- The service in Cheltenham had received a charitable donation from a local church and staff had sought client's views on how best to use the donation. This had led to improvements in the outdoor space at the service and providing access to an informal drop in area for clients to use.
- Staff informed and involved families and carers appropriately. There was information on display in all of the bases on how clients and their carers could pass on feedback to the service and on how to make complaints. The service also ran a fortnightly carers and family group for relatives and carers to discuss how they could be better supported and offer them the chance for feedback.
- People that volunteered at the service (many were previous clients) were included on recruitment panels for new staff and there was a county wide process for including clients in service development. For example, in changing the timings of the groups, and seeking feedback on how to improve access to the service.

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

Good 

Access and discharge

- The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.
- On average, the service saw 95% of people within their 90 day target, and across the Gloucestershire services they saw on average 70% of people within 30 days. The provider was recruiting additional staff to meet their vacancies in order to improve these figures.
- Staff ran welcome groups twice a week. These helped new clients get a rapid first appointment where they could discuss their goals for treatment and what the

Community-based substance misuse services

service could offer, as well as setting preliminary care plans and help staff make initial risk assessments. Following this meeting, a member of staff would arrange to complete a more thorough assessment.

- Clients could self-refer or be referred by a healthcare professional. Their care was funded by local care commissioners. If clients missed appointments, staff followed a robust policy on how to re-engage them and discussed any missed appointments in their daily morning 'flash' meeting. Clients said that their appointments were rarely cancelled, but that staff would re-arrange and apologise if they were.
- The service operated between main working hours of 9-5, Monday- Friday (bar Wednesday where it was open 1-5pm). Staff held some out of hours groups for clients that could not easily access treatment in working hours.

The facilities promote recovery, comfort, dignity and confidentiality

- The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity. All the sites we visited had disabled access and had adapted facilities for clients who required disabled access.
- Staff ensured that there was a variety of information leaflet available for clients in waiting areas. This included information about harm reduction and how to make a complaint.
- Staff at the Cheltenham hub had received charitable funding to improve a communal area at their base and this had been used to help create a meeting space for clients. Staff had gathered feedback from clients on how best to spend the money and had included them in the improvements.

Clients' engagement with the wider community

- Staff supported clients with activities outside the service, such as work, education and family relationships. These included signposting to community resources such as hobby groups, as well as peer support groups such as alcoholics anonymous.

Meeting the needs of all people who use the service

- The service met the needs of all clients, including those with a protected characteristic or with communication support needs. The service had outreach workers that

worked in partnership with local homelessness charities, as well as working with sex workers in the local area. The service regularly attended a local Pride event to offer advice and signposting.

Listening to and learning from concerns and complaints

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service. The service reported four complaints in the year before this inspection, three of which were upheld and 20 compliments.

Are community-based substance misuse services well-led?

Good 

Leadership

- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for clients and staff.

Vision and strategy

- Staff knew and understood the provider's vision and values and how they were applied to the work of their team. The provider (Change, Grow, Live) had sought client and staff feedback on developing their values and staff felt they aligned with their work. Staff said they felt included in the development of the service.

Culture

- Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.
- The provider had an employee assistance service for staff who needed extra support and staff were encouraged to take a 'wellbeing hour' each week at work. This hour could be used by staff as they wished to improve their wellbeing and some staff told us they had used it to organise a yoga session.

Governance

Community-based substance misuse services

- Staff participated in clinical audits and audited the service's performance. In the most part, we saw that the outcome of these audits led to effective action plans to address any points that needed improvement. For example, in auditing medicine errors and liaising with their pharmacy provider and the processes to review and learn from incidents.
- We saw that staff analysed their performance against their commissioning targets, as well as their clinical outcomes. They had access to timely performance data that compared their service's clinical outcomes with other services ran by the same provider, as well as against the Public Health England (PHE) average. We saw that in July 2019, the service was performing better than the PHE average on completion rates for clients, as well as performing better with clients who re-presented with an opiate addiction. The service was also performing better than the average performance in other services provided by the provider (Change, Grow, Live).
- Staff were auditing the percentages of clients who were using substances on top of their prescribed alternative. They were developing training packages and identifying the steps they needed to take to reduce the number of clients using on top of their prescription and thus reduce the risks associated with that.

Management of risk, issues and performance

- Teams had access to the information they needed to provide safe and effective care and used that information to good effect. We saw that the service had a risk register, and had action points to address the concerns raised on it.
- Managers and staff worked together to ensure that cost improvements did not compromise client's care or service delivery.
- There were plans in place for emergencies such as severe weather or staff sickness to ensure client's care was not effected.

Information management

- Staff collected and analysed data about outcomes and performance.
- Staff that worked in the community had access to tablet computers to ensure they could take secure notes while out in the community.

- There was enough guidance for staff to follow when making notifications to external bodies, and we saw that they were following these procedures well.

Engagement

- Managers engaged actively other local health and social care providers to ensure that people with substance misuse problems experienced seamless care.
- Staff had access to their services most recent performance data via a display in their team offices.

Learning, continuous improvement and innovation

- The service was actively participating in local and national projects to improve care for people with substance misuse issues. Locally, they were participating in a multiagency project to provide workers to support clients in 'somewhere safe to stay' houses to help homeless people that were hard to reach and had complex presentations access shelter and move into supported accommodation.
- Staff promoted the use of a national online program called 'Breaking Free Online' as an online therapeutic tool for people with substance misuse issues. They had the second highest use of this tool within their provider nationally.
- The service had hired a virtual recovery worker, who was helping clients access treatment online, including providing sessions via online chat applications. This worker was also involved in developing applications within the larger provider such as an app to allow clients to chat with staff and upload therapeutic tools such as drink diaries, and an app to allow clients to share recovery tips with each other. This service had been identified as a pilot site for when these applications were ready for launch.
- We also saw that staff in the services were committed to helping improve substance misuse access in their local communities. This included providing training for staff at other providers and providing in reach work and community clinics to help clients who found it difficult to access their fixed bases.
- Staff were also piloting the use of single point of contact tests for blood borne viruses. This meant that clients

Community-based substance misuse services

would be able to submit their test and receive an outcome within 15 minutes, as opposed to having to send the tests to a laboratory and waiting up to two weeks for the results.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that all personal alarms are regularly checked.