

Leicestershire Partnership NHS Trust

Substance misuse services

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RT5X1	Leicestershire Partnership NHS Trust, Trust Headquarters, Lakeside House	Leicester Recovery Partnership: Renaissance House	LE1 6TP

This report describes our judgement of the quality of care provided within this core service by Leicestershire Partnership NHS 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 Leicestershire Partnership NHS Trust and these are brought together to inform our overall judgement of Leicestershire Partnership NHS Trust.

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We do not give an overall rating for specialist services. However, we found:

- The service was not safe. There were insufficient systems in place to monitor prescriptions. There were examples of people not being seen within service guidelines whilst receiving large doses of prescribed medication.
- The service was not effective. While they made appropriate assessments and were responsive to changing needs, NICE guidelines were not used to ensure best practice and that multi-agency teams worked well together.
- The service was not well led. There was a clear vision for the service which staff understood. However there were significant problems with key areas of governance in relation to the management of prescriptions.

However:

- The service was caring. Staff interacted with people in a positive way and were person centred in their approach.
- The service was recovery focused and had developed pathways with other agencies to build on recovery capital for people who used the service. People felt they had benefited from the service and told us how caring staff were.
- The service was responsive. The opening hours were flexible to accommodate the needs of the people who use services and there was protected time within the open access services to assess people who were referred to treatment.
- The work in neighbourhoods reduced travel for people and reduced barriers for people to gain support.

Summary of findings

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

Are services safe?

- The service lacked any system to monitor and manage prescriptions within the service. This meant there was a risk that prescriptions could be lost or stolen from the service.
- Prescriptions were not securely locked away overnight and were stored in an open office.
- Staff also took prescriptions home overnight so to allow easier travel to neighbourhood services.
- There was emergency resuscitation equipment on site, although this had not been regularly checked and was dirty. We asked Leicestershire Partnership NHS Trust to address this issue.

However:

- The main hub that was the base for the service had enough rooms for people to be seen in. These were clean and displayed harm reduction advice posters and information on other services.
- There were enough staff to provide a safe service.
- Fire evacuation notices were displayed and fire extinguishers had been checked.
- Staff understood their responsibility to report incidents and the process for this. There was evidence of some learning from incidents and changes to the way people worked as a result of this.
- Staff had a clear understanding of safeguarding children and vulnerable adult's policy and procedures.

Are services effective?

- NICE guidance was not always followed with regard to physical health monitoring and prescribing best practise.
- People's consent was not reviewed formally unless people who used the service requested it to be changed.
- The service was under performing with regards to positive outcomes for people. This meant that fewer people were completing treatment in a planned way than expected by the services contractual targets.

However:

- Clinical staff made a comprehensive assessment of individual needs. The care plans were holistic and looked at a wide variety of ways to support people.

Summary of findings

- Multi-agency relationships had been established to work together in supporting people.

Are services caring?

- Staff were kind and respectful to people and recognised individual need.
- Each person had an allocated worker that was responsible for supporting them.
- Staff managed confidentiality very well in busy areas such as the reception area. This included maintaining confidentiality around incoming phone calls.
- Staff spoke about people who use the services with compassion and respect.
- Through the partnership working with Phoenix Futures and Reaching People, staff provided referral to additional support.
- People told us that the shared facilities provided a safe environment for people to come to as and when they felt they needed support.

Are services responsive to people's needs?

- The service had implemented a protected assessment slot in open access and neighbourhood teams to increase opportunities for people to engage.
- The service opened at appropriate times and included late nights and weekends. This means people were able to access help at a variety of times.
- The service worked in partnership with Phoenix Futures and Reaching People to provide a wide range of different treatments and care.
- People could access psycho-social support and counselling as well as practical support.
- The service responded to feedback by displaying a 'you said...we did' board.
- The service had established neighbourhood teams. This meant that people did not have to travel far to receive support.

However:

- The service did not consistently meet its target for waiting times. This means that during January and February 2015 people had to wait longer than three weeks to access the service.

Summary of findings

Are services well-led?

- There were significant problems with the governance relating to managing prescriptions safely within the service.
- The local management team lacked understanding about how many complaints had been addressed by the service.

However:

- Staff felt listened to and supported by management.
- Morale amongst staff members was good.
- The three organisations working as the LRP partnership had embedded together to work towards a fully integrated treatment service.
- The service was working towards improving quality with a variety of current action plans in place.

Summary of findings

Information about the service

The substance misuse service covers community based drug and alcohol treatment in Leicestershire. The trust delivered the assessment, substitute prescribing and alcohol community detoxification elements of the service, as well as some group work and psychosocial work.

This was carried out through a partnership arrangement with Phoenix Futures and Reaching People. The integrated service provided access to a full range of medical, psychological and social treatments from the centre, Renaissance House and also within local neighbourhoods.

The service was delivered by a multi-disciplinary team and adopted a neighbourhood approach. This meant that people who used services were seen in their local area. This reduced travel for people and reduced barriers to people seeking support.

The service provided support to adults from a base at Renaissance House. Following initial assessment and stabilisation, people would then be seen in neighbourhood areas throughout Leicester.

Our inspection team

Our inspection team was led by:

Chair: Dr Peter Jarrett

Team Leader: Julie Meikle - Head of Hospital Inspection (mental health) CQC

Inspection Managers: Lyn Critchley and Yin Naing

The team included CQC managers, inspection managers, inspectors, mental health act reviewers and support staff and a variety of specialist and experts by experience that had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team that inspected the substance misuse service consisted of four people: one CQC inspector, an expert by experience that had experience of using a similar service and two registered nurses that were also qualified non-medical prescribers.

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

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

- Is it well-led?

During the inspection visit, the inspection team:

- Observed how staff were caring for people.
- Looked at the quality of the environment.
- Visited the centre where groups were delivered to people who use services and the main office.

Summary of findings

- Spoke with 12 people who were using the service.
- Observed an operational managers meeting to understand the visions and values of the management team and to observe how operational issues were being addressed.
- Interviewed the acting services manager. Spoke with five other staff members, including nurses and enhanced recovery practitioners.
- Spoke with four members of staff from the partnership to understand the working relationship within the integrated service that is provided by Leicestershire Partnership NHS Trust, Phoenix Futures and Reaching People.
- Observed a local safeguarding meeting where high risk cases were discussed.
- Observed clinical review appointments with the prescriber and people who use the service.

We also:

- Looked at 12 assessment and treatment records.
- Looked at five staff files.
- Looked at a range of policies, procedures and other documents relating to how the service should be run.

What people who use the provider's services say

- We collected feedback from people using the comment cards provided by the Care Quality Commission.
- We spoke with people who used the services provided by this trust through individual interviews
- People said they were given lots of information when they started treatment. This included information on Narcotics Anonymous (NA).
- Some people told us that they had been told about all the options available to them to support their recovery. This included group work, healthcare services and mental health services.
- Some people felt that the group work sessions should be advertised more frequently and more people should be encouraged to attend.
- People told us that there was often a lack of response when complaints and suggestions about the service were made.
- Some people felt some of the rules were unfair, particularly the rule about being late for appointments. They felt the same rule should be applied to staff and doctors running late.
- People told us that, at times, the service felt like a prescription collection service and that there was a lack of structured work to get involved with.
- The family and friends test showed that 98% of people would be happy to refer family and friends to the service.

Good practice

No good practice to note.

Areas for improvement

Action the provider MUST take to improve

- The trust must review its systems for storing records, including the management of prescriptions and controlled stationery.
- The trust must ensure that a patient group directive (PGD) is in place for the dispensing of the medication Naloxone as a take home dose.
- The trust must review physical health monitoring and prescribing practise in line with NICE guidance.
- The trust must ensure that people receiving substitute medication for opiate dependence are seen regularly and reviewed by a prescriber.

Summary of findings

Action the provider SHOULD take to improve

- The trust should ensure that people's consent is reviewed regularly to ensure any changes are captured in a timely way.
- The trust should have systems and audits in place to consistently monitor the key areas that require improvement to ensure continued adherence by staff.

Leicestershire Partnership NHS Trust

Substance misuse services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)

Leicester Recovery Partnership

Name of CQC registered location

Leicestershire Partnership NHS Trust, Trust Headquarters, Lakeside House

Mental Health Act responsibilities

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

We did not monitor responsibilities under the Mental Health Act (MHA) within this core service as during our inspection none of the people were detained.

Staff contacted the Mental Health Act administrative team if they needed specific guidance about their roles and responsibilities under the Mental Health Act.

When required staff could contact the Approved Mental Health Professionals (AMHP) service to co-ordinate assessments under the Mental Health Act 1983.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were up to date with their Mental Capacity Act 2005 training.
- People's liberty was not deprived. This means that the services did not place restrictions on people that affected their liberty.
- Staff were able to describe how they assess the impact of substance misuse on people's capacity to consent to treatment.

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

Summary of findings

- The service lacked any system to monitor and manage prescriptions within the service. This meant there was a risk that prescriptions could be lost or stolen from the service.
- Prescriptions were not securely locked away overnight and were stored in an open office.
- Staff also took prescriptions home overnight so to allow easier travel to neighbourhood services.
- There was emergency resuscitation equipment on site, although this had not been regularly checked and was dirty. We asked Leicestershire Partnership NHS Trust to address this issue.

However:

- The main hub that was the base for the service had enough rooms for people to be seen in. These were clean and displayed harm reduction advice posters and information on other services.
- There were enough staff to provide a safe service.
- Fire evacuation notices were displayed and fire extinguishers had been checked.
- Staff understood their responsibility to report incidents and the process for this. There was evidence of some learning from incidents and changes to the way people worked as a result of this.
- Staff had a clear understanding of safeguarding children and vulnerable adult's policy and procedures.

- The clinic rooms had emergency resuscitation equipment which was not routinely checked in line with trust policy.
- There was intermittent monitoring of physical healthcare such as blood pressure when people who use the service were in receipt of alcohol detoxification medication that is consumed at home. This is against NICE guidance.
- There was noradrenaline medication on site as the service provides blood borne virus immunisations. However this was taken off site by the nurse when vaccinations were being completed in the neighbourhood areas. This meant that there were times when there was no noradrenaline available at the main office in Renaissance House.
- There was a prescribing standard operating procedure in place. This detailed arrangements for supervision and instalment dispensing of methadone, buprenorphine and benzodiazepines medication. This was in line with the drug misuse and dependence UK guidelines for clinical management (2007).
- The standard operating procedure also detailed cases where prescribing may take place outside of guidelines if it was in the interest of the person. Staff told us this would be discussed with the consultant and reviewed via the multi-disciplinary team. This meant the individual's needs could be considered whilst prescribing medication safely.
- These decisions should have been documented in the person's notes and the weekly clinical meeting minutes but this was not found to be consistent. This means the monitoring of these cases was not always robust and could compromise a person's safety and treatment. We saw an example where the individual was in receipt of high doses of medication and had not been reviewed with staff in person since July 2013.
- The building used had a suitable number of rooms that could be used for seeing people who use the service. There were rooms for group sessions and individual sessions. The corridors at Renaissance House were clean and free of clutter.

Our findings

Substance misuse services Renaissance House

Safe environment

- There was a well-equipped clinic room at the site. However some of the equipment was not checked regularly. This means the effectiveness of the equipment may be compromised.
- There were appropriate facilities for the disposal of sharps and clinical waste.

Are services safe?

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

- There were fire extinguishers around both sites which had been checked regularly. There were fire evacuation notices displayed. Staff had completed fire training as part of the mandatory training offered by the trust.
- A signing in system was in place at the centre. This provided a record of who was in the building in the event of an emergency.

Safe staffing

- The staffing arrangements were in line with the service model agreed by the commissioners. There were no vacancies for the trust positions. There were vacancies in the partnership that meant there was a need to fill posts with agency staff. We were told that this was always done quickly to avoid a negative impact on the existing staff and people who use the service.
- The service used the same members of agency staff on a daily basis to provide consistency.
- There was a full time consultant psychiatrist within the service and a team of four non-medical prescribers. This meant there was always access to clinical staff within the service.

Assessing and managing risk to patients and staff

- People felt they were given good information at the beginning of their treatment as to how to reduce risk to themselves in relation to overdose.
- There were signing in and out boards at the site which meant all staff whereabouts was known
- Prescriptions were not stored safely and were kept either in an open office or staff had taken prescriptions home overnight to reduce travel time. This meant that people's information were not stored securely which posed a risk.
- The staff we spoke with were not able to describe how to safely manage the storage and management of controlled stationery.
- There was no system to check the stock of prescriptions at Renaissance House or at neighbourhood locations. This meant the trust was not able to identify if any prescriptions were missing.
- The trust told us that they audited risk assessments in November 2014 and found good levels of completion. However not all treatment records reviewed showed individual risk assessments or a robust risk management plan. This meant that current risk information was not always available for staff to inform individual care and manage risk effectively.

- Assessment information was not always available on the electronic records. It was also not always present in the paper file. This could not be explained when we asked staff. This meant the information relating to a new client was not always available for staff to plan care effectively.
- Naloxone medication was being given to people who use the services as a take home dose. This was being given without a Patient Group Direction (PGD) in place as required by law. PGD's are the legal framework that allows medication to be dispensed to people without the need to see a doctor, without compromising a person's safety.
- The staff we spoke with had completed safeguarding of children and vulnerable adults training. Staff knew how to report safeguarding concerns. Staff were able to describe different types of abuse. There was a staff information board containing all current information relating to reporting concerns and who to contact.
- There were safeguarding meetings weekly that discussed current cases and addressed high risk cases. The meeting set actions to ensure the safe management of these cases.
- There was a team of six enhanced practitioners that managed complex cases and there were also designated safeguarding leads within the team.

Track record on safety

- Investigations had taken place following serious incidents. Lessons learnt were then passed onto the staff team through the meeting structures.
- There had been 22 drug related deaths in the past 12 months that had been reported to commissioners.
- There were 54 incidents reported through the internal incident reporting system over the previous six months. The incidents had been logged on a spreadsheet from July 2014 and actions required were monitored by the management team. This information was also shared with the commissioners of the service.

Reporting incidents and learning from when things go wrong

- Staff told us that they knew how to report incidents. However there was a lack of clarity with two staff as to what should be reported.
- Staff told us that prescriptions have gone missing in the past. This was not seen on the incident spreadsheet. This meant that there were some examples of incidents not being reported by staff.

Are services safe?

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

- The trust worked with the commissioners of the service to complete a root cause analysis when required to investigate serious untoward incidents. This meant an investigation had taken place and the learning was disseminated to the teams through the meeting structures.
- We saw examples of the duty of candour being discussed in team meetings to ensure feedback is given to people who use services and their families in the future.
- Feedback was given to staff in neighbourhood team meetings about the learning from incidents. Feedback was also given individually to staff where appropriate. This was recorded on the incident spreadsheet and on meeting minutes.
- Staff told us that the management team offered de-brief sessions to support them when a serious incident had occurred.

Are services effective?

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.

Summary of findings

- NICE guidance was not always being followed with regard to physical health monitoring and prescribing best practise.
- People's consent is not reviewed formally unless people who use the service request it to be changed.
- The service was under performing with regards to positive outcomes for people.

However:

- Clinical staff made a comprehensive assessment of individual needs. The care plans were holistic and looked at a wide variety of ways to support people.
- Multi-agency relationships had been established to work together in supporting people.

Our findings

Substance misuse services Renaissance House

Assessment of needs and planning of care

- Individual needs were assessed at the beginning of treatment and an initial care plan was created to support those needs. Care records showed that regular reviews were not consistent across all people. Some assessment information was missing from records and there were gaps seen in the assessment paperwork.
- Alcohol detoxification regimes were set at a standard medication regime of 20mg Chlordiazepoxide hydrochloride daily. The alcohol use disorders and identification test and the severity of alcohol dependence questionnaire were not used to determine an individual detoxification regime for people. This means that the dose of the medication may not be appropriate for the level of alcohol dependence.
- Not all of the treatment records we looked at had included an up to date physical healthcare check for people. This means people's physical health was not always assessed and could be a risk if a detoxification was agreed.
- The trust had implemented an electronic records system in July 2014. Staff told us this was causing some issues in finding information which meant that the

paper files often had to be checked. We were told that some risk assessments had disappeared from the electronic system. We made the management team aware of this so that this issue could be addressed.

- The service had a template for care plans to make sure the care plan was holistic and addressed a wide variety of needs, including mental health needs.

Best practice in treatment and care

- NICE guidance was referred to in the prescribing standard operating procedure for the service. However, these guidelines were not always followed where blood pressure monitoring was concerned.
- People who use the service had access to psychological therapies through the trust employed clinical psychologist and through referral to partnership agencies.
- A new group programme was under development at the time of the inspection.
- Not everyone on high doses of methadone medication (100ml and above) had an ECG completed. This was recommended best practice.

Skilled staff to deliver care

- The medical and nursing team included a consultant psychiatrist, a GP and four non-medical prescribers.
- The partnership working with Leicester Recovery Partnership (LRP) enabled people to access numerous other specialities including counselling, employment and education advice and 12 step programmes.
- Neighbourhood team meetings were held on a monthly basis. The whole service, including all members of the partnership, also met on a monthly basis.
- Staff were up to date with mandatory training. There were some core training topics that were rated using a traffic light (red amber green) system as amber on the trusts records and this was being addressed by the managers of the service.
- The staff records showed that staff had received an appraisal. All appraisals were in date and looked at achievements and goals for the future with regards to personal and professional development.
- Staff received supervision which also considered training and development as an agenda item.
- Staff received various forms of supervision. Trust policy indicated that staff should receive supervision four times per year, but staff were able to access increased sessions as and when they required.

Are services effective?

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.

Multi-disciplinary and inter-agency teamwork

- The co-ordination of care was discussed through the weekly multi-disciplinary meetings.
- There were good communication forums for the partnership to discuss issues, such as the partnership board meeting and the operational managers meeting.
- The partnership working with LRP enabled a wide variety of disciplines to be involved in the assessment, planning and delivery of care.
- Neighbourhood work took place in GP surgeries which means staff were able to build relationships with local surgeries.

Good practice in applying the MCA

- 94% of staff had received training on the Mental Capacity Act 2005.
- Consent to share information was obtained from people who use the service only at the start of treatment. An example showed that one person's consent had not been updated since 2011. This means that people's consent was not reviewed regularly to take into account any changes to circumstances.

Are services caring?

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

Summary of findings

- Staff were kind and respectful to people and recognised individual need.
- Each person had an allocated worker that was responsible for supporting them.
- Staff managed confidentiality very well in busy areas such as the reception area. This included maintaining confidentiality around incoming phone calls.
- Staff spoke about people who use the services with compassion and respect.
- Through the partnership working with Phoenix Futures and Reaching People staff provided referral to additional support where required.
- People told us that the shared facilities provided a safe environment for people to come to as and when they felt they needed support.

Our findings

Substance misuse services Renaissance House

Kindness, dignity, respect and compassion

- Staff spoke to people in a compassionate and caring way during our inspection.
- Staff saw people in individual rooms to ensure confidentiality and interventions such as drug screening were carried out in a dignified and private way.
- People said they were treated with dignity and respect when dealing with staff members.

- Staff spoke with enthusiasm and passion for delivering person centred care.
- Trust staff had developed a positive relationship with their partners in LRP in order to be able to better meet patient need.
- This meant that people could access numerous services at one site.

The involvement of people in the care they receive

- People were encouraged to engage with the partnership and there was evidence of service user engagement meetings chaired by the trust employed psychologist.
- The service has developed pathways for patients to become involved in service development through work as peer mentors which enabled people in recovery to have an active role in supporting others.
- People's views on involvement were mixed. Some people felt they were involved in their treatment planning whilst some people felt they were not aware of the next steps.
- People had regular one to one sessions with their keyworker. The frequency of this was assessed on an individual basis.
- Some care plans were written from the perspective of the person using the service. This indicated that people were involved in the planning of their care.
- Patients were able to provide feedback in comments boxes and feedback was given by way of a 'you said...we did' board.
- Advocacy services were available to people who use the services.

Are services responsive to people's needs?

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

Summary of findings

- The service had implemented a protected assessment slot in open access and neighbourhood teams to increase opportunities for people to engage.
- The service opened at appropriate times and included late nights and weekends. This meant people are able to access help at a variety of times.
- The service worked in partnership with Phoenix Futures and Reaching People to provide a wide range of different treatments and care.
- People could access psycho-social support and counselling as well as practical support.
- The service responded to feedback by displaying a 'you said...we did' board.
- The service has established neighbourhood teams. This meant that people do not have to travel far to receive support.

However:

- The service does not consistently meet its target for waiting times. This meant that during some month's people have to wait longer than three weeks to access the service.

Our findings

Access, discharge and transfer

- At the time of our inspection figures showed that 87% of people were waiting three weeks or under from referral to treatment. The provider's contractual target set by commissioners was 90%.
- There were protected appointments in the 'Open Access' service which meant that people could be seen quickly as and when risk required.
- The provider employed two reception staff that were the first point of contact for people entering the service. We observed appropriate response to phone calls coming in to the service and people's confidentiality was maintained.

- The service had a duty system in place. This means that individuals presenting without an appointment or self-referring had quick access to support and an initial assessment. This meant that their needs and risks could be assessed.
- There were late clinics available to people who may not have been able to attend appointments in the daytime.
- Neighbourhood teams were in place to work in local areas outside of the main hub. This meant that people had access to services in their local area and did not have barriers in place to access treatment, such as the cost of public transport.
- The new substance misuse service standard operating procedure included steps to engage people who fail to attend appointments. This was to ensure the safety of people, particularly those who were in receipt of prescribed medication. This procedure was under the final stages of development during the time of inspection. Staff had access to a prescribing standard operating procedure as an interim solution.
- Some people told us that group activities and appointments were cancelled when staff were sick. They told us that they are usually told in advance of this happening where possible.
- Some people expressed concern about the appointment time rule. People felt it was unfair that if they were running late they would not be able to see someone. However, they gave examples of staff running late and there being an expectation that people would wait patiently.

The facilities promote recovery, dignity and confidentiality

- The reception area was well maintained and provided appropriate information for people who use the services. This included harm reduction advice, domestic violence support and blood borne virus information.
- The service provided private and clean toilet facilities for the provision of samples.
- The waiting area had been designed to offer different areas for people waiting for different elements of the service.
- Interview rooms were private and featured a system on the doors that allowed others to know the room was occupied to reduce appointments being interrupted.

Meeting the needs of all the people who use the service

Are services responsive to people's needs?

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

- People from a diverse range of age, gender and sexual orientation spoke with us. They felt their needs were being met. We saw examples of specific diversity being responded to in a holistic way.
- There was a pregnancy protocol in place within the service to ensure that this particular group of people were offered a service that considered the individual and the needs of the unborn child.
- The service had disabled access via a ramp to the reception area. The building also had the use of a lift for anyone accessing the service that was unable to use the stairs.
- There was information available to people in the waiting area and we saw that people were able to access interpreters if required.
- We saw examples of people being supported to attend appointments with other agencies to help support ongoing issues.

Listening to and learning from concerns and complaints

- The trust told us that there were no complaints about the drug and alcohol service in the last six months. However, we saw two examples of complaints being discussed in meetings. One relating to a service user petition and a complaint regarding prescribing. This person was supported to make their complaint by the patient advice and liaison service (PALS).
- Both complaints had been resolved following discussion with the team and there was evidence in the minutes that the person making the complaint had been updated with the outcome.
- The service has received an average score of 98% over the last three months for people who would recommend the service to friends and family to receive help. This information was known as a friends and family test.

Are services well-led?

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.

Summary of findings

- There were significant problems with the governance relating to managing prescriptions safely within the service.
- The local management team lacked understanding about how many complaints had been addressed by the service.

However:

- Staff felt listened to and supported by management.
- Morale amongst staff members was good.
- The three organisations working as the LRP partnership had embedded together to work towards a fully integrated treatment service.
- The service was working towards improving quality with a variety of current action plans in place.

Our findings

Substance misuse services Renaissance House

Vision and Values

- Most staff felt supported by senior management within the trust. Two staff told us that a senior manager visited the service on a monthly basis and took the time to speak with them about their role. However, other staff told us that this was not consistent across all roles within the service.
- At the time of the inspection the service manager was not available and this was also the case with the consultant. This was due to staff absence. However, an interim management structure was in place. This showed the trust had implemented a short term resolution to maintain consistency for the staffing teams. The interim manager demonstrated a clear knowledge of the service and prioritised staff support.

Good governance.

- We found significant problems with the services management of prescriptions. This meant there was significant risk of prescriptions being lost, misplaced or stolen. This had not been reported to trust management as an identified risk.

- A substance misuse standard operating procedure was in the process of being created for the service. This was being created to ensure consistency in line with trust policies.
- Incidents were discussed at the monthly governance meeting and monthly operational managers meeting.
- Learning from incidents was cascaded to teams in neighbourhood meetings. This was documented in the minutes.
- Some audits had been completed within the service including a care plan approach audit and a record keeping audit. The results showed improvements were required in care planning and communication. A full team meeting was arranged for staff to be trained in this area and an attendance register was completed.
- Minutes of the monthly clinical governance meeting were seen. This meeting had been in place for three months.
- The management team were not able to provide us with complaints information however there was evidence of complaints discussed in team meeting minutes.

Leadership, morale and staff engagement

- Staff did not raise any issues with the support they received from the management team.
- Staff told us that there had been some issues within the partnership at the beginning of the contract but that this had been resolved through meetings.
- Staff knew how to access the whistleblowing procedure if required.
- There were opportunities for further development and leadership development through the performance development framework in place.

Commitment to quality improvement and innovation

- We saw evidence of task and finish groups being created. Staff and managers were allocated specific actions to work on as a group relating to the development of the service. This meant that staff and managers had a responsibility for supporting the development of the service.
- We saw five action plans in place for the service. These were in place following audits of the quality of the service by commissioners and internal audits completed by the provider. The action plans required

Are services well-led?

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.

improvements in the quality and effectiveness of the service. The management and staff were aware of the plans and were working towards completing all of the actions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA 2008 (Regulated Activities)
Regulations 2010 Management of medicines

Regulation 13 HSCA 2008 (Regulated activities) Regulations 2010

Management of medicines

The provider did not protect patients against the risks associated with the unsafe management of medicines.

- Arrangements for medication management were not robust.
- The trust had not ensured effective systems for storing records, including the management of prescriptions and controlled stationery.
- The trust had not ensured that a patient group directive (PGD) was in place for the dispensing of the medication Naloxone as a take home dose.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 now Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA 2008 (Regulated Activities)
Regulations 2010 Care and welfare of people who use services

Regulations 9 HSCA 2008 (Regulated activities) Regulations 2010

Care and welfare of service users

People were not being protected against the risks of receiving care or treatment that is inappropriate or unsafe by means of planning and delivering care to meet individual service user's needs.

This section is primarily information for the provider

Requirement notices

- Physical health monitoring and prescribing practise was not in line with NICE guidance.
- People receiving substitute medication for opiate dependence were not seen regularly and reviewed by a prescriber.

This was a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 now Regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA 2008 (Regulated Activities)
Regulations 2010 Care and welfare of people who use services

Regulations 9 HSCA 2008 (Regulated activities) Regulations 2010

Care and welfare of service users

People were not being protected against the risks of receiving care or treatment that is inappropriate or unsafe.

- Not all patients within the substance misuse services had a risk assessment in place.
- Not all risk assessments and care plans were updated consistently in line with changes to patients' needs or risks.

This was a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 now Regulations 9 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.