

Addaction - Weston Super Mare

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The comments and feedback from the service's clients, partners and commissioners was excellent. Clients told us that Addaction staff were very welcoming, caring and non-judgmental. If clients' treatment pathway was not working, the service had several different options. For example, a client told us they were provided alternative rehabilitation pathways, one to one and plan by the next day. Clients also told us that to aid their recovery and reduce their risk of relapse staff had taken the client to social meetings external to the service in their own time. The service had received 182 compliments from their clients.
- Staff and managers at Addaction Weston Super Mare were skilled, trained and experienced in delivering substance misuse care and treatment. The service had a good mix of staff in its multi-disciplinary team including psychiatrist, non-medical prescribers, psychologists, substance misuse staff and volunteers. The service was providing an excellent range of non-mandatory training for staff and volunteers to aid clients' recovery for example cognitive behaviour analysis. The service's psychiatrist provided bespoke training packages to support those with a mental health and addiction diagnosis.
- The service's multi-disciplinary team had a good understanding of clients' risks. They had a robust process for assessing risk, reviewing high risk clients and clients who were disengaging with the service.
- The service was learning and monitoring from incidents, trends and complaints. We saw examples of the service was a listening, learning and adapting their practices to improve the service.. The service had reviewed it relapse rates for women, which were higher than mens' and had started a 'WAGs' (women only) recovery group.
- All care plans were up to date. The service was updating the care plans to a new format. Three of the four care plans reviewed were in the old format. The three old style plans seen were recovery orientated. However they are written in the third person and not always holistic. The new care plans were designed to be recovery focussed, holistic and reflected the patients voice and involvement. Clients told us they really liked the new recovery plans. .

Summary of findings

- The service prescribed medicine following 'Drug misuse and dependence: UK guidelines of clinical management' (2007) and National Institute for Health and Care Excellence (NICE) guidelines. Psychological therapies clients received also followed these guidelines.
 - The service was engaging with community and partners. Clients told us the service was easy to access. There was very good multiagency working. The service worked closely with other agencies, for example GPs, to ensure they addressed and identified individual needs. They also worked closely with partners in the community; offering other services, such as training, free food and advice with housing.
 - Staff told us that managers were supportive and good leaders. The morale in the staff team was very high; there were no vacancies, low turnover and low levels of sickness. The management team provided excellent oversight supported by robust governance systems at local and national level.
- However, we also found the following issues that the service provider needs to improve:
- Care records were being held on two systems, paper and electronic. Although an internal audit had identified the need to merge the systems in 2015 this work had not yet been completed fully.

Summary of findings

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Addaction - Weston Super Mare

Services we looked at

Substance misuse services

Summary of this inspection

Background to Addaction - Weston Super Mare

The organisation Addaction has 52 services nationally registered with the Care Quality Commission (CQC). Addaction-Weston-Super-Mare (WSM) is an open access integrated community-based drug and alcohol treatment service.

The CQC registered Addaction WSM in 2012 for the treatment of disease, disorder or injury and for diagnostic and screening procedures. Addaction WSM has a registered manager at this location, 35 Boulevard. Services are also delivered from 38 Boulevard as well as outreach clinics in regional GP centres.

The services are commissioned by North Somerset Community Safety and Drug Action Team. They offer clinical and non-clinical treatment and support to people over the age of 18 with drug and/or alcohol problems in the community. This involves work with criminal justice intervention teams and a needle exchange. They also

offer support to carers and family members. The service was split into six teams (five clinical); assessment and engagement team, recovery and reintegration team, recovery and families' team, nurse and clinician team and criminal justice team.

Referrals are accepted from all sources including self-referral. The majority clients self-refer to the service.

CQC had previously inspected the service in July 2013. At the time we found that the service was meeting all the requirements against the following standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Supporting workers
- Assessing and monitoring the quality of service provision
- Complaints

Our inspection team

Our inspection team was led by Ceri Morris-Williams, Inspection Manager (Mental Health), Care Quality Commission

The team that inspected Addaction WSM comprised of one CQC head of inspection and an inspection manager. A CQC pharmacist provided support remotely for this inspection.

CQC pharmacy provided support remotely for this inspection.

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 understand the experience of people who use services, we ask the following five questions about every service:

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

- visited both sites at this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with seven clients
- spoke with the lead nurse and volunteer manager
- spoke with five other staff members employed by the service provider, including psychiatrist, nurses and support workers
- received feedback about the service from its commissioner
- received feedback from an advocacy service
- spoke with three peer support volunteers
- attended and observed a group session
- observed a client one to one session conducted by the doctor
- collected feedback using comment cards from 29 clients
- looked at four care and treatment records, including medicines records, for clients
- looked at seven staff records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

- We spoke to seven clients who told us the service was excellent, safe, responsive and holistic.
- Clients were also very positive about staff; they felt that they were non-judgemental, professional and very caring.
- We reviewed the 29 client feedback cards, all of the feedback was very positive about Addaction WSM's impact on their health and recovery.
- Between October 2015 and October 2016 the service had received 182 compliments.

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 do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The environment was clean, warm and safe.
- Comprehensive risk assessments were in place for the clients reviewed.
- The service was monitoring and learning from any incidents reported.
- Medical and non-medical prescribers followed safe procedures and monitored prescriptions regularly in line with national guidance. Staff stored blank prescriptions safely.
- The service did not have any vacancies; they had 47 staff split over six teams and 30 volunteers.
- The service had good levels of adherence to mandatory training course targets.

Are services effective?

We found the following areas of good practice:

- Staff received additional training in the delivery substance misuse recovery.
- There was a good mix of the different staffing disciplines working in the multi-disciplinary team including nurses, doctors and psychologists.
- Care plans were up to date and recovery orientated. Client records contained holistic comprehensive assessments and information.
- Managers carried out regular supervisions and appraisals.
- Staff supported clients in line with 'Drug misuse and dependence: UK guidelines on clinical management (2007)' and appropriate National Institute of Health and Care Excellence (NICE) guidelines.

However, we also found the following issues that the service provider needs to improve:

- Care records were being held on two systems, paper and electronic. Although an internal audit had identified the need to merge the systems in 2015 this work had not yet been completed fully.

Are services caring?

We do not currently rate standalone substance misuse services.

Summary of this inspection

We found the following areas of good practice:

- We received excellent feedback from clients about the service. Staff were caring, supportive and non-judgemental.
- We observed or were told of several examples of the service and its staff supporting the clients social and recovery needs. For example, supporting and developing clients' confidence outside of Addaction and providing excellent education opportunities for clients.
- Clients told us they received regular one-to-one sessions were they were involved in planning their rehabilitation.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients told us that the service was very accessible. Clients also told us that they could access a different part of the service Addaction provided easily if they were unsuccessful within their current recovery pathway. For example a member of staff would immediately have a different recovery pathway to ensure their engagement.
- The service was responsive to the different needs of its clients for example they provided a women's only group, a group for clients with families and support group for carers and families.
- The service used lots of different media to communicate with patients including text messages, twitter and Facebook. They could also access their electronic care system via their phones to update and share care plans while with clients.
- Complaints were investigated and lessons were learnt. The findings from complaints were shared to improve the service. The service received 182 compliments.
- The service opened outside of the hours 9-5pm. It provided groups to support families and those who work.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All staff told us that the leadership provided regionally and locally was excellent. Morale at the service was high, staff felt supported.
- The service used audits to improve its service.

Summary of this inspection

- We found evidence of the service adjusting and evaluating itself to improve services including the ongoing project with Weston General Hospital to keep clients engaged and to identify clients who needed support earlier and gaining International organisation for standardisation (ISO) award. .

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- The service provided staff with training on the Mental Capacity Act.
- Staff we spoke with had a good knowledge of how substances could affect mental capacity, and how this could trigger issues around consent or treatment.
- We saw clear examples of when and how staff discussed mental capacity during our inspection.

Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse services safe?

Safe and clean environment

- The main services were delivered over two main sites. The main location, 35 Boulevard was made up of the clinic room, group rooms, doctor's room, training/IT suite and staff offices. Clients could either access via the reception on the first floor or via an intercom system on the ground floor.
- The clinic room had the necessary equipment and privacy to carry out physical examinations and carry out vaccinations. The clinic rooms all contained privacy screens, and stainless steel trolley for infection control, handwashing sink and personal protective equipment. Refrigerators held a stock of Hepatitis B injections and adrenaline in the event of an anaphylactic reaction following immunisation for Hepatitis B. However, the refrigerator did not have a lock. There were also stocks of naloxone (used to treat an opiate overdose in an emergency).
- Staff monitored the temperature of the fridge used to store medicines. Prescription pads were kept in a locked safe, behind a key pad controlled door. There was a system for monitoring prescription pads being issued and an audit process to review.
- There were numerous accessible rooms to see clients at 38 Boulevard. Existing and new clients could drop-in to access the service. The service's duty system was usually operated from this location and initial assessments were carried out in interview room in the reception.
- The service was clean and well maintained. Some areas of the building were well worn and the décor would benefit from refurbishment. However it was warm and welcoming.

- All locations had a well-stocked needle exchange in line with National Institute for Health and Care Excellence guidelines (NICE52) needle and syringe programmes.
- The service had a lone working policy. Additionally, the criminal justice team took further precautions as they regularly visited clients in their own homes. For example for home visits they carried out a risk assessment, checked with the police if the client presented any additional risks and clocked in and out with the police.

Safe staffing

- The service did not have any vacancies, it currently had 47 staff split over six teams, including four non-medical prescribers. The service has a psychiatrist for 1.5 days a week and a psychologist for 1.5 days a week. The service did not use agency staff. Clients' told us that the service was able to offer appointments at very short notice and none had experienced a cancelled appointment or group.
- Staff caseloads varied due to their role. The average case load was 35. These were managed through staff supervision. However, some teams and managers had a very small caseload of high risk clients. For example, staff from the children and families' team had a case load on average of seven and a manager had a small case load of around six.
- The service had a criminal justice team who worked with the police, prisons and probation service to provide substance misuse support to adult offenders.
- The service had 30 volunteers with a variety of backgrounds. We observed how staff and volunteers worked well together to deliver groups. The volunteers offered other support with the service's social media, such as twitter and Facebook. Several volunteers were trained counsellors. The service also had mentors to buddy clients, their roles were clearly defined.

Substance misuse services

- Managers completed the Disclosure and Barring Service (DBS) process, which is a check that identifies a conviction or a caution..The service held the details electronically in a central location. We looked at staff files, which identified DBS numbers and saw any staff with a positive DBS would have a well-monitored risk assessment.
- The service used an electronic information technology (IT) system to record mandatory training. The local managers used a spreadsheet to review progress with training. Training files were well kept. Addaction headquarters' learning and development team kept an overview and sent reminders for staff to carry out mandatory training. We reviewed four staff's electronic records; they were all up to date with their mandatory training.

Assessing and managing risk to clients and staff

- Addaction WSM has a comprehensive assessment process in place for new clients. All the initial assessments seen were detailed. Any high risk clients' assessments had to be signed off by a manager to 'consider immediate actions'. Clients completed confidentially and consent for treatment on admission. Staff completed screening tools to monitor clients including an alcohol 'AUDIT' tool and the Severity of Alcohol Dependency Questionnaire (SADQ).
- The service has weekly management meetings where complex clients' risks were reviewed by the management team. Only one of the four risk assessments was not up to date, it had not been updated following two incidents involving the client. This was raised with the clinical lead during the inspection.
- The service was in the process of changing its risk assessment plans. Three of the four we reviewed were in the old format. Staff and clients told us they preferred the new assessments.
- Staff completed audits of medicine errors and we saw an example where medicine errors had been discussed in supervision and extra training had been provided.

Track record on safety

- The service had two direct notifications to CQC since October 2015, both reported as 'police incidents' in the September 2016. Investigations had been carried out

into the notified incidents, one was still open. We tracked one of the incidents and found that the service's Naloxone training programme, Naloxone is a drug used to block the effects of opiates and used to treat an overdose in an emergency situation, had been essential to the clients' survival.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and what was considered an incident. The incidents were reported via the Ulysses IT system. The service manager reported incidents into the organisations clinical governance groups. This group analysed, investigated and reviewed incidents on a monthly basis. Organisational learning was disseminated to the service reporting the incident and nationally. The registered manager also had a local system for monitoring incidents. Two incidents reviewed were investigated and lessons learned were acted upon. Locally the management team reviewed incidents weekly. Staff told us they were well supported if needed after an incident.

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 patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff and manager we spoke to told us they were aware of the principles of Duty of Candour and how to apply following an incident.

Are substance misuse services effective? (for example, treatment is effective)

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- All care plans seen were up to date. The service was updating the care plans to a new format; three of the four care plans reviewed were in the old format. The three old style plans seen were recovery orientated. However they were written in the third person and not

Substance misuse services

always holistic. The new care plans were designed to be recovery focussed, holistic and reflective of the patients' voice and involvement. Clients told us they really liked the new care plans.

- The service had a policy of updating care plans to the new format at the next 12 week review. We found that this had not occurred in at least one client's plan. However, this was discussed and responded to at the time.
- The service had introduced and uploaded files onto its new IT system. Despite running on two systems the plans were not difficult to navigate. They had also introduced an application version 'app' of the new IT system that staff could access while in the community. This had been raised in the December 2015 internal audit report, stating, 'there were examples of the paperwork not corresponding with the electronic database and the current system in place does not appear fit for purpose'.

Best practice in treatment and care

- Staff audited the service, including random deep dives of case notes and shadowing each other. Currently the service's psychologist was running a pilot project with Weston General Hospital to try identify new clients within the acute trust earlier, to prevent client from disengaging with their recovery or to re-engage client on their recovery pathway.
- The provider had a good relationship with the local GPs surgery. The GPs had overall responsibility for managing all of the clients' physical health needs.
- Staff supported clients in line with 'Drug misuse and dependence: UK guidelines on clinical management (2007)' and appropriate National Institute of Health and Care Excellence (NICE) guidelines.
- Clients were encouraged to attend naloxone training provided by Addaction. Naloxone is a drug used to block the effects of opiates and used to treat an overdose in an emergency situation. Training in its use is provided to clients and families of those who use drugs to enable them to respond in an overdose situation.
- Addaction WSM told us they had had a large reduction in clients completing Hepatitis B vaccination. This was down from 40% between January and March 2016 to 9% between April and June 2016. However, we found

evidence of discussions regarding and offers of blood born virus screening in all new assessments seen. The service also had an action plan to address these changes in uptake. The action plan had resulted in increased numbers of clients completing Hepatitis B vaccinations and the service were now in line with national average of 32%. There were a higher percentage of patients already vaccinated at the service 33% compared to national average of 15%. The service also offered smoking cessation packages to clients.

Skilled staff to deliver care

- Addaction had a six month probationary period for all staff with an induction period completed within 12-18 months. Staff records reviewed held copies of the induction training records and probationary paperwork.
- Staff had the required skills and experience to provide effective treatment. All staff were trained in a substance misuse based recovery 'gateway qualification'. Along with specialist training to carry out other roles for example 'needle exchange' and 'naloxone' training.
- All staff were trained in safeguarding adults and children to level 3 by Addaction.
- Staff could also access additional skills training pertinent to their role. For example, two day cognitive behaviour approach training, motivational interviewing training and numerous examples of training sessions from the psychiatrist on suicide and risk and clinical formulation.
- Training records for non-mandatory training were kept on an spreadsheet and personnel files. Volunteers training records were kept centrally.
- All staff received supervision and annual appraisals. The volunteers were also allocated a mentor and received monthly supervision. Staff described the system as positive and supportive. Managers had received training to deliver psycho-social intervention (PSI) supervision.

Multidisciplinary and inter-agency team work

- The service had excellent relationships with its commissioners and partners. The service commissioner was very happy with the service's relationships with partners and others in the local substance treatment community.

Substance misuse services

- The provider had very good relationships with the local GPs surgeries, 100% of GPs were signed up to a shared care protocol. Shared care is an agreement between a specialist provider, Addaction and others for managing the prescribing of medicines. Addaction WSM's psychiatrist attended GPs for shared-care clinical appointments. The service also offered shared care clinics across North Somerset.
- The provider also had very good relationships with the local pharmacies, 99% of pharmacies were signed up to a shared care agreements.
- Due to the criminal justice intervention team, the service has regular contact with Avon and Somerset Police as well as probation, crown court and prisons.
- The service also has a wide variety of other partners offering various services to support clients' addiction and social needs. These were all captured in the service's plan called the 'partnership map'. For example, Citizen's Advice Bureau had drop-in sessions at Addaction WSM and hepatology offered fortnightly hepatitis C services for their clients. They were working with partners on social housing, domestic abuse and employment groups.
- The service had positive relationships with local care providers and supports some local residential rehabilitation service with treatment and prescribing.

Adherence to the Mental Health Act

- Any clients with mental health needs were assessed by their GPs. However, high risk clients with dual diagnosis were reviewed by the services' psychiatrist.
- There were a number of non-mandatory mental health training sessions available to staff.
- The service did not accept clients' detained under the Mental Health Act.

Good practice in applying the Mental Capacity Act

- The service provided staff with training on the Mental Capacity Act and its implications for those accessing the services.

- Staff we spoke with had a good knowledge of how substances could affect mental capacity, and how this could trigger issues around consent or treatment. We saw clear examples of when and how staff discussed mental capacity during our inspection.

Equality and human rights

- The service had a diversity and equality policy in place and delivers training to employees as part of the mandatory training package.
- Addaction WSM sat on North Somerset lesbian, gay, bisexual and transgender forum (LGBT). They displayed 'safe place' rainbow stickers across all entrances and on notice boards in both buildings promoting a safe environment within the LGBT community.

Are substance misuse services caring?

Kindness, dignity, respect and support

- This service was very compassionate and driven to support its clients' through their rehabilitation and in addressing their social needs.
- We received a very high number of feedback cards from the clients at the service. These were all very complimentary about the service. Clients felt safe with Addaction WSM's support.
- Overwhelmingly clients told us that they felt staff treated them with respect and were non-judgmental. Two clients told us the service was supportive when they relapsed or turned up to groups intoxicated. The service supported them and treated them with dignity.
- All interactions we witnessed between staff and clients were very respectful and kind. We saw staff acting professionally and with compassion while supporting a client who was in crisis.
- Clients were complimentary about how the staff were flexible and met their needs. For example, they were providing a women only drop-in and family and friends support group to ensure clients with different needs to access the service.
- The service had extended opening hours to 8pm on Wednesday and Friday and 10-1pm on Saturday. This was supported by a 24 hour on call system. Clients could access a 'duty officer' via the telephone. The team leaders and the registered manager were included on the duty rota.

Substance misuse services

- Clients told us how the service supported them with their social needs. For example, working with local bakery to provide food to clients during groups. Clients told us staff went in their own time to support them in their first social meeting outside the service. The service provided training on passing the paper driving test.

The involvement of clients in the care they receive

- All clients were aware of their care and recovery plans. They described having one to one sessions with their key worker regularly to discuss their recovery. Clients with the new style care plan told us they liked them and they were easy for them to follow.
- The service had 'service user forum' monthly facilitated by the service manager. The meetings' minutes reviewed were constructive. All clients and volunteers told us that they had seen improvement to the service and the groups resulting from feedback from this forum.
- Feedback forms and boxes were available across the two sites for clients, we were told that they were emptied and reviewed daily. Clients were also asked for feedback on the groups they attended, this was collated and reviewed.

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

Access and discharge

- Clients told us the service was easy to access. The service's data reinforced clients were being engaged as 65% of the people in the area dependant on opiates in the treatment system in comparison to 51% the national average.
- The service measured the percentage of clients waiting more than three weeks for first intervention. In August, September and October 2016 the figures stated that the service was within national average for waiting times. The exception to this was access to alcohol recovery treatment following initial assessment, the national average for starting alcohol recovery treatment within three weeks was 3% compared to Addaction WSM was 6%. The service had reviewed the data and identified that one alcohol client had waited over three weeks out of 25 clients. This was due to the service user not attending his appointment.

- Clients told us they did not feel rushed through the service. The service offered several different programmes to support them through their recovery. We were told by clients that they understood their planned pathway through the service.

The facilities promote recovery, comfort, dignity and confidentiality

- There were a good number of rooms for staff to provide one to ones sessions in privacy at 38 Boulevard. The environment was warm, clean and private.
- The service's commissioners told us how the service had carried out innovative work to engage those at risk in society including street workers; this work was above and beyond what they were commissioned to carry out. For example, this included outreach work to disadvantaged sections of Weston Super Mare's community.
- The services worked with local training providers such as City and Guilds offering a variety of educational courses and groups to support reintegration. They had internal assessors and could provide qualifications such as IT, mentoring and drug and alcohol awareness. Mentors were then able to support clients in gaining their qualifications. We saw evidence of how the service was working to adapt the courses to support those with communication difficulties. This team also supported clients to navigate IT systems and websites they needed in day to day life such as housing benefits.
- Addaction has a very proactive and comprehensive 'did not attend' policy in place. Staff were aware of the policy and we saw evidence of the policy being adhered to in care plans. Clients told us if they 'did not attend' the service was very proactive. For example, they would receive a text that evening with an appointment with the duty officer/key worker the next day.
- We saw feedback forms available for clients to complete in all reception areas. The clients we spoke to told us they were aware of the feedback forms, but had only used for positive feedback.
- The service provided lots of information in the reception areas on the service and other services available locally. All the reception areas had a wealth of information for clients who were waiting to attend sessions.
- To ensure all clients were engaged with the service, different types of technology were used to engage

Substance misuse services

clients for example Twitter and Facebook. Clients told us they received text messages from their key workers and appointments were booked and confirmed via text messages.

Meeting the needs of all clients

- There was a clear pathway for clients of varying risks and needs. The service was split into six teams (five clinical); assessment and engagement team, recovery and reintegration team, recovery and families team, nurse and clinician team and criminal justice team. For example, high risk clients were seen and treated by the clinical team. The team meetings each week would review high risk clients, those who had disengaged, clients with ongoing safeguarding concerns and those who were hard to reach. Clients with families or those families who needed extra support could be supported by the recovery and families team.
- The service provided support and groups for clients with different social support needs. For families and women there were family groups, women only drop-ins and a friends and family support group. The service provided lots of information on domestic abuse and women only groups, as it identified that this was a factor in their female clients' recovery.
- The service provided groups after 5 pm to enable clients and family members, or clients who work to attend.
- Access to 35 Boulevard's reception was via the first floor. The service had made adjustments and provided a motorised access chair to the external stair case to assist disabled access.

Listening to and learning from concerns and complaints

- The service had received 182 compliments in the last 12 months. Everyone we spoke to commissioners, partners, volunteers and clients had told us how the service was willing to learn.
- The service had received seven complaints in the last 12 months. The service manager kept a comprehensive overview of every complaint, including investigation progress, communication with the complainant and the outcome. One complaint was upheld. We tracked the complaint with the team manager involved, the service demonstrated that there had been learning, discussions in supervision and actions taken to rectify any further issues within that team. However, we were unable to

find corresponding sharing of the learning in the weekly manager team meeting minutes. Other managers were aware of the complaint and the investigation but not the actions taken.

Are substance misuse services well-led?

Vision and values

- All staff told us that the visions and values of Addaction reflected the approach and values of staff at Addaction WSM. Staff told us that these values focused on client rehabilitation.

Good governance

- Audits such as medication and care plan reviews were conducted by both the central teams and local managers. For example, the service received its last medication audit in October 2016 and carried out a pre-CQC visit audit assessing themselves against the five key questions; safe, effective, caring, responsive and well led.
- The service monitored its delivery using diagnostic outcomes measures; these are national recognised key performance indicators for substance misuse services. The service's progress against the outcome were reported in a monitoring executive summary to staff and commissioners. For example, the outcome measures included time in treatment, access to service and clients in contact with the criminal justice system.
- There were clear reporting and feedback structures in place for incidents and complaints to Addaction. Lessons learnt were fed back through the critical incident review group via a quarterly circular. We saw evidence of these outcomes being discussed at management meetings.
- Addaction had an overall provider risk register but there was no local risk register for Addaction WSM. The service can escalate any local risks identified through the governance structures in place. Addaction WSM has an action plan in place to manage concerns raised or identified when the service is audited.
- The system for monitoring mandatory training was managed centrally. Managers had access to the central records recording system.

Leadership, morale and staff engagement

Substance misuse services

- All staff and volunteers told us that the service manager was an excellent leader. The leadership style fostered commitment from all to improve the service and the clients' experience. The service lead was very visible to clients. Staff felt managers were approachable and supportive.
- Staff told us that the regional manager was very visible and involved, attending managers' meetings at least every six weeks. We were told by many staff that senior managers and board members regularly visited Addaction WSM.
- The manager provided clinical supervision and annual appraisals. The staff could also access monthly psychology groups. All staff were shadowed twice a year to supervise staff and to aid the development of their processes.
- Staff and volunteers told us that they felt valued and listened to. An example was provided by a team lead of how the service recognised its employees, a member of staff earned a staff award was rewarded with access to further management training to develop their career.
- Staff sickness level were low. The service reported an average sickness rate for staff of 3% in the previous 12 months before the inspection. There were no vacancies, the team told us they had no problems with recruitment locally.
- Staff told us that they enjoyed working at Addaction WSM and got a lot of satisfaction from working with clients to help them recover from their addiction while continually improving the service.

Commitment to quality improvement and innovation

- The quality and performance management team analysed data from the service to scrutinise care pathways and map critical points. In response to this data, Addaction WSM were currently running a trial attempting to engage clients who present at the local general hospital.
- The service had been awarded the International organisation for standardisation (ISO) award ISO14000 for the, 'management and administration of drug and alcohol treatment in September 2015'.
- The service collated clients' feedback on the training and groups they provide. They have evaluated the qualitative and quantitative data for all the courses and groups and shared any learning.

Outstanding practice and areas for improvement

Outstanding practice

- The provider had excellent relationships with the local GPs surgeries. Addaction have worked with local GPs and have a 100% signed up to a shared care protocol. Shared care is an agreement between a specialist provider, such as Addaction and others for managing the prescribing of medicines. Dr Sessa, Addaction WSM's psychiatrist attends GPs for shared-care clinical appointments. The service also offers shared care clinics across North Somerset. Addaction also had all the local pharmacies were also signed up to the shared care agreement.
- The service worked with local and national training providers to provide training and education for clients. For example, they provided training for clients on passing the paper driving test.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that the paper and electronic record keeping system are merged in line with their own identified needs.