

New Hope

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.

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.

Summary of findings

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

Overall summary

We rated New Hope as good because:

- The prescribing doctor conducted a face-to-face consultation with all clients before prescribing medicines to them. Staff reviewed the effects of medicines on patients' physical health regularly and in line with NICE guidance.
- Client care records contained a comprehensive, up-to-date risk assessment, which included a risk management plan in relation to potential risks associated with an unexpected exit from treatment. Staff appropriately shared information about risks with other stakeholders.
- Staff had completed all mandatory training, including safeguarding children and adults. Staff also completed a wide range of specialist training, to enable them to effectively carry out their roles.
- Client recovery plans were written with the joint input of the clients and their support worker. The recovery plans were holistic, addressed all the identified needs of the clients and based upon the strengths of the client, to enable the client to build upon their personal strengths towards recovery.
- Staff had strong working links with external agencies. Representatives from the team attended multiagency meetings, jointly managed the identified risks and care needs of their clients; and, shared best practice and learning. New Hope worked closely with a local service that supported adults with a learning disability.

Managers from both teams had established a joint protocol to ensure that clients of one service could swiftly receive an assessment or support from the other service.

- Staff were discreet, respectful, and responsive when caring for clients. They gave clients help, emotional support and advice when they needed it. Staff understood and respected the individual needs of each client.
- Clients could give feedback on the service and their treatment and staff supported them to do this. Staff supported, informed and involved carers.
- The service offered a range of activities and complementary therapies to clients, such as facilitated gardening sessions at a local allotment, Indian head massage; meditation; and acupuncture.
- The management team had the skills, knowledge and experience to perform their roles. They had a thorough understanding of the service and a clear understanding of how their service worked with other agencies, to meet the needs of clients.
- Staff expressed enthusiasm and pride in their work. They felt supported and respected by their managers and able to raise concerns without fear of retribution.

However:

- The client electronic care recording system did not capture whether the recovery plan was offered to the client.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based substance misuse services	Good 	

Summary of findings

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Summary of this inspection

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Good 

New Hope

Services we looked at

Community-based substance misuse services

Summary of this inspection

Background to New Hope

New Hope is based in the town centre of Bracknell, Berkshire. New Hope provides a service to adults, older adults and young people. The service is commissioned by Bracknell Forest Borough Council and is part of the same local authority.

New Hope supports clients with community alcohol detoxification and provides opioid substitute therapy (OST), which involves the prescribing of medicines like methadone and buprenorphine to people needing treatment for heroin dependency. The service provides

one to one work and group psychosocial interventions to help people to develop their recovery skills and support networks to sustain their recovery from alcohol or drug misuse.

New Hope was registered with the Care Quality Commission (CQC) in June 2017 for the treatment of disease, disorder or injury and in October 2018 for diagnostic and screening procedures. The service has a registered manager.

This is the first time the CQC have inspected New Hope.

Our inspection team

The team that inspected the service comprised two CQC inspectors and a specialist advisor who had experience in substance misuse.

Why we carried out this inspection

We undertook an unannounced, comprehensive inspection of this service as part of our routine programme of inspecting registered services.

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?

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

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with three clients
- spoke with a team leader
- spoke with five other staff members
- observed one group session
- looked at six care and treatment records for clients
- looked at policies, procedures, staff training records, meeting minutes and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

Clients we spoke with were happy with the quality of the service they received and the way staff treated them.

Clients valued the service's long opening hours four days each week. One questioned whether it would be possible for the service to open each Saturday (rather than Monday), to enable them to access support at the weekend.

Clients gave positive feedback at the end of the group therapy session we observed. Clients demonstrated positive engagement during the session. Clients spoke positively about the groups facilitated at the service.

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:

- The prescribing doctor conducted a face-to-face consultation with all clients before prescribing medicines to them. Staff reviewed the effects of medicines on patients' physical health regularly and in line with NICE guidance, especially when the patient was prescribed a high dose medicines.
- Client care records we reviewed contained a comprehensive, up-to-date risk assessment, which included a risk management plan in relation to potential risks associated with an unexpected exit from treatment. Staff appropriately shared information about risks with other stakeholders.
- All areas of the premises were clean, well maintained, well-furnished and fit for purpose. The premises had recently been redecorated throughout.
- Staff requirement was based on agreed roles with commissioners to meet delivery of individual sessions and group work. The service did not use agency staff.
- Staff had completed all mandatory training, including safeguarding children and adults.
- Staff followed clear personal safety protocols, including for lone working.
- Staff understood the provider's safeguarding policy and procedures and had strong working relationships with their local authority safeguarding team.
- Staff stored information relevant to clients and the running of the service on the provider's electronic recording system. Staff uploaded all paperwork to ensure information was easily accessible.

However:

- Staff did not monitor or record the temperatures within the client refrigerator or freezer. On the day of our inspection, staff purchased thermometers for both appliances and incorporated the monitoring and recording of temperature into their daily schedule of environmental checks.

Good



Are services effective?

We rated effective as good because:

Good



Summary of this inspection

- Staff carried out a comprehensive assessment with each client, when they first accessed the service. The assessment incorporated physical and mental health, plus social support needs. Staff referred clients to partner agencies as appropriate.
- Client recovery plans we reviewed were written with the joint input of the clients and their support worker. The recovery plans were holistic and based upon the strengths of the client.
- Staff delivered a range of psychological therapies to clients and referred clients to the local improving access to psychological therapies (IAPT) team as needed.
- The physical health lead nurse carried out initial and ongoing physical health assessments on clients.
- Staff received regular supervision sessions, an annual appraisal and attended regular team meetings.
- Staff had effective working links with external agencies. Representatives from the team attended multiagency meetings, to jointly manage the identified risks and care needs of their clients; and to share best practice and learning.
- Staff completed a wide range of relevant specialist training offered by the provider, to enable them to carry out their roles.
- Staff had completed training in the Mental Capacity Act and had a good understanding of the five principles.

However:

- Electronic client care records did not include evidence of staff assessment of client capacity to engage with treatment.

Are services caring?

We rated caring as good because:

- Staff were discreet, respectful, and responsive when caring for clients. They gave clients help, emotional support and advice when they needed it. Staff understood and respected the individual needs of each client.
- Staff directed clients to other services and supported them to access those services if they needed help.
- Staff made sure clients understood their care and treatment and found ways to communicate with clients who had communication difficulties.
- Staff involved clients in decisions about the service, when appropriate.
- Clients could give feedback on the service and their treatment and staff supported them to do this.
- Staff supported, informed and involved carers.

However:

Good



Summary of this inspection

- The client electronic care recording system did not capture whether the recovery plan was offered to the client.

Are services responsive?

We rated responsive as good because:

- The service worked closely with a service that supported adults with a learning disability. Managers from both teams had established a joint protocol to ensure that clients of one service could swiftly receive an assessment or support from the other service.
- The service was open from 8:00am until 8:00pm four days per week, to give working clients additional opportunity to attend appointments and therapy sessions.
- Staff completed a comprehensive discharge plan with each client. Clients could regain access with the service following discharge, as needed.
- Staff completed a risk assessment for clients who failed to engage with the service. Staff contacted other agencies as needed, to manage and reduce identified risks.
- Clients had access to a kitchen, where they could make hot and cold drinks, snacks and light lunches. The provider had secured provision of food donations from a local supermarket and a bakery.
- The service offered a number of activities and complementary therapies to clients. Examples were facilitated gardening sessions at a local allotment; Indian head massage; meditation; and acupuncture.
- The service could support and make adjustments for people with disabilities, communication needs or other specific needs. Staff offered home visits to clients who could not visit the provider's premises.
- Clients knew how to complain or raise concerns. The service received a low number of complaints.

Good



Are services well-led?

We rated well-led as good because:

- Managers had the skills, knowledge and experience to perform their roles. They had a thorough understanding of the service they managed and could explain clearly how the team was working to provide high quality care.
- Managers dealt with poor performance when needed.
- Staff expressed enthusiasm and pride in their work and told us they felt safe to raise concerns without fear of retribution. Staff said they felt supported and respected by their managers.

Good



Summary of this inspection

- Staff reported that they had strong working relationships within their team and with staff from partner organisations. Staff we spoke with had a clear understanding of how their service worked with other agencies, to meet the needs of clients.
- Staff could submit items to the provider's risk register. The service had a contingency plan which outlined how the service would run in the community to meet clients' needs if the building was not operational, for instance in the event of a fire.
- Staff had access to the equipment and information technology needed to do their work. Information governance systems safeguarded the confidentiality of client records.
- Clients and carers had opportunities to give feedback on the service they received. Staff discussed feedback from clients and carers during meetings.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Training in Mental Capacity Act (MCA) was part of the service's mandatory training programme.
- At the time of our inspection, 100% of staff had completed up-to-date MCA training. Staff we spoke with had a good working knowledge of the principles of the Act.
- There was an MCA policy which staff could refer to for further guidance.
- Managers supported staff with issues relating to the MCA, as needed.






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Notes

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

- New Hope operated from ground floor premises close to the centre of Bracknell. The main entrance to the premises was locked and visitors gained access via an intercom system. Staff could monitor the activities of visitors using CCTV.
- The reception area consisted of a small lounge with comfortable seating. Access to the rest of the building was through an internal door with coded lock.
- All areas were clean, well maintained, well-furnished and fit for purpose. The premises had recently been redecorated throughout.
- Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified.
- The clinic room had the necessary equipment for clients to have thorough physical examinations.
- Staff always followed infection control guidelines, including handwashing.
- Staff made sure equipment was well maintained, clean and in working order.
- All interview rooms had alarms and staff available to respond. Staff used a personal alarm with a GPS tracking facility, when visiting clients in the community.
- Staff did not monitor or record the temperatures within the client refrigerator or freezer. However, on the day of

our inspection, staff purchased thermometers for both appliances and incorporated the monitoring and recording of temperature into their daily schedule of environmental checks.

- A member of staff acted as the designated first aider each day.

Safe staffing

- Staff requirement was based on agreed roles with commissioners to meet delivery of individual sessions and group work.
- The staff sickness rate during the 12-month period to January to December 2018 was 6%. The staff turnover rate during the same 12-month period was 30%. The service did not use agency staff. There were no staffing vacancies at the time of our inspection.
- The average caseload across the service was 23 clients per worker. The highest individual caseload was approximately 30 cases. Caseloads included clients who attended groups and one to one sessions. Managers monitored caseloads at six-weekly supervision sessions.
- The service used volunteers to support clients in their recovery. Some volunteers had experience of recovery, but that was not a requirement for them to take on the role. Volunteers completed training and received supervision to enable them to support clients in recovery in groups or individual sessions.
- Staff had appropriate references and current disclosure and barring service (DBS) checks in place. Staff sometimes commenced work prior to receipt of the DBS check result. In such a situation, the manager completed a risk assessment and they had no unsupervised access to clients until their DBS check result was received.
- At the time of our inspection, staff had completed all mandatory training.

Community-based substance misuse services

Assessing and managing risk to clients and staff

- We reviewed the care records for six clients, which included their individual risk assessment. Staff used the risk assessment template within the provider's electronic recording system.
- The risk assessments we reviewed contained a consideration of a range of relevant factors for each individual, including physical and mental health; housing; family situation; and substance misuse. The risk assessments were up-to-date and contained evidence that staff had shared information about risks with appropriate stakeholders. The risk assessments also contained a risk management plan in relation to potential risks associated with an unexpected exit from treatment.
- Staff regularly reviewed client risks within team meetings. Staff could discuss emerging risks with managers during dedicated time slots each day.
- The service had a violence at work policy to help staff manage the potential for aggression in the service.
- Staff followed clear personal safety protocols, including for lone working.

Safeguarding

- Staff we spoke with understood the provider's safeguarding policy and procedures on how to raise a safeguarding referral.
- At the time of our inspection visit, all staff had completed up-to-date safeguarding training in relation to adults and children.
- Safeguarding was a topic discussed during team meetings and the service had strong working relationships with their local authority safeguarding team.
- Staff scheduled appointments with clients under the age of 18 for times when there were no other clients present.

Staff access to essential information

- Staff stored information relevant to clients and the running of the service on the provider's electronic recording system. Staff uploaded all paperwork to ensure information was easily accessible.
- Electronic information was available to all relevant staff to deliver client care.

Medicines management

- The doctors contracted by the service prescribed all medicines to clients. No medicines were stored within the provider's premises.
- The prescribing doctor conducted a face-to-face consultation with all clients before prescribing medicines to them. Staff stored prescription pads securely and recorded prescription numbers on a spreadsheet, including the details of any void prescriptions.
- The physical health nurse and the local out-of-hours medical service administered Pabrinex injections prior to the start of alcohol detoxification treatment. The physical health nurse also administered Pabrinex injections during alcohol detoxification treatment. Pabrinex is a medicine given to chronic alcohol users to avoid a condition called Wernicke's Encephalopathy.
- Staff gave Naloxone kits to clients and trained both clients and carers in how to use the single-injection dose of Naloxone. Naloxone is an emergency medicine administered to temporarily reverse opiate overdose.
- Staff reviewed the effects of medicines on patients' physical health regularly and in line with NICE guidance, especially when the patient was prescribed a high dose medicines.
- Staff only accepted clients onto a community alcohol detoxification programme when the client had a carer who was willing to sign an agreement they would take responsibility to store and dispense medicines to the client and accompany the client to their daily checks.

Track record on safety

- During the 12-month period January to December 2018, New Hope reported a total of three serious incidents, all of which related to client deaths.

Reporting incidents and learning from when things go wrong

- Staff reported incidents to the registered manager and were recorded on a standard reporting form.
- The management team investigated incidents and provided feedback to staff in team meetings and daily planning meetings.
- Staff were open and honest with clients when things went wrong and discussed how they would improve the service.
- Staff were debriefed by managers following a serious incident.

Community-based substance misuse services

Are community-based substance misuse services effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Staff carried out a comprehensive assessment with each client, when they first accessed the service. The assessment incorporated physical and mental health, plus social support needs. Staff referred clients to partner agencies as appropriate.
- Staff ran relapse management groups and motivation groups to encourage clients to increase their motivation to reach their goals.
- Staff monitored and responded to clients' changing needs using information captured in their key working sessions.
- We reviewed the recovery plans for six clients. The recovery plans were written with the joint input of the clients and their support worker. The recovery plans were holistic, addressing all the identified needs of the clients. The recovery plans were based upon the strengths of the client, to enable the client to build upon their personal strengths towards recovery.
- All client records were stored securely and electronically so that staff could access them when needed.
- Staff carried out drug tests on client urine samples. Staff also submitted some client urine samples for full toxicology testing. They did this when a client was going to be prescribed medicines or where there were child welfare concerns. Staff used breathalysers to test that clients had not consumed alcohol. Staff took a breathalyser on some home visits, such as a joint visit with a social worker, where there were concerns about child welfare.

Best practice in treatment and care

- The materials the service used in group and one-to-one materials were based on psychological therapies as recommended by the National Institute for Health and Care Excellence (NICE) including cognitive behavioural therapy (CBT), motivational interviewing (MI), extended

brief intervention (EBI) and international treatment effectiveness project (ITEP) mapping. Staff referred clients to the local improving access to psychological therapies (IAPT) team as needed.

- The physical health lead nurse provided an initial physical health check to clients, before the start of their treatment. The nurse also provided ongoing physical health monitoring during treatment. Recovery workers escalate concerns about deteriorating physical health and staff accompanied clients to GP appointments when they had significant concerns about their health.
- All community substance misuse services commissioned by local authorities are required to use the treatment outcomes profile (TOPS) tool. Staff used the TOPS tool to measure change and progress in key areas of clients' lives such as substance use, mood, crime, social life and physical health. Staff also measured clients' recovery progress using recovery star plan, which allowed the key-worker and client to reflect on progress made in their recovery and set further treatment goals.
- Managers conducted clinical audits in the service, including staff completion of national drug treatment monitoring system (NDTMS) data submissions; and, client risk assessments and recovery plans.
- Staff routinely offered blood borne virus testing to clients and provided them with a needle exchange facility.
- Staff supported clients to live healthier lives. Clients could participate in a 10-week rolling group programme, in which staff educated them on making healthier dietary choices and the benefits of being physically active. Staff also referred clients who wanted support to stop smoking to the local public health service.

Skilled staff to deliver care

- Staff worked closely with a local GP surgery to contract the services of the doctors who held prescribing clinics at the location. The provider had working arrangements in place with several pharmacies in their local area. The staff team included a range of experienced and qualified substance misuse professionals including support workers and a nurse.
- All staff received a supervision session every six weeks.
- Staff attended team meetings, that occurred an average of once a month.

Community-based substance misuse services

- Staff completed a wide range of relevant specialist training offered by the provider, to enable them to carry out their roles.
- Managers addressed staff performance issues in supervision and followed their internal capability procedure with the support of the human resources team where necessary.

Multi-disciplinary and inter-agency team work

- Staff met for a team meeting on average once per month. The minutes of each meeting were recorded and distributed to staff. The minutes demonstrated evidence of a wide range of topics being discussed, including learning from recent incidents.
- Staff held monthly reflective practice sessions. They used them as an opportunity to benchmark their practice against a chosen regulation or CQC key line of enquiry. This enabled staff to demonstrate the quality of their work and where it could be improved further.
- Staff we spoke with demonstrated that they had effective working links with local external services such as community mental health teams, housing providers, children and family services, social work and criminal justice agencies. Staff consulted with and referred clients to these teams as appropriate. New Hope had established a joint working protocol with another team within the local authority structure, that supported adults with a learning disability.
- Staff regularly attended multiagency groups, with a view to effectively managing client risks and recovery. Staff also accompanied clients to selected appointments with other agencies, such as housing and welfare benefit teams, and health services.
- Staff represented the provider at a multiagency bimonthly meeting with other services in East Berkshire. The meeting focused on harm reduction, reviewing drug and alcohol related deaths, sharing best practice and highlighting emerging trends.

Good practice in applying the Mental Capacity Act

- Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of the five principles.
- Staff we spoke with explained what they would do if they recognised that a client lacked capacity. For

example, if a client was under the influence of alcohol or drugs, staff would reschedule their appointment, so they could engage in treatment when not under the influence of substances.

- There was an MCA policy which staff could refer to for further guidance.
- Staff obtained advice regarding the MCA issues from managers.
- Electronic client care records did not include evidence of staff assessment of client capacity to engage with treatment.

Are community-based substance misuse services caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- Staff were discreet, respectful, and responsive when caring for clients.
- Staff gave clients help, emotional support and advice when they needed it.
- Staff supported clients to understand and manage their own care treatment or condition.
- Staff directed clients to other services and supported them to access those services if they needed help.
- Clients said staff treated them well and behaved kindly.
- Staff understood and respected the individual needs of each client.
- During the group session we observed, the facilitator successfully secured a good level of engagement from clients.
- Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff.
- Staff followed policy to keep client information confidential.

Involvement in care

- Staff involved clients and gave them access to their recovery plans. Although staff we spoke with told us that they offered clients a copy of their recovery plan, the client electronic care recording system did not capture whether the recovery plan was offered to the client.

Community-based substance misuse services

- Staff made sure clients understood their care and treatment (and found ways to communicate with clients who had communication difficulties).
- Staff involved clients in decisions about the service, when appropriate.
- Clients could give feedback on the service and their treatment and staff supported them to do this.
- Staff supported clients to make advanced decisions on their care.
- Staff made sure clients could access advocacy services.
- Staff supported, informed and involved carers.
- Staff helped carers to give feedback on the service.

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

Good 

Access and discharge

- Staff completed an initial assessment with every client, covering areas such as substance misuse; physical and mental health; housing; employment; family situation and safeguarding; and social support networks.
- The service accepted referrals from a range of local partner agencies. They worked with those agencies to collectively ensure that the needs of each client were addressed.
- Staff adapted appointment times to meet the needs of clients.
- The service was open from 8:00am until 8:00pm four days per week, to give working clients additional opportunity to attend appointments and therapy sessions.
- Clients could access an online treatment package, to provide support at any time of day or night.
- The provider offered drop in sessions at a local homelessness project.
- Staff completed a comprehensive discharge plan with each client. Clients could regain access with the service following discharge, as needed.
- Staff completed a risk assessment for clients who failed to engage with the service. Staff contacted other agencies as needed, to manage and reduce identified risks.

- Staff asked new clients entering treatment to write a message on a post card to themselves. The message set out the reasons why they initially entered treatment and was sent to them if they dropped out of treatment.
- Staff asked new clients entering treatment to write a message on a post card to themselves. The message set out the reasons why they initially entered treatment and was sent to them if they dropped out of treatment.

The facilities promote recovery, comfort, dignity and confidentiality

- The premises contained several consultation rooms, a clinic room and one larger group room.
- Clients had access to a kitchen, where they could make hot and cold drinks, snacks and light lunches. The provider had secured provision of food donations from a local supermarket and a bakery.
- The service offered a number of activities and complementary therapies to clients. Examples were facilitated gardening sessions at a local allotment; Indian head massage; meditation; and acupuncture.
- The service had one waiting area for visitors. The room had comfortable seating, a water machine and a television that displayed looped information messages.
- The premises had recently been redecorated throughout. The colour scheme was chosen by clients.
- Information leaflets on local health and advice services, clients' rights and responsibilities, complaints procedures, treatment options, medicines and general wellbeing were displayed within the premises.
- Staff offered a range of recovery groups, on topics such as motivation, mindfulness, relapse prevention and anxiety.

Meeting the needs of all people who use the service

- The service worked closely with another team with the local authority structure, that supported adults with a learning disability. Managers from both teams had established a joint protocol to ensure that clients of one service could swiftly receive an assessment or support from the other service.
- The service could support and make adjustments for people with disabilities, communication needs or other specific needs. Clients had step-free access to the premises.
- Staff offered home visits to clients who could not visit the provider's premises.

Community-based substance misuse services

- Staff made sure clients could access information on treatment, local service, their rights and how to complain.
- The service was able to provide information in accessible formats, so the clients could understand more easily.
- The service was able to provide information leaflets in languages spoken by clients.
- Managers made sure staff and clients could get hold of interpreters or signers when needed.

Listening to and learning from concerns and complaints

- Clients knew how to complain or raise concerns.
- Staff understood the policy on complaints and knew how to handle them.
- The service received a low number of complaints reflecting that clients were satisfied with their care.
- Managers investigated complaints and identified themes.
- Staff protected clients who raised concerns or complaints from discrimination and harassment.
- Clients received feedback from managers after the investigation into their complaint.

Are community-based substance misuse services well-led?

Good 

Leadership

- Managers had the skills, knowledge and experience to perform their roles. They had a thorough understanding of the service they managed and could explain clearly how their team was working to provide high quality care.
- Managers were based in the same office as the team and were highly integrated into the daily operation of the service. Staff we spoke with told us they were approachable for clients and staff alike.

Vision and strategy

- Staff and managers knew and understood the provider's visions and values and how they applied to the work of their team.

- Staff we spoke with contributed their ideas towards the development of the service.
- Staff completed a reflective exercise in respect of one of the local authority's values and behaviours as part of supervision sessions.

Culture

- Staff we spoke with expressed enthusiasm and pride in their work.
- Staff told us they felt safe to raise concerns without fear of retribution. Staff told us they felt supported and respected by their managers.
- Managers dealt with poor performance when needed.
- Staff reported that they had strong working relationships within their team and with staff from partner organisations.
- The staff sickness rate was 6%, during the 12-month period January to December 2018.

Governance

- The management team completed a programme of clinical audits throughout the course of each year. Front-line staff did not participate in carrying out the audits, but audit results were discussed in team meetings.
- Staff we spoke with had a clear understanding of how their service worked with other agencies, to meet the needs of clients.

Management of risk, issues and performance

- Staff had the ability to submit items to the provider's risk register. The service had a contingency plan which outlined how the service would run in the community to meet clients' needs if the building was not operational, for instance in the event of a fire.

Information management

- Staff had access to the equipment and information technology needed to do their work.
- Information governance systems safeguarded the confidentiality of client records.
- Managers had access to information to support them in their management role.
- Information was stored in an accessible format.
- Staff made notifications to external bodies, such as safeguarding teams, commissioners as needed.

Engagement

Community-based substance misuse services

- Clients and carers had opportunities to give feedback on the service they received via feedback forms and open forum meetings.
- Managers and staff discussed feedback from clients and carers during meetings.
- Managers engaged with external stakeholders, other teams and departments within the local authority.

Outstanding practice and areas for improvement

Outstanding practice

The service worked closely with another team within the local authority structure, that supported adults with a learning disability. New Hope staff completed joint

training with staff from the other service. Managers from both teams had established a joint protocol to ensure that clients of one service could swiftly receive an assessment or support from the other service.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that the client electronic care recording system captures whether staff offer a copy of the recovery plan to clients.