Humankindcharity

Haringey Alcohol Service

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, 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 to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Haringey Alcohol Service provides standalone alcohol treatment and support for adults in the London Borough of Haringey. They offer groups, key working sessions, online recovery tools, counselling and outreach support for community detoxification and rehabilitation.

Our rating of this location was good because:

• The service provided safe care. The premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Staff managed risk well and followed good practice with respect to safeguarding.

• Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.

• The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers ensured that these staff received supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.

• Staff treated clients with compassion and kindness and understood the individual needs of clients. They actively involved clients in decisions and care planning.

• All clients that we spoke with were happy with the level of service they were receiving and felt well supported by staff.

• The service was easy to access. Staff planned and managed discharge well and signposted people to alternative pathways if they could not meet their needs.

• The service was well led, and the governance processes mostly ensured that it ran smoothly.

However:

- The nursing assessment in two clients' care and treatment records failed to mention significant physical health conditions although these were included in both clients' referral information and the initial risk assessment. This meant there was a risk of incorrect care and treatment, although the manager said that staff looked at all information before proceeding.

- The service's grab bag which included first aid items, emergency medicines and a defibrillator was not easily accessible.

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

Contents

Summary of this inspection

Background to Haringey Alcohol Service

The service is provided and run by Humankind charity – Humankind creates services and support to meet people's complex health and social needs, helping them to build healthier lives that have meaning and value for themselves and their families. They support local people to create stronger, better-connected communities.

Haringey Alcohol Service works alongside a service for young people and their families and a substance misuse service for people who use illicit drugs.

Referrals can be made by GPs, other professionals or by self-referral. The service works with other local agencies, including the NHS, the local authority, GPs and pharmacies. If clients require medical interventions, such as prescribed medicines, the service works closely with clients' GPs to ensure this happens as its staff do not provide medical treatment directly.

The service offers the following services:

- One to one support
- Community detoxification
- A 12-week alcohol stabilisation programme
- Counselling support
- Online video appointments
- Domestic violence support
- Polish speaking service

These services are offered mainly from one location, but some sessions take place in other Humankind locations or GP practices.

This was the first time we have inspected Haringey Alcohol Service.

What people who use the service say

All clients we spoke with were extremely complimentary about the service they were receiving. Clients told us their treatment had been clearly explained and they had received clear advice throughout their contact with the service.

All clients felt involved in their treatment and stated that they were encouraged to take responsibility for their own recovery. Clients told us that there were no problems with communication, and everyone stressed how supported they felt whatever their needs.

How we carried out this inspection

This inspection was carried out by two inspectors and a specialist professional advisor with expertise in substance misuse services also attended. The inspection included a one-day site visit.

During this inspection, the inspection team:

Summary of this inspection

• visited the service and observed the environment and how staff were caring for clients

• spoke with the registered manager

• spoke with eleven staff, including a senior practitioner, counselling coordinators, coproduction coordinators, recovery group coordinator, a GP hub specialist, a recovery and data lead specialist, a locum nurse and a seconded hospital key worker.

• spoke with six clients

• reviewed seven clients' care and treatment records

• observed a flash meeting and a breakfast club meeting

• reviewed prescribing and the medicines prescription process

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

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that the nursing assessment includes up to date information pertaining to the client's existing physical health issues and list of current medication.

- The service should consider placing the emergency grab bag in an accessible area so staff can access it with ease during a medical emergency

Our findings

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

Good

Community-based substance misuse services

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

Are Community-based substance misuse services safe?

Good

We rated it as good.

Safe and clean environment

Premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. Any environmental concerns were logged and raised with the provider's maintenance contractors. Staff said maintenance contractors attended quickly when needed. There was a fire safety risk assessment and emergency plan, with fire equipment serviced regularly, and there were named fire wardens. Fire alarms were tested weekly, and there were regular fire drills.

All interview rooms had alarms and staff were available to respond, these alarms were tested monthly as part of monthly environmental checks. Clients and visitors signed in and out at reception. Keyworkers met clients in reception and escorted them within the building. Staff-only areas had keypads fitted to the doors.

All areas were clean, well maintained, well-furnished and fit for purpose. However, staff told us there was pressure on space for groups and meetings. Cleaning records were up-to-date. The service was deep cleaned by contracted cleaning staff every day.

Staff followed infection control guidelines, including handwashing. Personal protective equipment (PPE) was readily available in the reception area for clients and staff to access. Hand sanitiser stations were located throughout the building. Staff disinfected rooms after every use, wiping down all furniture and frequently touched surfaces. Stickers were clearly displayed indicating when the room, furniture and touch points were last cleaned. Signage was in place indicating maximum room occupancy. Staff said the team worked together to ensure face to face appointment bookings were coordinated to ensure the number of clients attending the service at any one time was manageable.

Safe staffing

Good

Community-based substance misuse services

The service had enough staff, who knew the clients and they received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.

Managers and team leaders supported new staff to develop skills and competence. Most staff said caseloads felt manageable. Team leaders were working with staff to review caseloads specifically looking at discharge planning and case closures to ensure only clients who required ongoing support remained on caseloads and discharge processes started for people who were ready to move on.

The service was working with the local authority and another third sector provider to create career pathways for staff. This was in the early stages of development and focused on supporting people with lived experience and graduates to gain experience and skills in the sector.

Managers made arrangements to cover staff sickness and absence through the use of agency staff. Managers and team leaders requested agency staff familiar with the service. All staff new to the service received an induction before starting work. Due to longstanding vacancies some agency staff had been in post for several months and they knew the service well.

Mandatory training

Staff had completed and kept up to date with most of their mandatory training. However, two members of staff had not completed infection, prevention and control training; two had not completed safeguarding training and two had not completed unconscious bias training. The manager was aware of this and was working to rectify it.

The mandatory training programme was comprehensive and met the needs of clients and staff. The training included, health and safety, equality and diversity, data protection, children and adult safeguarding, fire safety awareness and the Mental Capacity Act. Managers monitored mandatory training compliance and alerted staff when they needed to update their training. Managers discussed staff training compliance during supervision. Staff said training was easy to access and they received prompts in advance of when training was due.

As well as training for all nominated first aiders, the service was seeking to train all staff in basic first aid. Approximately 73% of the staffing team had completed this training. The course was provided externally. A trained first aider was always part of the duty rota and this was always checked during the daily flash meeting.

Assessing and managing risk to people who use the service and staff

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.

Assessment of client risk

We reviewed seven client care and treatment records. Staff triaged referrals and set up an initial assessment for each client. At this appointment the assessor completed an initial risk assessment. People were then allocated to a key worker who set up treatment appointments and booked in a nursing assessment if this was required.

Good

Community-based substance misuse services

Risks concerning physical and mental health were assessed, in addition to specific risks regarding alcohol and other substance misuse. The risk assessment considered the risks of alcohol withdrawal seizures and delirium tremens. Staff reviewed information from GPs and hospitals.

Contextual risk factors were also considered such as housing, finances and social networks and relationships. Safeguarding information and associated concerns were also comprehensively risk assessed. Additional information from other stakeholders, for example social workers, was requested and considered as part of the risk assessment process when needed.

However, one client's nursing assessment failed to include the diagnosis of Wernicke-Korsakoff syndrome and an enlarged liver although this was included in the client's referral information and the initial risk assessment. A second client's nursing assessment failed to include several long-standing health conditions that were recorded within the GP summaries. This risked staff failing to take significant physical health conditions into account. The registered manager told us that staff looked at all information prior to providing care and treatment but they planned to make improvements to the assessments to ensure they include all information required.

Staff encouraged clients to undertake blood borne virus screening.

Staff reviewed and updated risk assessments regularly, including after any incident or significant changes. For example, one client's records showed risk updates in relation to an incident within the service when the individual was intoxicated and an ambulance was required.

Management of client risk

Staff were very aware of the risks and safeguarding concerns for their clients and provided examples of action that was being taken to support clients. Staff also discussed and reviewed clients' risk in a range of forums. This included team business meetings, managers meetings, team lead meetings and one to one supervision.

Staff responded promptly to any sudden deterioration in a client's health. Risk information was shared and discussed as part of the morning briefing meetings and discussed at wider team meetings. There were daily morning meetings where staff discussed the clients and all the activities of the day. This included significant updates and changes in risk and safety for clients, appointments, referrals, discharges, incidents, and actions and tasks for the day. During the morning meeting, staff discussed the previous day's assessments, and action to take when clients had not attended key worker session or groups on the previous day.

Staff made clients aware of harm minimisation and the risks of continued alcohol misuse. This included discussion of safer ways of managing alcohol consumption and using substances. Staff also shared information to reduce the risk of clients becoming infected with blood borne viruses and about the risks to clients of drinking alcohol or taking drugs with their prescribed medicines.

Staff told us clients thought to be at high risk had their referrals fast tracked. They were assessed and reviewed and contacted within 24 hours.

Staff followed clear personal safety protocols, including for lone working. Staff told us they offered assessments at the service and sessions in GP practices and other shared locations if there were any safety concerns.

Staff worked with clients to develop and use crisis plans. All records showed plans for unexpected treatment exit and all records showed involvement with other agencies where needed. Unexpected treatment exit plans included information to assist staff to support clients to re-engage with the service. If clients did not attend an appointment, staff contacted the client to help them re-engage with the service. Care and treatment records showed when clients missed appointments, they received several calls and messages from staff within a few days. Staff said they worked with clients to develop unexpected treatment exit plans which included information to assist staff to support clients to re-engage with the service. Clients said this was useful and they appreciated this approach.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role. Staff said they kept up to date with their safeguarding training. Staff had received additional training in areas such as recognising domestic abuse and supporting victims.

Staff were able to identify risks to and from clients and knew how to make a safeguarding referral and who to inform if they had concerns. Staff were aware of how to get further advice from the designated safeguarding lead. Staff discussed safeguarding concerns in meetings, such as the daily flash meeting and the weekly leadership meetings. Staff also discussed safeguarding case studies and learning in dedicated safeguarding meetings. For example, during one of these discussions the service identified a knowledge gap in relation to supporting pregnant clients and responded by inviting a specialist midwife service in to provide staff training.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Clients' care and treatment records showed multi-agency discussions and actions being taken to address safeguarding concerns. Clients' records showed comprehensive records around safeguarding issues. Safeguarding concerns were reviewed by the leadership team and safeguarding lead and only closed following a full risk review and involvement from other professionals, such as the local authority safeguarding team.

Managers also regularly carried out safeguarding audits. Learning from the audits was discussed during team meetings and staff supervision.

Clients said staff discussed any safeguarding matters with them in their key working sessions.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Staff used a secure electronic client records system to record and access information concerning clients. Staff kept comprehensive and detailed records of clients' care and treatment. Records were clear, up-to-date and all staff could access them easily.

Medicines management

The service used systems and processes to safely record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.

The service was not currently prescribing or administering medicines, except when required during an emergency. All prescribing for detoxification and other medicines was carried out by the client's local GP.

Clinical rooms were clean, spacious and equipped with handwashing facilities. Staff had access to emergency medicines, equipment and medicines disposal facilities. The service had a contract with a clinical waste company. Fridge temperatures were regularly monitored and recorded by staff.

We found that the service's grab bag which included first aid items, emergency medicines and a defibrillator was not easily accessible. It was placed within the administrator's office because of the organisation's policy required it to be kept within a locked space. To access it, staff required a code to open the door if the administrator was not in the room. Even though staff had been informed of the code, during an emergency this could potentially cause delays in access. The registered manager stated that they were seeking a better resolution for the placement of the grab bag.

The service's nurse regularly reviewed medicines for each client who was undergoing a community detox and provided advice to clients and carers about their medicines. Staff discussed the progress of each client in multidisciplinary meetings.

Staff followed national practice to check clients had the correct medicines when they moved between services. Staff obtained client's consent to access and share information with their own GPs. This enabled staff to access medical and drug histories prior to any treatment.

Staff reviewed the effects of each client's medicines on their physical health according to NICE guidance. Clients were also offered a urine drug screen initially and during their time with the service. Clients were offered blood borne virus tests prior to treatment (hepatitis B, hepatitis C, and HIV).

Track record on safety

The service reported 40 notifiable incidents to CQC between August 2021 and August 2022. They were typical of the type of incidents that can occur in this sort of service and the service had taken appropriate action. For example, safeguarding procedures had been followed.

Reporting incidents and learning from when things go wrong

The service managed client safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff members understood their responsibilities to raise concerns and report incidents in line with the service's policy. The service had an electronic incident reporting system. Staff felt confident and supported when reporting and discussing incidents. Staff said managers investigated incidents and shared lessons learned with the team. Staff gave examples of learning from incidents within the service. For example, following an incident where a client collapsed in the service, a set of pillows and blankets was purchased that could be easily disinfected and cleaned after use to support anyone who needed to be made comfortable while on the floor.

Good

Community-based substance misuse services

Managers debriefed and supported staff after any serious incident. Staff ensured clients, and where appropriate family members and other professionals, were updated following an event. Staff also ensured care records were updated.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation if and when things went wrong.

Are Community-based substance misuse services effective?

Good

We rated it as good.

Assessment of needs and planning of care

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

We reviewed seven clients' care and treatment records. Staff carried out assessments in person or on the telephone. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented. Clients said they were involved in developing their care plans.

Staff made sure that clients had a full physical health assessment. All seven client records we reviewed had a physical health assessment on admission and there was evidence of ongoing physical healthcare for these clients. Care records demonstrated a strong focus on physical health monitoring.

Staff regularly reviewed and updated recovery plans with clients when clients' needs changed. All clients we spoke to felt involved in their treatment.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

Staff provided a range of care and treatment suitable for the clients in the service.

In line with national guidance, clients seeking treatment for alcohol misuse were assessed using the alcohol use disorder identification test and the severity of alcohol dependence questionnaire. Nurses assessed clients for community alcohol detoxification with a focus on risk factors associated with community alcohol detoxification. Correspondence from clients' GPs and blood test results were part of their initial assessment and were obtained prior to treatment commencing where available.

Good

Community-based substance misuse services

Staff delivered care and treatment in line with national guidance from the National Institute for Health and Care Excellence (NICE). This included the provision of motivational interviewing, one to one key working, self-management guidance, activities and psychosocial therapy groups.

Clients received treatment based on the outcomes of their alcohol use disorder identification test and the severity of alcohol dependence questionnaire.

In line with best practice guidance, staff liaised with GPs to ensure clients were prescribed thiamine and, where indicated, pabrinex. These medicines are prescribed to minimise memory loss as a result of alcohol misuse.

Psychosocial interventions for clients were evidence-based. Clients could access therapeutic groups immediately after their assessment. They did not need to wait for a further appointment.

Blood borne virus (BBV) testing was routinely offered to clients at the point of assessment.

The service employed a GP hub specialist. This staff member went into GP services and provided early, low level interventions for people who would benefit from reducing their alcohol intake. The staff member also helped GPs to increase their knowledge about supporting individuals where there are alcohol misuse concerns and kept them up-to-date about local support services that they could signpost people to.

Staff supported clients to live healthier lives by giving advice and supporting them to make healthy choices. Clients said staff regularly discussed ways to improve their health. Clients said they were given information about exercise, hydration and healthy eating. One client highlighted how useful it was to discuss the connection between food and alcohol and how their alcohol craving could sometimes be managed through eating something healthy.

Staff said the service was developing their co-production work with clients. There was a co-production group that met each week where clients could discuss and advise on issues and areas improvement within the service. This group had recently been instrumental is setting up a creative space within the service for art-based activities.

Monitoring and comparing treatment outcomes

Staff used recognised rating scales to assess and record severity of alcohol misuse and treatment outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff used recognised rating scales to assess and record severity and outcomes. Staff measured the treatment and recovery outcomes for each client using the treatment outcomes profile (TOPS) tool. Staff used the TOPS tool to measure change, mental health and progress in key areas of clients' lives, such as substance use, mood, social life and physical health.

Staff took part in clinical audits and there was an annual service audit plan. These audits were set by the provider and looked at health and safety, safeguarding, infection, prevention and control and physical health. Patient care and treatment records were audited as part of this programme. Recovery workers routinely had their caseloads audited. Team leads subsequently fed back any learning to the individual and shared themes during team meetings. If an individual was performing less well the audit and supervision frequency was increased. Managers and team leaders used results from audits to make improvements and shared outcomes with staff.

Staff used technology to support clients. Staff provided face to face, text, telephone and video call support for clients. The service provided two dedicated apps for people to use to help support their recovery: Breaking Free and Drink Coach. These are evidence-based apps that assist individuals who are relatively stable in their recovery but still need some additional support in between keyworker sessions.

Skilled staff to deliver care

The team included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of each client. Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care, including agency staff.

Managers gave each new member of staff a full induction to the service before they started work. Managers used an induction checklist for new starters. The induction checklist covered things such as important policies and procedures and mandatory training.

Each morning staff met to discuss cover for staff on leave, changes to groups provided, current assessments, concerns about clients not attending, any updated provider guidance and any issues with the working environment.

Managers and team leaders supported staff through regular supervision and annual appraisals of their work. Most staff said they received regular supervision. Staff said they discussed wellbeing, case load, support planning, safeguarding, risk management and training and development. Staff stated that their appraisals helped support their role and their development.

Managers made sure staff attended regular team meetings, such as business meetings, and team leader meetings. Managers and team leaders ensured meetings minutes were shared with staff who could not attend.

Managers and team leaders recognised poor performance, could identify the reasons and dealt with these. Team leaders also used supervision to support staff to improve performance in areas such as harm reduction and responding to risk.

Multidisciplinary and inter-agency teamwork

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary team meetings (MDT) to discuss clients and improve their care. Staff valued these meetings; they felt they supported learning across their teams and encouraged holistic care.

As part of the inspection, we attended a flash meeting which was held daily; staff attended this meeting in person. This meeting covered high risk clients, staff cover and a plan for the day ahead. All of the MDT were involved in conversations about client risk and planning complex clients' care and treatment.

Good

Community-based substance misuse services

Staff made sure they shared clear information about clients and any changes in their care during these meetings.

Staff had effective working relationships with external teams and organisations. These included GPs, local authority safeguarding teams, community safety teams, and other service providers, such as housing providers.

The service was in partnership with a local acute hospital and provided in-reach support to hospital patients. A drug and alcohol worker worked within the emergency department and hospital wards to identify patients with alcohol issues and offered assessments and community referrals.

Clients benefitted from arrangements between a local acute hospital and the service if they needed to attend a Hepatitis C and liver clinic or required testing for tuberculosis.

The service was also working closely with a doctor at one of the local acute hospitals to look at ways to reduce alcohol related deaths.

Good practice in applying the MCA

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

Staff received training in the Mental Capacity Act knew where to get accurate advice on Mental Capacity Act and could seek support from the service manager. The Mental Capacity Act was included in mandatory training. Staff knew how to access the provider's policy on the Mental Capacity Act. Clients' records showed the principles of Mental Capacity Act were applied when considering clients' capacity and when assessing needs.

Clients' consent to care and treatment was recorded in their records following a verbal discussion. Client consent was monitored by the service.

Are Community-based substance misuse services caring?

Good

We rated it as good.

Kindness, dignity, respect and support

Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.

As part of the inspection, we spoke with 6 clients. Clients said staff were responsive to their needs. Clients described how staff fitted them in for extra appointments when they needed support. They said staff are always extremely supportive and went the 'extra mile'. Clients said staff were discreet, responsive, polite, respectful, non-judgemental and caring, and provided care that met their individual needs. Clients also reported staff provided help, emotional support and advice when they needed it.

Staff supported clients to understand and manage their own recovery. Clients felt that staff personally knew them as individuals.

Staff signposted clients to other services and supported them to access those services if they needed help. Clients said staff made them aware of what other services were available to support their care, such as housing and physical health support.

Staff felt comfortable and supported by their colleagues to raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards clients and staff.

Staff followed policy to keep client information confidential. Clients felt staff were suitably discreet when communicating.

Service users had access to foodbank vouchers across the borough of Haringey. The service ran a breakfast club every Monday to support service users to plan their week ahead and engage and access community support. The service also received donations from local food organisations which were passed on to clients who attended the service.

The service referred service users to local homeless hubs, where they had access to support for rough sleepers and had access to food, showers and laundry services.

The service provided support for parents or those with childcare issues, the service offered evening appointments and appointments at various locations, as well as telephone, online and home visits could be arranged where required.

The service also ensured that a service user was available on the recruitment panel to support with all recent recruitment.

The involvement of people in the care they receive

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Staff involved clients in assessing risk and recovery planning. Clients said they felt involved in their recovery planning and risk management. For example, one individual described person-centred support to assist them with what was important to them, including work around possible stigma associated with attending the service.

Staff made sure clients understood their care and treatment. Clients reported they received clear information and explanations of their care and the treatment and interventions available. Clients said staff were informative and information staff provided was easy to understand. Clients said they were able to discuss their recovery with staff at regular meetings.

Clients were aware of the complaints procedure and felt confident to give feedback on the service and their treatment. Clients said they felt comfortable in giving feedback via their keyworker forum if needed. Clients said there were feedback forms in reception, and a box to submit feedback about the service.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Good

Community-based substance misuse services

Staff informed and involved families and carers appropriately. Client records documented clear involvement of families with correspondence updates. Staff told us that family and carers could attend appointments alongside clients, if the client wanted them to, however this did not happen often. A support service was offered to family and carers and their feedback was collected and collated to improve the service.

Are Community-based substance misuse services responsive?

Good

We rated it as good.

Access and discharge

The service was easy to access. Staff planned and managed discharge well. The service signposted alternative care pathways and made referrals for people whose needs it could not meet.

Staff saw urgent referrals quickly. Referred clients at high risk were fast tracked and were triaged and contacted within 24 hours.

Staff tried to contact people who did not attend appointments to rebook them and offer support. Clients' records showed persistent attempts to contact people when they did not attend appointments.

People could access treatment regardless of their housing or social circumstances, and they had some flexibility and choice in the appointment times available. Clients said they were able to arrange appointments that suited them, and appointments were rarely cancelled. If they were cancelled, clients were offered new appointments as soon as possible.

When clients were ready to be discharged from the service, staff said they ensured other agencies had relevant information to support clients. As a part of reviewing caseloads, the team leaders and staff looked at discharge planning within supervision.

If clients indicated they wanted to disengage from the service, staff signposted them to alternative community services if appropriate and made sure they were aware how to minimise the risk of harm from continued alcohol consumption.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.

The service had a full range of rooms and equipment to support treatment and care. The environment was welcoming, and COVID-19 measures were still in place to protect staff and clients visiting the service.

Clients confirmed the service had enough space and was comfortable. Interview rooms were not completely soundproof if people were loud. However, rooms all had signs reminding people to keep their volume low. Staff stated they worked together to ensure appointments were carefully planned so clients did not have to wait long in the reception area.

Good

Community-based substance misuse services

Meeting the needs of all people using the service

The service met the needs of all clients, including those with a protected characteristic or with communication support needs.

Information was available to clients in various languages, including Polish, to meet the needs of the local population.

The service held a weekly 'Connected Community' satellite onsite which gave clients access to housing, debt and legal advice from the local authority. The service also offered a welcome hub. This facilitated locality working between the service and voluntary, community and multi faith groups. The hubs were open to all refugees and people seeking asylum in the borough who required access to healthcare, education, employment, financial support, housing advice and community integration. No appointment was required, and local residents could drop in for face-to-face support.

Information was available about family support, domestic abuse, employment and improving physical health and wellbeing. Clients were also signposted to local alcoholism, narcotics, cocaine and gambling anonymous groups.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. Staff understood and respected the individual needs of each client. The service provided information in a variety of accessible formats so clients could understand more easily. Interpreters were available for clients who did not speak English.

The service offered an online support platform called 'Breaking Free Online'. This platform was a free, evidence- based wellbeing and recovery programme for alcohol and drugs. The service also offered a service called 'Insight', this platform was available for Young People and Families and provided support and information for people affected by the substance misuse of someone close to them.

The service provided a broad range of information, groups, resources and events to create an inclusive environment for all service users. For example, service user forums, peer monitoring services, women's group/space, which was led by females for females. This space had featured many different workshops and collaborations including; Routine and Structure, Feminine Power Workshop, Being Assertive, Community Gardening, Setting Goals, Lantern Making. One of the service users had been featured in a magazine for all professionals in the drug and alcohol field, and for individuals looking for information and support with addiction. The service user provided an account about her positive experiences regarding the women's group.

The service held several equality, diversity and inclusion events, for example, LGBT Pride Event, HEP C Awareness or testing event, international women's day and forum and during December 2021, Christmas Hampers were delivered to service users and included a range of self and personal care items, confectionary, 2022 diaries and activities.

Staff said they provided clients with information on treatment, local services, their rights and how to complain.

Listening to and learning from concerns and complaints

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

Good

Community-based substance misuse services

Information about how to make complaints and complaints forms were available in the reception areas. Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint. Complaints were logged on the service's data system.

Staff protected clients who raised concerns or complaints from discrimination and harassment.

Managers and team leaders shared feedback from complaints with staff and learning was used to improve the service. Staff said they discussed client feedback and complaints in team meetings and individual supervision.

The service used compliments to learn, celebrate success and improve the quality of care. Thank you cards and paintings were displayed in the service and feedback from compliments was shared in team meetings.

Are Community-based substance misuse services well-led?

Good

We rated it as good.

Leadership

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

The local leadership was strong, the registered manager had worked for the provider for one year and had worked in the substance misuse field for many years in a variety of roles. The leaders in the service were motivated and enthusiastic about supporting the client group. They strove to deliver high quality care and motivate staff to succeed. The leadership team had an in-depth knowledge of the client group.

Most staff were very complimentary about the leadership and support provided by the managers and team leaders. They felt the managers and team leaders cared about the clients and the staff. Most staff felt comfortable in raising issues and concerns with the service leaders.

The management team were committed to continuous improvement of the services available to their clients and had formed effective partnerships with local acute hospitals to benefit people with issues around alcohol misuse.

Visions and strategy

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

Leaders and staff understood the provider's vision and their values aligned with the values of the provider. Leaders clearly demonstrated the values in practice and ensured staff understood how they applied to the work of the team.

The service had a clear definition of recovery that was shared and understood by the staff group. They adapted services and encouraged new and innovative ways of working to meet clients' needs. The service had adapted its approach so it could continue to provide safe care during the COVID-19 pandemic.

Good

Community-based substance misuse services

Culture

Most staff felt respected, supported and valued. They reported that the service promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

Teamwork was highly effective. It was clear that all staff wanted the best outcomes for clients. They reported that the provider promoted equality and diversity in the day-to-day work of the service and provided opportunities for career progression. They felt able to raise concerns without fear of retribution.

The provider endeavoured to ensure they communicated effectively with staff. A peer support group and staff engagement meetings had been introduced to support staff. The engagement meetings minutes showed that staff wellbeing was a standing agenda item and was discussed regularly.

Managers monitored morale and job satisfaction of staff through regular managerial supervision. Managers also checked-in with staff regularly.

Clients told us that staff treated them with kindness, and they trusted the service to help them if needed.

The service held separate staff and client celebration and appreciation events, where activities such as yoga, head massages and food were available.

Managers actively engaged with local health providers and community organisations to ensure they met the needs of the local population. For example, the service had seen an increase in clients identifying as LGBT + during the pandemic. In response to this the service had been engaging with local charities to look at how the service could better support LGBT+ clients and was planning a recovery pride workshop.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

There was a comprehensive and detailed governance system supporting staff to provide safe and high-quality care and treatment.

All areas of the service were subject to performance monitoring and audit. There was a clear structure to the governance system, incorporating learning from incidents and complaints, and robust safeguarding procedures. There was an annual audit plan and a business continuity plan.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

The service maintained a risk register and there were processes in place to escalate risk when this was necessary. All identified risks were mitigated or there were plans in place to manage them.

Good

Community-based substance misuse services

As part of the service's assurance framework the service carried out audits and specific pieces of work when leaders identified a theme or trend emerging. The areas for improvement were already known to the service and were being monitored through internal quality reviews.

Information management

Staff collected and analysed data about outcomes and performance.

Staff informed us that they had the technology and equipment to do their work and the telephone system worked well.

The provider routinely collected performance and training data. The service had systems in place that provided leaders with information about the running of the service. This enabled leaders to maintain clear oversight of the service and to identify good practice and areas for improvement.

All information needed to deliver care was stored securely and available to relevant staff, in an accessible format when they needed it.

Staff made notifications to external bodies as needed. The service reported notifiable incidents to the Care Quality Commission.