

SMART Windsor and Maidenhead

Quality Report

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Date of inspection visit: 11 - 12 May 2016
Date of publication: 19/07/2016

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

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.

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 found the following issues that the service provider needs to improve:

- Mandatory training was poor and figures for completion of mandatory training were very low. Specialist training was also poor. Very few staff were trained in interventions normally associated with substance misuse services such as motivational interviewing, cognitive behavioural therapy, harm reduction, ITEP mapping (international treatment effectiveness project). This impacted on the safety of

the service as staff were not adequately trained. Senior managers recognised this and a robust action plan was in place to improve training across the service.

- The service did not notify the CQC of three recent deaths in the service. We raised this with senior managers during the inspection and they agreed to address this.

Summary of findings

- There was no duty of candour policy. We raised this with the Chief Executive Officer who agreed to address this, while there was no specific policy both the Incident Reporting and the Complaints Policies included openness and transparency
 - All staff we spoke with reported staff shortages. Turnover in the last year was 47%. This impacted on the safe management of the service.
 - There had been four different service managers over the last year and this had impacted greatly on staff morale. Local service delivery approaches had changed with each manager and staff were receiving inconsistent messages. Staff reported feeling stressed and worried about how their views would be received. Senior management had recognised this in recent weeks and had been visiting the service on a regular basis and offering support to staff. Staff reported this had helped. Plans were in place to ensure service management was consistent and well led.
- However, we also found the following areas of good practice:
- Risk assessments in the care records we reviewed were up to date and thorough. We saw risk being reviewed in the key working sessions we observed.
 - Assessments were present and thorough in all care records we reviewed. Care plans were holistic, recovery focused and up to date.
 - Staff were aware of safeguarding procedures and were able to give examples of child and adult safeguarding issues.
 - New incident reporting and investigation procedures had been implemented in 2015. All staff we spoke to were aware of how to report incidents.
 - Policies referencing NICE guidelines were in place for alcohol detoxification and for substitute prescribing. Clinic protocols and four way agreements between all involved in substitute prescribing were present.
 - We spoke with five clients of the service who gave very positive feedback and said staff were encouraging and supportive. We reviewed eight comment cards which all gave very positive feedback about the staff and the service.
 - All staff interactions we observed were caring and supportive. Staff treated clients with kindness and respect. The key working and clinic sessions we observed were client centred.
 - SMART had recently developed a bespoke training programme accredited to AIM awards that provided training and access to employment for volunteers, and standardised training for permanent staff members. This would ensure all staff were trained to a minimum expected standard.
 - SMART encouraged volunteers to work at the service and had developed a comprehensive training programme. SMART volunteer management had been validated by investors in volunteers accreditation.
 - Public Health England and the drug and alcohol action team (DAAT) had no current concerns about performance. SMART regularly filled in treatment outcome profiles (TOP) forms which were used in care planning to set goals and measure progress.

Summary of findings

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SMART Windsor and Maidenhead

Services we looked at

Substance misuse/detoxification

Summary of this inspection

Background to SMART Windsor and Maidenhead

SMART Windsor and Maidenhead is a fully integrated adult drug and alcohol team covering the Royal Borough of Windsor and Maidenhead. It is a community based service offering a range of interventions and provides a community alcohol detoxification programme. It also provides a needle exchange which is a place for people who are injecting drugs to obtain free sterile injecting equipment and advice. SMART provides the first point of contact for people who would like to, or are required to, access support for their substance misuse issues.

The local drug and alcohol action team (DAAT) commission the service which is provided in partnership with Claremont GP surgery. We did not inspect Claremont surgery as part of this inspection. The current contract for SMART has been extended until 31 March 2017 while a complete review of the substance misuse services is undertaken by the council.

SMART Windsor and Maidenhead is registered to provide treatment of disease, disorder or injury and has a registered manager. This location has not been previously inspected.

Our inspection team

Team Leader: Lynda Kelly, CQC Inspector.

The team that inspected the service comprised two CQC inspectors, one with experience and/or specialist knowledge of substance misuse services.

Why we carried out this inspection

We inspected this service as part of our inspection programme to make sure health and care services in England meet fundamental standards of quality and safety.

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 this service, asked a range of other organisations for information and sought feedback from clients using the service.

During the inspection visit, the inspection team:

- visited the main hub at Reform Road, Maidenhead, and looked at the quality of the environment and observed how staff were caring for service users
- spoke with five clients of the service
- collected feedback from eight comment cards from clients using the service

Summary of this inspection

- spoke with two senior managers and the Chief Executive Officer of the service
- spoke with seven other staff including the alcohol detoxification nurse, recovery support workers and student social workers
- spoke with one GP from Claremont GP surgery which provides the prescribing side of the service
- observed two key working sessions and two clinic sessions
- observed one alcohol support group
- reviewed eight client files
- inspected the needle exchange
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with five clients who gave positive feedback about the service. They all said staff were encouraging and supportive. We reviewed eight comment cards which

gave excellent feedback about the staff and the service provided. They all reported staff were helpful and caring. Services users felt listened to. Some talked about the service having changed their lives for the better.

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 issues that the service provider needs to improve:

- Mandatory training was poor and figures for completion of training were very low. This impacted on the safety of the service as staff were not adequately trained. Senior managers recognised this and an action plan was in place to address these issues.
- The service did not notify the CQC of three recent deaths of clients in receipt of a service. We raised this with senior managers at the inspection and they agreed to address this.
- There was no duty of candour policy. We raised this with the CEO who agreed to address this, while there was no specific policy both the Incident Reporting and the Complaints policies included openness and transparency.
- All staff we spoke with reported staff shortages. Turnover in the last year was 47%. This impacted on the safe management of the service.
- On the day of inspection the cleaning cupboard containing potentially hazardous material was unlocked despite a sign saying it should be kept locked. It was possible clients could have accessed this cupboard.

However we found the following areas of good practice:

- The building was spacious and well maintained which was conducive to client recovery.
- The risk assessments we reviewed were up to date and thorough. We observed staff reviewing risk in key working sessions.
- Staff were aware of safeguarding procedures and were able to give examples of child and adult safeguarding issues.
- New incident reporting and investigation procedures were implemented in 2015. All staff we spoke to were aware of how to report incidents.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

Summary of this inspection

- Specialist training was poor. Very few staff were trained in interventions normally associated with substance misuse services such as motivational interviewing, cognitive behavioural therapy, harm reduction, ITEP mapping (international treatment effectiveness project). Senior managers recognised this and a robust plan was in place to improve training across the board.
- Complex cases were discussed in supervision and team meetings. However, recording of this was very sparse.

We found the following areas of good practice:

- Assessments were present and thorough in all care records we reviewed. Care plans were holistic, recovery focused and up to date.
- SMART completed treatment outcome profiles (TOP) forms with people who used the service. These were used in care planning to set goals and measure progress.
- Policies referencing NICE guidelines were in place for alcohol detoxification and for substitute prescribing. Clinic protocols and four way agreements between all professionals involved in substitute prescribing were present.
- SMART encouraged volunteers to work at the service and developed a comprehensive training programme for clients and volunteers that was accredited with AIM awards (a national awarding organisation).
- Public Health England and the drug and alcohol team (DAAT) had no concerns about current performance.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We spoke with five clients who gave very positive feedback and said staff were encouraging and supportive. We reviewed eight comment cards which all gave very positive feedback about the staff and the service.
- All staff interactions we observed were caring and supportive. Staff treated clients with kindness and respect. The key working and clinic sessions we observed were client centred.
- Clients were encouraged to give feedback on the service using questionnaires displayed in the waiting area. Student social workers ran service user forums.
- Recovery plans were developed collaboratively with clients and took individual needs into account. Care plans showed evidence of client involvement and all were signed.

Summary of this inspection

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There was no waiting list for the service and new referrals were seen for a full assessment within five to seven days. Fast track appointments were given to people leaving prison to provide continuity of care and manage relapse. We reviewed two referrals which were assessed on the same day as referral due to need or high risk.
- The service ran satellite clinics in Windsor and Ascot and provided support to the probation hostel in Windsor. The service was open two evenings weekly and on Saturday mornings providing flexible hours to meet needs.
- The service environment was bright, airy and comfortable. Relevant information leaflets were available and clients had access to water and snacks.
- SMART had developed an online service called SMART chat. This operated seven days a week between 6pm and 11pm and offered substance misuse advice and support to callers.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needed to improve:

- The service had four different service managers in the previous year. This had impacted negatively on staff morale. Each manager changed local service delivery which meant staff were given inconsistent messages. Staff reported they felt stressed and worried about how their views would be received by management. Senior management recognised this and prior to our inspection visited the service regularly to support staff. Staff reported this had helped. Plans were established to ensure service management was consistent and well led for the future.
- Most policies we reviewed had no review date on them. The senior managers recognised this and we saw all new policies were given a review date.

We found the following areas of good practice:

- The staff team worked well together and were very supportive of each other. Staff relied on each other for peer support.

Summary of this inspection

- A clinical governance team was in place and was chaired by the newly appointed medical director. This recognised governance needed to be improved and plans were in place to ensure training, complaints, incidents and audits were managed centrally and then disseminated down to service managers.
- SMART developed a bespoke training programme accredited by AIM awards (a national awarding organisation offering a large number of regulated qualifications at different levels). It provided training and access to employment for clients and volunteers and standardised training for permanent staff. This would ensure all staff were trained to a minimum expected standard.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff attended a workshop in awareness training in the Mental Capacity Act prior to our visit. Training materials included a reference handbook. The five principles of the Act were displayed on the wall in the main office. Most staff were aware of a policy around the Mental Capacity Act.
- Care records had signed consent to treatment and signed confidentiality and sharing of information agreements.

Substance misuse/detoxification

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse/detoxification services safe?

Safe and clean environment

- SMART Windsor and Maidenhead was based in a building on an industrial estate managed by the Royal Borough of Windsor and Maidenhead. The building was shared with the local drug and alcohol action team (DAAT) who commissioned the service. The building was spacious, clean and in a good state of repair.
- The health and safety risk assessment for the building was up to date and archived copies of previous assessments were available. Monthly health and safety checks of equipment such as the blood pressure monitor and the vaccination fridge were undertaken. Individual risk assessments for potential hazards, for example around group work, electrical equipment and first aid, were present.
- The DAAT managed the fire procedures. New signage was recently updated and fire procedures were displayed around the building. The nominated fire warden for SMART had recently left and a new worker needed to be trained in this role.
- All interview rooms had alarms on the walls. These sounded around the building and all staff were expected to respond.
- The building was cleaned daily and the DAAT managed the contract. On the day of inspection the cleaning cupboard containing potentially hazardous material was unlocked despite a sign saying it should be kept locked. It was possible clients could have accessed this cupboard.
- The building had two kitchens - one for staff and one for clients. The client kitchen was airy and colourful and

both were clean. There were colour coded chopping boards, disposable gloves and aprons, food hygiene posters and handwashing technique guidance in the client kitchen. The fridges in both kitchens did not have a temperature gauge. Electrical equipment had up to date safety testing stickers.

- The clinic room was clean and well maintained. A couch was available for examinations. Sharps boxes (for syringe disposal), disposable gloves and aprons were available in the clinic room. There was a well stocked first aid box in the clinic room. No medication was stored at the premises.
- Clinical waste was bagged appropriately, stored in the garage and collected on a regular basis. New procedures around infection control and disposal of clinical waste had recently been implemented.
- A fridge for urine samples was in the garage. Samples were collected and sent to Claremont surgery for testing at the end of every day.
- The needle exchange was well stocked with a good range of equipment, including equipment for steroid users.

Safe staffing

- The service had 15 full time members of staff. This included one service manager, one deputy manager, one qualified nurse to provide alcohol community detoxification, nine recovery workers, one support recovery worker, one volunteer and two part time administrative assistants. At the time of our inspection the service also had three social work students on placement.
- A high percentage of staff had left in the last year. Turnover was 47% as of 1 February 2016. The deputy manager reported current vacancies of one recovery worker and one support recovery worker. The qualified

Substance misuse/detoxification

nurse post was filled by an agency band 6 nurse. Vacancies were difficult to fill due to commissioning uncertainties. All staff reported difficulties with staff shortages due to resignations and long term sickness. The sickness rate of permanent staff was 5.19%.

- Emergency cover was not used. Long term vacancies were covered by agency staff as in the case of the community alcohol detoxification nurse.
- The deputy manager told us there was no waiting list for the service. On average caseloads were around 40 per worker which was manageable, but one staff member told us their caseload was over 50 due to short staffing. Staff told us that some clients had had many changes in keyworkers and some had not had a regular keyworker for many months.
- It was not clear how community detoxifications would be managed if the qualified nurse was off sick or on annual leave
- Mandatory training was poor. Figures for completion of training were very low. Universal safeguarding was at 45%, Mental Capacity Act at 45%, first aid at 27%, equality and diversity at 18%, level two food hygiene at 9%, risk assessment at 0%, health and safety at 0%. Senior managers recognised this and recruited a training and development manager. The clinical governance committee recently reviewed the training requirements for all front line staff. A training matrix was being developed which included a record of all training completed, mandatory training required and a revalidation cycle.

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

- We reviewed eight care records. All had up to date risk assessments and six had good risk management plans in place. Staff discussed risks including using illicit drugs on top of prescribed medication and risks of using drugs and alcohol during pregnancy. Staff offered clients advice to manage risks. Staff discussed risks with clients who were on supervised consumption or daily collection of medicine. This was done to monitor risk to clients more effectively. One pregnant client had an updated risk assessment and care plan indicating new risks due to her pregnancy.
- Staff told us all clients had a full risk assessment at initial assessment. Risk was reviewed as standard every 12 weeks and clinical reviews with the prescribing GP were also held every 12 weeks. Additionally, risk was reviewed during key working sessions. Clients were seen more frequently at the beginning of treatment and less often once more settled. Protocols were in place and pharmacies informed the team if a client missed collecting their prescription for three days consecutively. This meant that the pharmacy did not dispense, in line with NICE guidelines, and treatment was reassessed. High risk clients such as those using on top of prescriptions or clients using more than one drug were only given weekly prescriptions. This meant they were seen by their keyworker more frequently to assess risk. Other control measures included daily pick up of medication or supervised consumption of medication ensuring risk was closely monitored.
- We observed two key working sessions and two clinic sessions. Risks such as injecting techniques, using illicit drugs on top of prescribed medicine, and the dangers of drinking while on substitute medication were reviewed and discussed.
- Needle exchange workers discussed risks of using illicit drugs on top of prescriptions and shared any concerns with the GP prescriber.
- One staff member was allocated the task of checking the wellbeing of all clients without current keyworkers to assess risk
- There was no allocated duty worker to cover telephone calls or visits. Phones rang around the office until answered by a worker
- Safeguarding training was delivered by the local authority. Training rates were low at 45%. No safeguarding alerts were sent to the CQC as of 11 February 2016. However staff we spoke with had an awareness of safeguarding and the safeguarding procedure was visible in the main office. Staff were able to give examples of safeguarding children and adults. They notified social services if a client had regular contact with a child. Examples of adult safeguarding included domestic abuse. Senior managers told us that the aim was to have all front line staff trained in safeguarding levels one and two.

Substance misuse/detoxification

- Staff rarely worked alone. There was a call in system for workers at satellite clinics to check their safety. Breakaway techniques and de-escalation were on the mandatory training rota but staff had not had this training at the time of inspection. We observed good interactions with clients and staff told us they used de-escalation techniques to manage aggression.
- All staff had an up to date Disclosure and Barring Service (DBS) check and renewal dates were recorded.

Track record on safety

- The provider reported one serious incident over the last year which required further investigation. This was a prescribing GP who had failed to attend clinic
- There were three recent deaths of clients in receipt of a service The service provider did not notify the CQC of these incidents and this was raised with the senior managers at the inspection.

Reporting incidents and learning from when things go wrong

- Senior managers told us that a new policy was introduced in August 2015 regarding reporting incidents. This followed a serious incident at another service that had not been properly managed. The new policy was aligned to the NHS serious incident framework and included three steps – incident reporting, incident investigation and investigation review. All staff completed the initial training on incident reporting. All managers received training on investigating incidents and root cause analysis.
- All incidents were reported to the manager on duty and then emailed to a central health and safety inbox which was monitored daily by a senior manager and escalated if necessary.
- Staff we spoke with confirmed they reported incidents and were able to give examples such as aggression and use of alcohol on the premises.
- We saw examples of learning from incidents and improvements made as a result of incidents. A central incident review panel met monthly and provided a quarterly report which summarised number and severity of incidents and lessons learned. These were disseminated through team meetings.

- Staff reported debriefings were informal but that they felt supported.

Duty of candour

- There was no policy directly related to duty of candour but the CEO agreed to look into this. However there was no evidence that the service was not transparent. For example, we saw evidence of one serious incident where the family member was invited to discuss the matter with senior managers.

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

Assessment of needs and planning of care

- The assessment form was thorough. It contained detailed information on drug and alcohol use, injecting history, mental and physical health and wellbeing, safeguarding, housing, employment, criminal justice involvement and risk assessment and management.
- We reviewed eight care records. All had a full assessment of current drug use and injecting history. Seven had details of previous treatment although some were more detailed than others. Harm reduction advice was evident in all and assessment of motivation to change was discussed. All had a current recovery plan and were personalised, holistic and recovery focused. All care plans were signed however no clients had been given a copy of their care plan.
- Assessment for community alcohol detoxification was thorough. There were clear policies and procedures for liaising with the local GP for prescribing, and for physical health checks and monitoring prior to commencing the programme
- All files were electronic and stored securely. The prescribing GPs had separate files stored at the surgery but SMART kept copies of relevant information such as prescriptions for individual clients.

Best practice in treatment and care

- The alcohol detoxification nurse demonstrated awareness of NICE guidelines. We saw thorough assessment forms and standard letters to GPs regarding

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clients potentially undertaking detoxification. We viewed the policy on community alcohol detoxification and found this to be thorough, it was dated April 2016 and had review date.

- SMART were not responsible for the prescribing of substitute medicine for drug misuse as this was provided by GPs from Claremont surgery. However, SMART coordinated the prescribing clinics and GPs attended the premises to conduct clinics on a daily basis through a partnership agreement. We reviewed the SMART prescribing policy which referenced NICE guidelines and the 'orange book' which is the nationally agreed guidelines on clinical management of drug misuse. We reviewed local procedures around the running of the clinics and of four way agreements between client, keyworker, prescribing GP and the pharmacy. This detailed expectations of all people involved.
- Informal counselling was offered during keyworker sessions but this was dependent on the individual keyworker's approach.
- Support was available through keyworker sessions. Interview skills, employment and housing issues were covered during these appointments. Recovery workers accompanied clients to appointments when necessary. This provided clients with additional support. Workers referred clients to local vocational services to access employment.
- SMART had a recovery day programme with a variety of groups. This included anxiety management, acupuncture, support groups, a health and wellbeing group, relapse prevention and pre treatment and support groups. However due to recent frequent management changes this was suspended and had recently been re implemented. This meant that the
- Staff considered clients' physical and mental health care needs. The alcohol detoxification nurse conducted a thorough assessment of physical and mental health in liaison with the GP prior to starting any treatment. This included relevant testing such as liver function tests and the prescribing of thiamine and vitamin B prior to commencing detoxification. For all clients a health and wellbeing group was available and a general nurse from Claremont surgery attended weekly clinics to provide blood borne virus advice and vaccinations.
- We observed the GP prescriber checking a client's injecting sites and discussing overdose and liver damage with clients.
- Policies were in place to ensure safe prescribing practice such as advising local GPs of any prescription changes from clinic, full toxicology results prior to any prescribing of substitute medication and regular urine screens during treatment. There were prescription collection procedures in place for hard to reach clients such as needing to see the GP in clinic every fortnight, having weekly keyworker sessions to collect prescriptions. Titration and reduction plans were in place where indicated. This ensured safe prescribing of substitute medication.
- Alcohol audit tools were on all care records we reviewed. These are tools to measure the amount of alcohol used by a person. Seven records had a blood borne virus assessment and all had evidence of regular medical and prescription reviews. Three records had no evidence of ongoing physical care.
- Treatment outcome profiles (TOP) forms were regularly filled in and sent to Public Health England (PHE). The DAAT reported performance against outcomes was currently good and SMART was in the top quartile nationally for successful treatment completions . The DAAT reported 523 clients in treatment over the last year with a combined successful completion rate of 30.59% (160 clients). The service manager attended quarterly meetings with commissioners to review performance, outcomes, successful treatment completions and unplanned treatment leavers.
- Senior management reported the audit system had recently been reviewed and updated. Over the last two years practice standards were developed and during this period organisational audits were replaced with a focus on local audits. Audits took place at local level but these were dependent on service managers. Some staff reported involvement in peer audits around care records but there was confusion about what the audit policy was currently due to frequent changes in management at service level. The clinical governance group recognised the need to go back to a central monitoring system for audits and this was being implemented.

Skilled staff to deliver care

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- We reviewed induction policies and procedures which were thorough and included an induction flowchart, staff induction and guidelines for managers. However these were dated 2014 with no review date. The data pack reported staff completed mandatory training at induction and this included reading SMART policies. Senior managers told us the induction period lasted a total of six months and was broken down into the first two days of employment, then two weeks and then the remainder of the probation period. One staff member reported their induction had been thorough.
- Volunteers received comprehensive training. SMART volunteer management was validated by investors in volunteers accreditation. SMART developed a unique training programme that was accredited with AIM awards. Volunteers accessed the level one certificate of this training called level one skills for employment and further learning.
- Specialist training for other staff was poor. Few people were trained in interventions normally associated with substance misuse services. No staff had been trained in needle exchange, cognitive behavioural therapy, ITEP mapping, domestic abuse or alcohol detoxification. Only 9% of staff were trained in motivational interviewing, 27% in working with people in addiction, 9% in legal highs, 54% in de-escalation and 63% in group work. A clinical governance committee was set up and this highlighted the lack of specialist training for staff. As a result a training and development manager was recruited who undertook an extensive skills audit. The audit showed a strong team ethos but staff with little confidence in delivering interventions. Senior managers reported that a major goal for this year was to ensure all staff were trained to a minimum standard. We saw evidence of training plans and a training matrix and evidence that staff were beginning to book themselves on this training. SMART had developed a bespoke level three certificate in substance misuse and complex needs that was accredited by AIM awards. All frontline staff were to be trained to this standard. Administrative staff were to have their own audit this year and following training of frontline workers a management training audit would be undertaken. The aim was to have all managers trained to a high standard. Some managers told us they were already enrolled on specific management courses.
- Staff were mainly employed on the basis of their experience. There was only one qualified nurse in the service who was agency and was responsible for community alcohol detoxification. The prescribing GPs were all trained to the royal college of general practitioners (RCGP1) in substance misuse and the lead GP was trained to level 2. The GPs were not employed by SMART but had a partnership agreement managed by the commissioners. A further qualified nurse from the GP surgery attended on a weekly basis to engage clients in blood borne virus education and vaccination. Student social workers were often given short term placements with the team which enabled further links with the local authority.
- The group alcohol session we observed was of a good standard and looked at issues such as lapses, relapses, avoidance and management of challenging events. The two keyworker sessions we observed were well led and covered all relevant issues.
- All staff told us they received monthly supervision and this was evidenced in staff supervision notes we reviewed. All workers had a named supervisor. Appraisals happened yearly and 53% of staff had had an appraisal as of 1 February 2016. We were told that the remaining staff were either new staff or agency staff. Supervision notes were in the main very brief. There was emphasis on how the worker was feeling and managing. However there was little discussion around complex cases and case management. Some staff reported a monthly peer reflective group which was helpful. This did not take place regularly in recent months due to changes in management.
- Staff attended weekly team meetings. Minutes listed agenda items including safeguarding, serious incidents, and high risk clients.

Multidisciplinary and inter-agency team work

- Complex cases were discussed in supervision and team meetings. However, recording of this was very sparse.
- The service had good working links with outside agencies. Recovery workers took the lead on issues such as criminal justice or dual diagnosis. Due to high staff turnover this was difficult to maintain in the last year. Probation links were strong and the criminal justice lead worker attended weekly meetings at probation to discuss clients on drug and alcohol treatment orders.

Substance misuse/detoxification

They also supported the probation hostel in Windsor. All staff reported good links with GPs, pharmacies, probation, DAAT, and other organisations such as alcoholics anonymous, the crystal team (for pregnant clients) and domestic abuse agencies. Staff reported links with mental health teams were poor however there was a plan for the Health and Wellbeing nurse to become the dual diagnosis lead.

- External agencies were often invited to, and attended, team meetings to strengthen links.
- The service manager attended regular meetings with the prescribing GPs but staff did not receive regular feedback of these meetings. The deputy manager attended regular meetings with the local council, DAAT, housing, police and crisis team and fed this back to staff at team meetings.

Good practice in applying the MCA

- The training analysis identified a lack of staff knowledge around the MCA. As a result all staff received basic awareness training via a workshop prior to our visit and received training material including a reference book. The five principles of the Act were displayed on the wall in the main office. Most staff were aware of a policy around the MCA. The provider planned to introduce further training around this.
- Care records contained signed consent to treatment and signed confidentiality and sharing of information agreements.

Equality and human rights

- We reviewed the SMART equality and diversity policy. This was dated 2014 with no review date. However assessment paperwork identified clients' diverse needs. The service tried to engage hard to reach clients by undertaking outreach work to engage homeless clients to help reduce harm.

Are substance misuse/detoxification services caring?

Kindness, dignity, respect and support

- All staff interactions we observed were caring and supportive. Staff treated clients with kindness and respect. The key working and clinic sessions we

observed were client centred. Workers checked clients' understanding, gave them relevant information and were encouraging. All staff we spoke with were enthusiastic about the job they did and the care they provided. All five clients we spoke with reported the service was very good.

- All recovery and clinic sessions took place in private rooms. All drug testing was completed upholding the client's dignity as much as possible
- The social work students started client forums. Feedback from clients was very positive and praising of key workers.
- We viewed eight comment cards filled in by clients. All were very positive about the staff and reported caring and respectful interactions.
- Signed consent was gained to contact significant others if there was concern about a client and this was kept in the care records.

The involvement of people in the care they receive

- Staff developed recovery plans collaboratively with clients taking into account individual needs. All clients we spoke with and all sessions we observed took into account client views and actions were agreed accordingly. Care plans showed evidence of client involvement and all were signed. However no clients had been given a copy of their care plan.
- Student social workers set up client forums and asked for feedback on specific themes. As a result they updated notice boards displaying relevant information to clients, developed business cards with group times and were developing a data base of local resources.
- However staff reported inconsistent messages were given to clients due to frequent changes of managers over the last year. In some cases rapid reduction plans had been implemented with little discussion with client or keyworker. Staff had been upset by these changes and senior management were now aware of these issues and were addressing them.
- Staff encouraged clients to feed back on the service and forms were available in the waiting area. Exit questionnaires were also utilised. The results of these

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surveys were displayed on the client notice board every month. Volunteers sometimes sat in the waiting area to gain verbal feedback from clients and to encourage them to fill in the questionnaires.

- A family and carers group took place on Thursday evenings to support carers.
- Information was not readily available in other formats or languages.

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

Access and discharge

- The service received referrals from local GPs, social services, self referrals, criminal justice services and other agencies. A basic referral form was completed at first contact and the client was allocated to a worker for a full assessment. Weekly allocations took place at the team meeting. The deputy manager told us there was no waiting list and that all clients were offered an appointment for full assessment within five to seven days. If a client wanted substitute prescribing a full urinalysis was sent off at assessment to check drug use. The results were available in 10 to 14 days and the client was given a clinic appointment within 14 days.
- There were 246 clients in service. An average of 165 clients were seen weekly with an average individual caseload of 40 clients per worker. Of the clients seen weekly there were approximately 70 clients in the prescribing clinic and 95 in other interventions.
- The team saw clients urgently if needed. Of the eight care records we reviewed, two were seen for a full assessment on the day of referral. Fast track appointments were available for clients leaving prison.
- Staff tried to engage hard to reach clients. The criminal justice lead worker provided support to the probation hostel in Windsor. Satellite clinics were run weekly in Windsor and Ascot and the main service was open two evenings a week and a Saturday morning providing flexible hours to meet needs.
- Pregnant clients received specialist risk assessments and were linked in with specialist pregnancy agencies.

- Staff reported they tried to re-engage clients who left treatment in an unplanned way. Staff contacted their clients to follow up non attendance. There was a policy to call the client and if there was no reply staff sent out letters asking them to contact the service. If clients did not make contact, staff discussed the matter with the prescribing GP and a decision was made to discharge. When staff had ongoing concerns about a client other agencies were contacted, including the police, to request a welfare check. However we did not see any individualised formal re-engagement plans in the care records.

The facilities promote recovery, comfort, dignity and confidentiality

- The main waiting area for clients had bright comfortable seating. Music played and water was available. The client lounge was also bright and comfortable. Information leaflets on drugs and alcohol were available. A 'having your say' box, a suggestions box and concerns and complaints leaflets were displayed.
- Posters were displayed with information on alcohol, acupuncture, and substance misuse support groups. Notice boards displayed information about the structured group programme and other recovery based groups.
- Clients were seen in private rooms with a table, chairs and temperature controls. Confidentiality was maintained. A big group room was available. The building had access to enclosed outdoor space where groups could be held in the summer months.
- The client kitchen was bright and airy and well equipped with tea, coffee and biscuits.
- There were separate male and female toilets.
- Condoms and sexual health advice was available.

Meeting the needs of all people who use the service

- The service was on the ground floor of the building and was accessible to people with disabilities. A disabled toilet was available.
- The service offered flexible appointment times and operated satellite clinics in Ascot and Windsor and opened late two evenings and on Saturday mornings providing flexible hours to meet needs.

Substance misuse/detoxification

- The service operated an online SMART chat which was available to anyone requiring information and support around substance misuse issues. This operated seven nights per week from 6pm to 11pm and was staffed on a rota basis by the workers.
- Client feedback identified a lack of access to education and training. The SMART level one certificate was offered which gave clients opportunities to access training and employment. The service had two computers available for clients to use with staff support to access training and employment.

Listening to and learning from concerns and complaints

- The complaints policy was dated 2013 but had no review date. The data pack reported five complaints in the last 12 months that were all upheld. Learning from these was discussed at operational meetings and feedback disseminated down to frontline staff through managers. All met the three day initial response target. We reviewed three complaints which had been dealt with appropriately. All staff we spoke with were aware of the complaints procedure and reported any complaints to the manager. Most complaints were verbal and managed at team level. Any that could not be managed were escalated appropriately.
- The service had leaflets on complaints and compliments available for clients.
- In October 2015 the governance and risk assurance team was established. This met quarterly and reviewed all complaints. Feedback was given to the board. The head of quality and assurance reviewed all complaint logs on a monthly basis and made recommendations to the governance team. Identified learning was disseminated to managers who discussed them at team meetings

Are substance misuse/detoxification services well-led?

Vision and values

- The SMART website displayed the organisational values and vision. We observed staff implementing the values in their work.

Good governance

- The organisation had a clinical governance team. This recognised the need for various improvements across the service. Training was a significant issue and the team were taking steps to address this. A new medical director was appointed in January 2015 and chaired the clinical governance committee. The head of quality and compliance chaired the health and safety committee.
- We saw the organisational structure of the organisation. The CEO ensured the board was updated on all developments.
- Senior managers reported that training needs, complaints, audits and other governance issues needed to be overseen centrally and this was now being implemented to ensure consistency across the services. Organisational audits were being reintroduced this year and incident procedures had been updated. This resulted in a significant increase in reporting of incidents.
- Most policies we reviewed had no review date. This was recognised and new policies were now given a review date and all policies were sent to managers to disseminate to front line workers via team meetings.
- We viewed the risk register for the service which identified 29 risks, 10 high and 19 medium. All had action plans in place. The CEO updated this on a regular basis and submitted it to the board.

Leadership, morale and staff engagement

- The DAAT commissioned the service and over the last 12 months there was uncertainty regarding the future of the service. Staff were notified of the potential of redundancy because the provider had been informed that there was substantial reduction in funding or that the contract would end. This had impacted negatively on staff morale and there was a 47% turnover of staff in the last 12 months. The contract was extended until March 2017 and a consultation paper was to be presented to cabinet at the end of May 2016. Staff remained uncertain as to the future of the service. Senior managers offered support to staff around these issues.
- The service had had four different managers in the last 12 months and this meant inconsistent messages were given to staff and clients. Local service delivery processes were changed at short notice and impacted

Substance misuse/detoxification

negatively on staff morale. Staff reported feeling unsupported and uncertain. They told us they felt victimised and harassed. Senior management recognised these issues and visited the service in the weeks before our visit. Staff reported feeling more supported and listened to and morale was starting to improve.

- All staff we spoke with were aware of the whistleblowing policy.
- All staff reported strong peer support and could rely on each other. All saw the presence of senior management in recent weeks as positive and staff were feeling listened to.

Commitment to quality improvement and innovation

- SMART developed a bespoke training programme accredited to AIM awards that provided training and access to employment for clients and volunteers and standardised training for permanent staff members. This ensured all staff were trained to a minimum expected standard. The aim was to have all staff trained to the level 3 certificate in the next 12 months. The level three certificate is called working with substance misuse and complex needs. The programme covers a range of units from drug and alcohol awareness to homelessness and sexual exploitation.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that mandatory and specialist training is sufficient to support staff to carry out their roles safely and effectively. All staff must undertake this training.
- The provider must ensure that it notifies CQC of any deaths in service so this can be properly regulated.

Action the provider **SHOULD** take to improve

- The provider should ensure that stable management at service level is provided and maintained in order for staff to hear consistent messages regarding policies, procedures and ways of working.
- The provider should ensure they have a duty of candour policy in place.
- The provider should ensure cleaning cupboard doors are kept locked.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing</p> <p>Mandatory training was poor and figures for completion of mandatory training were very low. Specialist training was also poor. Very few staff were trained in interventions normally associated with substance misuse services. This impacted on the safety of the service as staff were not adequately trained.</p> <p>Regulation 18(1)(2)(a)(b)</p>

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services</p> <p>Regulation 16 Care Quality Commission (Registration) Regulations 2009 Notification of death of service user</p> <p>There were three recent deaths of clients in receipt of a service. The provider did not notify the CQC of these incidents.</p> <p>Regulation 16(1)(a)</p>