

# Addaction - Leominster

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### 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 do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The environment was clean and well presented, clinic checks were undertaken when required and all staff carried personal alarms. Staff levels were in line with estimated levels set out by the organisation. There was no use of bank and agency and each worker had an average caseload of 50 clients.
- Staff followed guidance issued by national bodies, for example, the national institute of health and care excellence, relating to best practice. Addaction offered a range of therapies and treatment options. Staff also supported clients with different aspects or care such as assistance with housing or employment. There was a wide range of staff available including recovery workers, doctors, social workers and a non-clinical prescriber.
- All staff were experienced and had received a formal induction and mandatory training. Staff received regular supervision and annual appraisal. The team met on a regular basis to discuss incidents and new clients. Staff also met regularly with outside agencies including local safeguarding bodies, mental health services and charities dealing with housing and support. Staff had received training in equality and diversity and there was evidence that the individual needs of each client had been considered when creating care plans. There were systems in place to

# Summary of findings

help clients manage transitions to other services and provision was in place to offer relapse prevention and support to clients for a period after they had been discharged from the service.

- We observed staff that were caring and supportive and clients spoke very highly of the staff that they worked with. Staff had good knowledge of their clients and were aware of their individual needs. They were also aware of the need for confidentiality and demonstrated this in their discussions. Clients and carers were encouraged to be involved in the creation of care and treatment plans. There was evidence of discussions with carers and family members from the first point of referral.
- We found evidence that there was monitoring of caseload sizes to ensure that all clients could be seen regularly and in a timely manner. There were also systems in place to ensure that clients that had not attended appointments were followed up. There was a wide range of rooms available to offer treatment and undertake interviews. Information was available about treatments and local support groups.
- Addaction's values were compassionate, determined, and professional. Team objectives reflected these and they ran through supervision and appraisal records. Staff had received mandatory training and felt that they had the knowledge and support to be able to undertake their role. Staff morale was high and all staff we spoke to stated that they enjoyed their role. The service used key performance

indicators set out by the commissioners and the National Drug Treatment Monitoring Service (NDTMS). Staff used information from treatment outcome profiles to inform NDTMS of the work they had carried out.

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

- The interview rooms did not have adequate soundproofing. Staff stated that they tried to moderate how loudly they spoke when using the rooms to protect client confidentiality. It was not an issue in the waiting area as music was playing so you could not hear conversations in the small rooms.
- The service was using a mix of electronic and paper records and this meant the notes were not easy to follow. The risk assessments had not been updated on one set of records and were missing in another set.
- Care plans varied in quality with two not showing enough detail and history for the clients. Recovery plans were personalised and showed that the clients had contributed to them being completed but the quality of them was inconsistent.
- Staff did not have awareness of incident reporting and we found evidence that they did not always ensure that this was taking place. Staff also did not participate fully in clinical audits. Managers were aware that both of these were an area for improvement and had been working with staff on this.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		see overall summary

# Summary of findings

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### Summary of this inspection

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# Addaction - Leominster

**Services we looked at**

Substance misuse services.

# Summary of this inspection

## Background to Addaction - Leominster

Addaction is a national organisation and was founded in 1967. It has approximately 150 services across the UK that provide a range of services for drugs, alcohol and mental health.

Addaction Leominster is a community substance misuse service that provides drug and alcohol treatment to people in Leominster. It is managed under the same contract as Addaction Hereford.

The team provides support and treatment for people aged 11 and older who use drugs and alcohol. The young person's service was not included in this inspection as it is based in Hereford but covers the whole county.

The service also provides support to client's family and friends where appropriate.

The Addaction Leominster service provides advice support and treatment for people with drug and alcohol issues. It offers a range of services to support medical and psychosocial rehabilitation.

The service is open Tuesday, Thursday and Friday between 9.00 and 5.00 and on Wednesdays between 9.00 and 7:30pm. Clients can also access the Hereford service on the first and third Saturday of each month between 10.00 and 13.00.

Addaction Leominster is registered to provide regulated activities in the treatment of disease, disorder or injury and diagnostic and screening procedures.

They have a registered manager. They were last inspected in October 2016 as part of the Addaction Hereford inspection. This is their first inspection as a separate location.

## Our inspection team

The team that inspected the service comprised CQC inspector Linda Clarke (inspection lead), and one other CQC inspector.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

## How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

- Is it responsive to people's needs?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for information.

During the inspection visit, the inspection team:

# Summary of this inspection

- visited the Addaction Leominster location, looked at the quality of the physical environment, and observed how staff were caring for clients
  - spoke with two clients
  - spoke with four members of staff members employed by the service provider, including support workers and the team leader
  - received feedback about the service from one commissioner
  - looked at 10 care and treatment records and five personnel and supervision files
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

The two clients we spoke to were very positive about the service they received. They described the staff as caring

and motivational. They felt the service had given them stability and more control over their own lives. They stated that they could get appointments when they needed and support was available in a crisis.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The environment was clean and well presented, clinic checks were undertaken when required and all staff carried personal alarms. Though there were inconsistencies relating to how these were checked we were assured that these would be checked daily going forward. All equipment that we checked had stickers attached stating when they had been calibrated or checked.
- Staff levels were in line with estimated levels set out by the organisation. There were no vacancies at the time of our inspection. Managers reviewed caseloads regularly to ensure these were manageable. Staff had received mandatory training and induction.

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

- The service was using a mix of electronic and paper records and this meant the notes were not easy to follow. They varied in quality with some clients having all areas of risk completed and others having just a few boxes completed. The risk assessments had not been updated on one set of records and were missing in another set.

### Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice

- Staff followed guidance issued by national bodies, for example the national institute of health and care excellence, relating to best practice. Addaction offered a range of therapies and treatment options. Staff also supported clients with different aspects of care such as assistance with housing or employment. Health care assistants were trained to undertake physical health assessments on all clients.
- There was a wide range of staff available including recovery workers, doctors, social workers and a non-clinical prescriber. All staff were experienced and had received a formal induction and mandatory training. Staff received regular supervision and annual appraisal and there was evidence that staff performance had been managed appropriately.



# Summary of this inspection

- The team met on a regular basis to discuss risk and new clients. There was also evidence of meetings and discussions with staff from other parts of the organisation. Staff also met regularly with outside agencies including local safeguarding bodies, mental health services and charities dealing with housing and support.
- Staff had received training in the Mental Capacity Act and its five statutory principles. They were able to apply this training day to day to offer support to their clients. Staff had also received training in equality and diversity and there was evidence that the individual needs of each client had been considered when creating care plans. Consideration had been given to a client's history, culture and personal wishes.
- There were systems in place to help clients manage transitions to other services and provision was in place to offer relapse prevention and support to clients for a period after they had been discharged from the service.

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

- Care plans varied in quality with another two not showing enough detail and history for the clients. Recovery plans were personalised and showed that the clients had contributed to them being completed but again the quality of them was inconsistent and they did not always contain all the information required.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff who were caring and supportive and clients spoke very highly of the staff that they worked with. Staff had good knowledge of their clients and were aware of their individual needs. They were also aware of the need for confidentiality and demonstrated this in their discussions with us.
- Clients and carers were encouraged to be involved in the creation of care and treatment plans. There was evidence of discussions with carers and family members from the first point of referral.

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

# Summary of this inspection

- The service did not have information about advocacy on display. Staff did refer clients to a local service user group for support.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We found evidence that there was monitoring of case load sizes to ensure that all clients could be seen regularly and in a timely manner. There were also systems in place to ensure that clients that had not attended appointments were followed up. Provision had also been made for clients to be able to access a sister service on the days that the service at Leominster was closed.
- There was a wide range of rooms available to offer treatment and undertake interviews. Information was available about treatments and local support groups. This information was available in an accessible format and could be provided in a range of different languages if requested.
- Though the service had not received any complaints in the twelve months prior to our inspection clients we spoke to told us they were aware of the complaints procedure and felt that they would be able to make a complaint if they needed to. There was a formal system in place to ensure that complaints were dealt with correctly and any learning would be fed back to staff at staff meetings or on a one to one basis.

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

- The interview rooms did not have adequate soundproofing. Staff stated that they tried to moderate how loudly they spoke when using the rooms to protect client confidentiality. It was not an issue in the waiting area as music was playing so you could not hear conversations in the small rooms.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Addaction's values were compassionate, determined, and professional. These were reflected in team objective and ran through supervision and appraisal records. Staff were aware of who their most senior managers were and stated that they were visible within the service.

# Summary of this inspection

- Staff had received mandatory training and felt that they had the knowledge and support to be able to undertake their role. Managers also stated that they felt that they had enough authority to manage the team. Staff morale was high and all staff we spoke to stated that they enjoyed their role. They also stated that they felt supported by managers and were confident that they would be given support to develop themselves whilst employed by Addaction.
- The service used key performance indicators set out by the commissioners and the National Drug Treatment Monitoring Service (NDTMS). Staff used information from treatment outcome profiles to inform NDTMS of the work they had carried out. This information included how many clients had exited the service drug and alcohol free and whether they gained housing and employment.

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

- Staff did not have awareness of incident reporting and we found evidence that they did not always ensure that this was taking place. Staff also did not participate fully in clinical audits. Managers were aware that both of these were an area for improvement and had been working with staff on this.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training in the Mental Capacity Act and understood how to use this to support their clients. They showed through examples given that they knew when capacity needed to be assessed and which other agencies they should involve in this.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

- Interview rooms did not have alarms but staff carried personal alarms which when activated set off an alarm in the staff office. The checking of these alarms was inconsistent and not clearly recorded. We spoke to the team leader on the day of the inspection who agreed to put in a new system where they would be checked during the daily meetings.
- Staff maintained the clinic room and needle exchange to a high standard. It was clean and all needles and equipment was in date. The fridge temperature was not monitored daily but staff stated it was rarely used and only checked when it was in use. It was empty at the time of the inspection. The clinic room had the necessary equipment for carrying out physical health care checks and all equipment was calibrated and in date.
- All areas of the service were clean and well maintained. The building owners employed contractors to clean the building. We saw the contract for this and could see that the cleaning took place on a regular basis.
- Staff adhered to infection control principles and we saw hand gel was available and hand-washing notices were in place.
- Equipment was tested and safety stickers were in place. We saw the service had certificates or contracts for legionella, fire risk assessments and clinical waste removal.

### Safe staffing

- Addaction Leominster shared some staff with Addaction Hereford as they work under the same contract. This includes the nurses and non-medical prescriber. The

doctor spends one day a week at the Leominster location. This did not affect the quality of service provided and allowed for greater flexibility for clients. The service currently has 3.6 whole time equivalent (WTE) recovery workers, one WTE team leader, one WTE administrator and one WTE healthcare assistant.

- This service had no vacancies.
- The average caseload per worker was 50 clients. Managers reviewed caseloads in fortnightly meetings to ensure these were manageable for staff. Addaction Leominster run a duty system where new clients could drop in and be seen on the same day. Staff contacted third party referrals as soon as they came in and they could be seen on the same day if necessary so there were no waiting lists.
- The service had arrangements in place for cover during annual leave and sickness. They could use staff from the Hereford service if they needed to.
- This service was not using bank or agency staff.
- The doctor was based in Hereford and visited Leominster once a week depending on demand. They were available at other times if staff had clients who needed to be seen.
- All staff had completed mandatory training including equality and diversity, safeguarding and information governance.

### Assessing and managing risk to clients and staff

- We reviewed 10 sets of client records. The records included items such as risk to self and risk to others including family and children. The service was using a mix of electronic and paper records and this meant the notes were not easy to follow. They varied in quality with

# Substance misuse services

some clients having all areas of risk completed and others having just a few boxes completed. The risk assessments had not been updated on one set of records and were missing in another set.

- Staff recorded information about who the client would want to be contacted in the case of an emergency or a deterioration in their health.
- Staff could refer clients to their GP or mental health services if their health deteriorated and could arrange additional support through the service for issues relating to substance misuse.
- This service did not have a waiting list and saw clients as soon as they could after receiving a referral.
- All staff had received training in safeguarding vulnerable adults and children level 2, and understood when to make a referral. They followed the procedures set out in Addaction's policy. We saw good evidence of safeguarding issues relating to children being managed by staff in three sets of client records. Staff were actively involved with the local safeguarding teams and attended meetings relating to safeguarding and child protection.

## Track record on safety

- There had been no serious incidents reported in the six months prior to the inspection.
- The team leader gave examples of recent adverse events including a case where a client verbally threatened a worker and the client's partner following feedback given by the service. The member of staff was supported and it was agreed that this couple would not be seen together in future and this was added to the case file as an alert. Staff also liaised with other agencies to find a way to support the client and partner more effectively.

## Reporting incidents and learning from when things go wrong

- Addaction Leominster only reported three incidents in the six months prior to the inspection. These related to a death, a staffing incident and a prescribing error.
- Staff used an electronic recording system for incidents. Managers have been working with the staff to ensure staff reported all incidents in this way rather than verbally to managers.

- Staff knew what to report and received feedback through supervision and the daily team meeting. Minutes from these meetings showed learning and action points.
- Addaction Leominster also shared learning nationally within the organisation through case studies, which staff also discussed in team meetings.

## Duty of candour

- Staff stated that they were open and honest with clients when things went wrong such as delayed prescriptions or if a prescription was stopped for clinical reasons. The clients we spoke to felt staff had been clear about what they could expect from the service and what staff expected them to contribute.

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

## Assessment of needs and planning of care

- We reviewed 10 sets of records. One set had no care plan and in another, the care plan had not been updated. The plans varied in quality with another two not showing enough detail and history for the clients. Recovery plans were personalised and showed that the clients had contributed to them being completed but again the quality of them was inconsistent and they did not always contain all the information required.
- Staff used both paper and electronic records. Paper records were stored securely in locked cupboards but we found that having two systems in place was confusing. This could affect client care if clients changed worker, if their worker was absent or on leave.

## Best practice in treatment and care

- Doctors and non-medical prescribers followed the National Institute for Health and Care Excellence (NICE) guidance when prescribing medication (Methadone and buprenorphine for the management of opioid dependence (NICE, 2007; DH 2007 NICE 2011)).
- Addaction Leominster offered a range of services including prescribing and psychosocial activities. Clients were encouraged to participate in groups such as abstinence from opiates as the service found this to be as beneficial as one to one support.

# Substance misuse services

- Staff supported clients to access services who provided support with housing and employment.
- The service employed a healthcare assistant who was trained to complete physical healthcare checks with clients.
- Staff completed the treatment outcome profile (TOP) which measured change and progress in key areas of the lives of clients being treated in drug and alcohol services. Staff measured outcomes when clients entered treatment and every three months during support. When clients were discharged from the service, a final outcome measurement was undertaken. The service also provided information to the National Drug and Treatment Monitoring Service (NDTMS).
- Staff have recently started to contribute to audits including an audit of clients records however this had only recently started to be recorded and so was an area for continuing improvement.

## Skilled staff to deliver care

- The team included recovery workers, a healthcare assistant and a team leader. It had access to nurse, a doctor and a non-medical prescriber through the Hereford location.
- Staff were experienced and trained to do their jobs. Additional training was available through Addaction for those that need it.
- Staff received an induction through Addaction, which included training and understanding the organisations policies. They also received a local induction to familiarise themselves with the individual aspects of the service.
- Staff received supervision monthly with a second meeting to look at case management in between. Supervision records showed detail and action points. Staff also received an annual appraisal, which was discussed in supervision and followed up at a six month review.
- Staff performance was addressed informally through supervision and could include additional supervision and training. If needed, managers could use the formal route for this as set out in Addiction's policy.

## Multidisciplinary and inter-agency team work

- The team met on a daily basis to discuss risk, new clients and incidents. They also had fortnightly team meetings. The team also had meetings with their colleagues in Hereford on a quarterly basis.
- Staff worked closely with the local multiagency safeguarding hub and mental health services. A housing support charity visited the service fortnightly to provide support to clients. The local council's healthy lifestyle team also held sessions every two weeks for clients.

## Good practice in applying the Mental Capacity Act

- Staff had received training in the Mental Capacity Act and understood how its five statutory principles should be used to support clients.
- Staff understood the need to consider capacity particularly as this can fluctuate in clients who misuse substances. If staff felt someone lacked capacity to make a decision they would work with other organisations such as the community mental health teams to make decisions in the clients best interests.
- The service had made no Deprivation of Liberty Safeguards applications.

## Equality and human rights

- All staff had been trained in equality and diversity as part of their mandatory training. Addaction nationally circulated case studies for teams to use in team meetings to improve practice. We saw this had been completed by Addaction Leominster and was recorded in the meeting minutes.
- The service did not discriminate against clients based on religion, belief, race, or age.
- The service supported clients from a range of communities and in particular from Poland as there was a large settled community in the area. Information was available in different languages and displayed so that clients could see it. Staff could access interpreters as they needed to.

## Management of transition arrangements, referral and discharge

- Although the service did not set a time limit on the support provided, they encouraged clients to think about moving forward and being discharged from the service as part of the recovery plan.

# Substance misuse services

- Clients who had been discharged were kept on the service list for 12 weeks in case they relapsed and required further support. This was done on an individual basis depending on the needs of each client. Staff referred clients back to their GP, adult social care or mental health services on discharge.
- Clients could attend the four-week relapse prevention group to support them as the service discharged them. They were also encouraged to attend groups during their time in the service to build stronger community networks for support.

## Are substance misuse services caring?

### Kindness, dignity, respect and support

- We observed that staff had a kind and caring attitude towards their clients. They treated them with dignity and respect.
- We spoke to two clients who couldn't speak highly enough of the staff and the support they had received from the service. They felt that it had given them the opportunity to recover in an environment, which was non-judgemental and supportive.
- Staff knew their clients well and tailored their support to meet the needs of each individual.
- Staff understood the need for confidentiality and gave examples of how this was explained to clients at the start of their support and at regular intervals after that.

### The involvement of clients in the care they receive

- Recovery plans showed that clients had been involved in their care planning and showed that clients had received copies of these. In some cases they had been written by the clients.
- The service provided support to families and carers and information was available for them to access if they needed it.
- The service did not have information about advocacy on display and did not feel they had access to this. They did refer people to a local service user group and to the local branch of Healthwatch for guidance and advice.

- The service did not have volunteers at the time of the inspection and clients were not involved in the recruitment of new staff or service development.
- Staff displayed a service user feedback form in the main area of the service and there was a comments box by the door, which service users could use if they wanted to give feedback.

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

### Access and discharge

- Addaction Leominster had 107 active cases at the time of the inspection and staff supported an additional 41 clients from Addaction Hereford. Of the 107 clients seen in Leominster, these were broken down in to the following areas
- The service had a duty system so that clients could be seen, assessed and allocated immediately. Clients who referred themselves could attend the drop in where they would be seen by the duty worker for assessment on the same day. Alternatively, they could attend the Hereford service on a Monday when Leominster was closed if they needed to.
- The service had an attendance rate at appointments of 74.3% from the 1st January 2017 and 1st July 2017. They had a did not attend rate of 11.7%.
- When people did not attend an appointment, staff would attempt to contact the client by telephone, text or the preferred method identified by the client during assessment. The service would also speak to other agencies involved, the pharmacy and the GP if they had significant concerns or felt the client was at risk.
- This was a nine to five service from Tuesday to Friday with late night opening until 8pm one evening a week. Clients could access the service in Hereford on Mondays and every other Saturday morning if necessary.
- The service had only cancelled 10 appointments in the six months prior to the inspection. Workers booked their



# Substance misuse services

own appointments and these ran to time. The service provided a large open plan area for clients who were waiting where they could help themselves to hot or cold drinks.

## **The facilities promote recovery, comfort, dignity and confidentiality**

- The service had a wide range of rooms including interview rooms for one to one sessions, a large room for group work and creative activities, the open plan waiting area, a needle exchange and a clinic room. Clients could access a range of groups such as abstinence from opiates, self-compassion and an alcohol coping group.
- The interview rooms did not have adequate soundproofing and this was an issue that staff were aware of. They stated that they tried to moderate how loudly they spoke when using the rooms to protect client confidentiality. It was not an issue in the waiting area as music was playing so you could not hear conversations in the small rooms.
- Staff displayed information throughout the service which clients take as they needed to. They also gave out information directly to clients if it was relevant to their issue. Leaflets included how to complain, information on the service, carer support, young carers support, healthy eating and a service providing support and courses for mental wellbeing.

## **Meeting the needs of all clients**

- The service was upstairs in a sports centre building shared with other organisations. It had a lift and disabled toilets, which were maintained by the centre.
- Staff displayed information in other languages and there was a facility on Addiction's website where information could be translated in to a large range of languages.
- The service could access interpreter and signers for deaf people as required and felt this was easy to do.

## **Listening to and learning from concerns and complaints**

- The service had received no complaints in the six months prior to the inspection.

- Clients knew how to complain and this information was clearly displayed.
- The staff we spoke to knew how to support clients to complain and understood how to handle complaints appropriately.
- The team leader said staff would receive feedback on complaints through supervision, team meetings and the daily meeting.

## **Are substance misuse services well-led?**

### **Vision and values**

- Addaction's values were compassionate, determined, and professional. Staff demonstrated these in the way they supported clients.
- The team objectives reflect the values and this was reflected in supervision notes and appraisals.
- Staff knew who the senior managers connected to their service were and felt they could approach them if they needed to.

### **Good governance**

- Staff had received mandatory training, received regular supervision and had an annual appraisal, which was reviewed at six months. Staff spent as much time as they could on supporting clients although this did impact on the quality of the clients records.
- Staff did not have awareness of incident reporting and we found evidence that they did not always ensure that this was taking place. Staff also did not participate fully in clinical audits. Managers were aware that both of these were an area for improvement and had been working with staff on this.
- Managers ensured staff had feedback and learning from incidents and complaints and these were shared in team meetings.
- Staff demonstrated a good understanding of safeguarding and the Mental Capacity Act and followed these procedures.
- The service used key performance indicators set out by the commissioners and the National Drug Treatment Monitoring Service (NDTMS). Staff used information from treatment outcome profiles to inform NDTMS of

# Substance misuse services

the work they had carried out. This information included how many clients had exited the service drug and alcohol free and whether they gained housing and employment.

- The team leader felt she had the authority to do her job and felt well supported by her managers locally. The service had recently employed an administrator to support the team.
- Staff could talk to senior manager and add concerns to Addaction's risk register if they needed to.

## **Leadership, morale and staff engagement**

- The service had a staff turnover of 23% and sickness rate of 5.37% from January 2017 to July 2017. The manager reported that they had one person on long term sick leave who had now returned to work. Although some staff had left recruitment had been successful so these posts had been filled.
- The service had no reported cases of bullying and harassment. Staff knew the organisations whistle blowing policy and understood how to use this although they felt they could raise things with their manager if they needed to and would be listened to.

- Staff stated they enjoyed their jobs and although the work could be stressful at times, morale was high.
- Addaction provided leadership training for managers and other staff could access training and shadowing opportunities as part of their professional development.
- Staff supported each other and felt they worked well together as a team.
- Staff stated they had given feedback on the development of the Leominster service and especially the adaptations to the building however, they did not feel this had been listened.

## **Commitment to quality improvement and innovation**

- This service had not been open long and the staff had shown a commitment to getting it running in a way that met the needs of the clients and felt this was an area they were still developing.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure the interview rooms are soundproofed to ensure confidentiality for clients.

### Action the provider **SHOULD** take to improve

- The provider should ensure that risk assessments, care plans and recovery plans include more detail of the client's needs and that they are all recorded on one system
- The provider should ensure regular audits are taking place and that staff are engaging with this process.
- The provider should ensure that all incidents are properly recorded and that staff know what to record and when to do this.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect  <b>Interview rooms were not soundproofed and conversations in one to one sessions and during group work could be heard from the next room.</b>  This was a breach of Regulation 10 (1)(2)(a)