

Requires improvement 

## Rotherham Doncaster and South Humber NHS Foundation Trust

# Substance misuse services

### Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXEX3	New Beginnings - Doncaster	New Beginnings	DN4 0QP
RXE00	Trust Headquarters - Doncaster	Sinclair House	DN1 2EZ
RXE00	Trust Headquarters - Doncaster	Foundations	DN31 1JA
RXE00	Trust Headquarters - Doncaster	Clearways	S65 1BL

This report describes our judgement of the quality of care provided within this core service by Rotherham Doncaster and South Humber Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Rotherham Doncaster and South Humber Foundation Trust and these are brought together to inform our overall judgement of Rotherham Doncaster and South Humber Foundation Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



### **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated the substance misuse services as **requires improvement** because:

- The trust used a risk assessment tool, which had two parts, which were a basic risk assessment and a comprehensive assessment. However, most risk assessments were basic, inconsistently completed and not regularly reviewed. In 14 of the records reviewed, only a basic risk assessment was completed and substance misuse was not identified as a risk factor.
- Mandatory training compliance for most areas was below the trust target of 90% completion.
- The trust had developed a social detoxification facility, New Beginnings. This was in a period of transition and had recently changed registration to become an inpatient detoxification. However, at the time of the inspection the social model was still in operation. We found that the consultant assessed service users prior to admission and detoxification prescriptions were placed with the agreed pharmacy. Service users would then attend the pharmacy daily to be supervised. However, some service users had been prescribed other medications, which were stored in the clinic room on site at New Beginnings, and although the social detoxification policy stated that service users should be self-administering their own medication, we saw that support workers who were not suitably trained or qualified gave medications out daily.
- Assessments of service users' needs were basic, incomplete, or contained within progress notes, this made them difficult to locate on the electronic case management system. Some assessments had been archived.
- Care plans at Sinclair House and Foundations were inconsistent, not recovery focused and not regularly reviewed.
- There was limited involvement of families and carers. Care plans were not always signed by service users and lacked evidence of their involvement.

- Targets set by commissioners, on the number of service users successfully discharged, were not being met. There was limited evidence of discharge planning.
- Audit systems in place at a local level failed to pick up inconsistent risk assessments and care planning.

However:

- Premises were clean, tidy, and well maintained with welcoming waiting areas.
- Staffing levels were appropriate and safe for service users' needs. There was good reporting of incidents across all services at a local level and effective safeguarding systems were in place.
- The team leader at New Beginnings had completed an environmental suicide and ligature point risk assessment and audit. An action plan was in place for the social detoxification.
- Service users had access to psychosocial therapies and a good range of group work sessions. Staff followed National Institute for Health and Care Excellence guidance for prescribing medications. Good multidisciplinary teams worked in each service and met on a regular basis.
- Staff were kind and respectful to people using the services and there were good and positive interactions between staff and service users.
- Peer mentor schemes had been developed in all services, with good training packages and on-going support. Peer mentors in Doncaster had progressed into paid work with the service.
- All services were well managed at a local level, and service managers supported staff. The assistant director was visible and supported service managers within the substance misuse division.
- All managers attended monthly governance meetings. Performance systems were in place to monitor key performance indicators (KPIs) with regular meetings held between service managers and commissioners from each local authority.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

We rated safe as **requires improvement** because:

- Risk assessments were basic, inconsistently completed and not regularly reviewed. In 14 records reviewed, only a basic risk assessment was completed and substance misuse was not identified as a risk factor.
- Staff who administered medications in the social detoxification at New Beginnings were not suitably trained or assessed as being competent.
- Mandatory training compliance for most areas was below the trust target of 90% completion.

However,

- Premises were clean and tidy with staffing levels that were appropriate and safe for service users' needs.
- There was good reporting of incidents across all services at a local level.
- Effective safeguarding systems were in place across the division. Rotherham in particular worked closely with the local authority around information sharing and implemented a safeguarding template to be used at point of assessment.

**Requires improvement**



### Are services effective?

We rated effective as **requires improvement** because:

- Assessments of service users' needs were basic, incomplete, or contained within progress notes, which made them difficult to locate on the electronic case management system. Some assessments had been archived in paper notes.
- Care plans at Sinclair House and Foundations were inconsistent, not recovery focused and not regularly reviewed.
- Treatment was not consistently delivered in line with National Institute for Clinical Excellence and Public Health England guidance for facilitated access to mutual aid. In particular, opiate users had been in treatment for several years and were not being supported to recover from their dependency.

However;

- Staff had access to specialist training to support them in their roles.
- Service users had access to psychosocial therapies and a good range of group work sessions. Good multidisciplinary teams worked across the entire division and met on a regular basis.

**Requires improvement**



# Summary of findings

- Staff followed National Institute for Health and Care Excellence guidance for prescribing medications.

## Are services caring?

We rated caring as **good** because:

- Staff were kind and respectful to people using the services.
- There was evidence of good service user involvement across the services.
- There were good and positive interactions between staff and service users.

However;

- There was limited involvement of families and carers.
- Care plans were not always signed by services users and lacked evidence of their involvement.

Good



## Are services responsive to people's needs?

We rated responsive as **good** because:

- All services could be accessed directly and waiting times were low for access to treatment. Each service had at least one night of late opening.
- Systems were in place to re-engage service users who dropped out of treatment.
- Peer mentor schemes had been developed with good training packages and on-going support. Peer mentors in Doncaster had progressed into paid work with the service.
- There was a good range of activities and group work available to service users throughout the week.
- Complaints processes were in place and services had low levels of formal complaints with local resolution taking place.

However;

- discharges from all the services were below the local target with limited evidence of discharge planning.

Good



## Are services well-led?

We rated well led as **good** because:

- An action plan was in place for New Beginnings that had started to address some of the issues noted during our inspection.
- All services were well managed at a local level and service managers supported staff.
- The assistant director was visible and supported service managers within the substance misuse division.

Good



# Summary of findings

- Service managers had the authority to manage their own service and were supported to develop innovative ideas such as the health bus in Doncaster, which would take services into communities.
- All managers attended monthly governance meetings. Performance systems were in place to monitor key performance indicators with regular meetings held between service managers and commissioners from each local authority.

However;

- Audit systems in place at the local level failed to pick up inconsistent risk assessments and care planning. Trust quality audits had not identified inconsistent risk assessment and care planning processes.

# Summary of findings

## Information about the service

Rotherham Doncaster and South Humber NHS Foundation Trust provides drug and alcohol services in Rotherham, Doncaster, and North East Lincolnshire. A substance misuse business division incorporates the services outlined below. An assistant director manages the division supported by three service managers with responsibility for each of the locations.

Services support people who have difficulties with alcohol or drug use into treatment. They are assisted with stabilisation and a journey into recovery. The trust offers a range of interventions including prescribing, medication management, specialist advice, psychosocial support, and recovery support.

### Rotherham

The drug and alcohol service in Rotherham is called Clearways. The substance misuse treatment team and drug interventions team are based at this location. The drug interventions team works closely with the police, prisons, and probations services. A recovery hub opened in Rotherham in 2015 and is owned by Lifeline (a national voluntary sector organisation). Trust staff from Clearways work alongside Lifeline staff to deliver recovery-focused interventions. Clearways staff work closely with most GP surgeries across Rotherham as part of a shared care programme. Shared care in Rotherham involves service users being seen in primary care while being supported by a member of the substance misuse team.

### Doncaster

Sinclair House and Rosslyn House were the main locations for the drug and alcohol service in Doncaster. The single point of access and recovery café are delivered in locations on the same road. Three organisations deliver services in Doncaster, and this is a partnership between the trust, alcohol and drugs service and doncaster alcohol service. The service manager, nurses, psychosocial intervention workers, and administrative staff are employed by the trust. Two teams deliver

treatment. Standard teams work with service users with less complex needs who require long-term maintenance or detoxification. Enhanced teams work with service users who have complex needs such as dual diagnoses or poor physical health. Service users who require pregnancy services were allocated to the service midwife. Shared care works with stable service users and is based in another building on the same road.

‘New Beginnings’ is a structured day care programme and social detoxification facility with six beds. The programme is based on cognitive behavioural restructuring, within a therapeutic environment and involves group work and one-to-one interventions. The structured day care programme can take up to 30 service users and is delivered daily. Service users attend approximately 15 hours per week. The detoxification is based on a social model and is available to service users who are suitable for home detoxification but do not have the social/family support at home. The consultant psychiatrist assesses service users prior to admission.

### North East Lincolnshire

‘Foundations’ is delivered through a consortium partnership between three separate organisations. Rotherham Doncaster and South Humber Foundation Trust the alcohol and drug service, and care plus group who work together as part of foundations. Foundations operate from a central base in Grimsby and service users attend on an appointment basis. The service manager, consultant psychiatrist, nurses and two administrators are employed by the trust. The other organisations in the consortium employ case managers, recovery support workers and administrators.

This was the first comprehensive inspection of substance misuse services. Rotherham Doncaster and South Humber NHS Trust was inspected in October 2013 and found to be meeting all standards.

## Our inspection team

Our inspection team was led by:

# Summary of findings

**Chair:** Phil Confue, chief executive, Cornwall Partnerships NHS Foundation Trust

**Head of Hospital Inspection:** Jenny Wilkes, Care Quality Commission

**Team Leaders:** Jonathan Hepworth (mental health), Care Quality Commission

Cathy Winn (community health services), Care Quality Commission

Caroline Mitchell (adult social care), Care Quality Commission

The team inspecting substance misuse services comprised one CQC Inspector, one CQC manager, one substance misuse specialist and a nurse consultant.

## Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- 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 these services, asked a range of other organisations for information, and sought feedback from people who use the services at three focus groups.

During the inspection visit, the inspection team:

- visited five substance misuse services, looked at the quality of the service environments and observed how staff cared for service users
- spoke with eight service users and collected feedback from 13 service users via comment cards

- spoke with three service managers
- spoke with 22 other staff members including consultant psychiatrists, doctors, nurses and support workers
- interviewed the divisional assistant director who had responsibility for the business division
- attended and observed three service user group sessions
- attended and observed three service user review meetings.

We also:

- looked at 16 service user treatment records
- looked at the process for generating prescriptions for opiate substitute medications in each of the services
- looked at a range of policies, procedures and other documents relating to the running of the services.

## What people who use the provider's services say

We spoke with eight people who use the services and received 13 comment cards. People who use the services said that the services were responsive and met their

needs. Service users felt comfortable and safe talking to staff, who they believed were caring, supportive and listened to their concerns. They also felt that the service environments were safe.

# Summary of findings

There was one negative comment raised by a family member who said that staff did not meet service user needs.

## Good practice

Each service had developed a peer mentor schemes. Dedicated staff were responsible for recruiting service users through an application process and providing on-going support. Volunteer coordinators had been employed to develop training packages to give service

users the required skills and knowledge to become mentors. The scheme in Doncaster had been particularly successful in assisting three service users to progress into paid employment within the services.

## Areas for improvement

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

- The provider must ensure that staff responsible for administering medication in the social detoxification are suitably trained and assessed as competent.
- The provider must ensure that risk assessments are comprehensive and regularly reviewed for each service user.
- The provider must ensure that care plans are comprehensive, holistic and recovery focused and must be regularly reviewed.

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

- The provider should ensure that they are following guidance on the facilitated access to mutual aid and that they support people to overcome their dependency.
- The provider should ensure effective audit systems are in place across the division to check that care records are of a good standard.
- The provider should ensure that once in operation the inpatient detoxification has a female-only lounge available at all times.
- The provider should ensure that all patients are risk assessed by potential to ligature and mitigations put in place if required.

## Rotherham Doncaster and South Humber NHS Foundation Trust

# Substance misuse services

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
New Beginnings	New Beginnings
Sinclair House	Trust Headquarters Doncaster
Foundations	Trust Headquarters Doncaster
Clearways	Trust Headquarters Doncaster

#### Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

#### Mental Capacity Act and Deprivation of Liberty Safeguards

Ninety seven per cent of staff within the substance misuse division had an awareness of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards. The trust had given staff a leaflet as part of their induction, and all existing staff had received the leaflet with a payslip. However, we found that staff had limited knowledge of their responsibilities under the Mental Health Act and MCA.

A question had been included as part of the initial assessment, to check if a person has capacity to consent to treatment. This was a tick box on the electronic system, which had not been answered in the records that we looked at. There was no system of assessment following a suspicion that there may be capacity issues and no system to determine best interests.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

All services visited were well maintained, clean, and tidy. The waiting areas had secure door systems for access into appointment rooms and staff offices. The staff at New Beginnings had personal alarms and the inspection team were given an alarm on entering the building. Staff at Clearways had portable alarms, which could be taken, into appointment rooms. Staff raised concern over lack of alarms in the recovery café, which was used by staff from Sinclair House. The group room at Foundations did not have an alarm but staff would risk assess each session and would always facilitate in pairs.

Emergency resuscitation equipment was not available in any of the locations and services accessed local A&E departments if any incidents occurred on site.

There was a lack of anti-bacterial hand gel in service user areas. However, posters were visible promoting effective hand washing techniques on the notice boards and toilet areas.

Clinic rooms were well maintained and fridges, which contained vaccines, were temperature tested on a daily basis. Grimsby stored methadone on site for titration of new clients and we found that practices for the safe storage and dispensing of medications were in line with the trust policy. Methadone was stored appropriately in a locked medicine cabinet. The trust had contracts in place for the collection of clinical waste from all services within the division.

On the day of our visit, New Beginnings had recently received a change in registration, from a social detoxification in a supported environment, to an inpatient detoxification. During the inspection, the service was still operating under the previous model. Although we found several ligature points in bedrooms and the communal area, these were mitigated by an environmental suicide and ligature point risk assessment and audit. An action plan had been put in place in June 2015. Actions included

staff training, minor building alterations, and completion of individual risk assessments with timescales for completion in September 2015. Ligature risks were identified on the division risk register.

We found that the consultant assessed service users prior to admission and detoxification prescriptions were placed with the agreed pharmacy. Service users would then attend the pharmacy daily to be supervised. However, some service users had been prescribed other medications, which were stored in the clinic room on site at New Beginnings. The social detoxification policy stated that service users should be self-administering their own medication; however, we saw that support workers who were not suitably trained or qualified gave medications out daily.

### Safe staffing

Information gathered from managers and records demonstrated that staffing levels were adequate to keep people safe and meet their needs. In Doncaster and Grimsby, services were commissioned which used other organisations to provide recovery support interventions. This was a consortium arrangement in Grimsby and a sub-contracting arrangement in Doncaster.

### Doncaster

New Beginnings had vacant nursing posts due to the transition from support worker led to nurse led inpatient detoxification, the posts were currently being advertised. Staff currently working at the service included a team leader, clinical support workers, drug and alcohol workers, administrators, and a psychosocial worker. A further seven psychosocial workers were employed by another organisation. The treatment team worked on a rota, which ensured that there was always a qualified member of staff on each shift.

Sinclair House and Rosslyn House had 27 staff, which included a manager, nurses, social workers, support workers, and administrators. Two teams operated which were standard and enhanced treatment teams with caseloads of approximately 80 and 40 respectively. Staff expressed concerns that these case load sizes were sometimes difficult to manage. Further investigations indicated that this was due to the numbers of people who

# Are services safe?

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had remained in services for long periods. The low numbers of people being discharged meant that case sizes were large for prescribing of opiate substitute medications. The midwife who would also visit service users in their home saw pregnant service users. The trust managed a shared care service in the same street, which employed four GPs on a sessional basis. Nurses and support workers supported GPs to work with more stable service users, i.e. those that did not have complex physical, mental, or safeguarding needs.

A consultant psychiatrist worked across all Doncaster services who was also the trust clinical director.

## Rotherham

Clearways had gone through a recent restructure due to budget reductions from commissioners. They had lost a families worker and a psychologist but had managed to retain most other staff. They had a full time staff grade doctor and 43 clinical posts including nurses and support workers. The service used two agency workers from an approved agency. These staff had previously worked for the service and had been given a local induction. It had been highlighted at governance meetings that the induction was not a trust-approved process and this was being addressed. Clearways worked with most GPs in Rotherham, and service users were seen by their own GP as part of a shared care programme. This meant that service users could go to their own GP for treatment. The trust staff would carry out a risk assessment and comprehensive assessment before the GP would prescribe medication, the workers continued to provide ongoing support.

## Grimsby

At Foundations, the trust employed the service manager, three nurse medical prescribers, two nurses, and two administrators. The other staff working at Foundations were employed by the other organisations in the consortium, which employed 43 workers, these included team leaders, case managers, recovery workers, administrators, criminal justice workers, service user involvement, sexual health worker and a volunteer. Foundations at Grimsby had two team leader vacancies, these had recently been recruited to, and the successful candidates had pending start dates. There were further vacancies for a nurse medical prescriber and a band 5 nurse, these were recent vacancies and approval had been given to advertise the posts.

Grimsby and Rotherham shared a consultant psychiatrist who worked two days at Foundations and three days at Clearways.

Mandatory training compliance across the division was at 82% against a trust target of 90%. The following mandatory training was below the 90% target,

- equality and diversity 64%
- health and safety 78%
- information governance 70%
- clinical record keeping 63%,
- clinical risk assessment 21%
- conflict resolution 20%
- domestic violence 25%
- infection control 52%
- violence and aggression 37%.

All staff had attended level one safeguarding. However, 58% and 73% of staff had attended level two safeguarding for adults and children respectively. The assistant director had tasked teams to complete a piece of work, across the division looking at mandatory training compliance and to ensure that staff were compliant with training.

## Assessing and managing risk to patients and staff

The trust used a specific risk assessment tool, which had been designed for use in mental health services. Staff completed the basic risk assessment during the first appointment and if risk factors were identified then a comprehensive risk assessment would be completed. We found that in 14 out of 16 records only a basic risk assessment was completed. This did not identify any other risk factors including substance misuse. Therefore, a comprehensive risk assessment was not completed. We also found that basic risk assessments were not regularly reviewed. Risk assessments were difficult to find on the system and risks could not be easily identified when looking at individual records. The trust was in the process of changing the risk assessment tool to one, which they thought would be, more suitable in meeting the needs of the division. This had an implementation date of April 2016.

Records at Sinclair House were difficult to navigate and three staff could not explain where documents were held

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

on the system. The four records reviewed had incomplete risk assessments. The two records reviewed at New Beginnings had a basic risk assessment completed but a comprehensive risk assessment could not be found.

Four of the five records reviewed at Foundations contained only a basic risk assessment. Risk management plans were completed in two of the five plans but these were not regularly reviewed.

At Clearways, all five records contained a risk assessment, although two of these were not up to date. Case management systems had been updated to include a safeguarding assessment and we saw evidence of this being completed in two of the records reviewed. Staff had good links with the local authority multi-agency safeguarding hub, which had a single point of contact number to call if staff identified service users in contact with children. Staff were actively involved in safeguarding case management meetings and extra training and processes had been put in place. A safeguarding lead nurse had resolved information sharing issues between the service and the local authority.

Central teams generated the prescriptions for each service. Most prescriptions were sent direct to pharmacies for service users to collect on a daily basis. Good relationships existed with pharmacies, who would notify the services if prescriptions were not collected. If a dose was not picked up for three days, then the prescription was automatically stopped and the service user would be asked to come into the service for an appointment. Service users were asked to collect prescriptions as part of a planned appointment if staff had any concerns. We saw effective recording systems were in place for the printing, signing, and distribution of prescriptions.

## Reporting incidents and learning from when things go wrong

All services used the trust electronic recording system for reporting incidents. The trust was responsible for the system in all services, except Foundations, where the responsibility for this was with another organisation in the consortium. Incidents were recorded in the same way with the organisation then notifying the trust.

Staff members could access and record incidents direct to the system, which were then sent to service managers and the assistant director. Numbers of incidents and any trends were discussed at governance meetings. At Clearways, there had been three serious incidents, which had been investigated by the trust. These included two suicides and one attempted suicide. All serious incidents were discussed at the division governance meeting and lessons learnt were disseminated to team meetings.

Other incidents related to prescription errors and low levels of verbal aggression at Foundations, which were dealt with locally.

The trust had developed a duty of candour policy in April 2015. Staff and managers were aware of the policy and managers had been trained. People who used the services verbally reported complaints, and these were usually resolved locally. If this was not possible then the Duty of Candour policy would be followed. There were no written examples of where the duty of candour policy had been used for us to review.

# Are services effective?

Requires improvement 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

All services used SystemOne as the case management system for all service users. The system was owned by the trust in services delivered in Rotherham and Doncaster but was owned by one of the partner organisations in Grimsby. All organisations used the same system and all workers had access to service user records.

The single point of access (SPOC) staff were employed by a partner organisation and completed assessments for service users at Sinclair House. Staff at Sinclair House seemed unfamiliar with the system and when asked could not easily locate comprehensive assessments, risk assessments or care plans. Staff at the SPOC were more familiar with the system and were able to locate relevant documents in service user care records. The four records we reviewed were incomplete with some missing documentation such as assessments which staff were unable to explain.

The two care records reviewed at New Beginnings had care plans completed on admittance. These included the interventions, which would be delivered during the stay but did not look at post discharge from the service. Pre-detoxification assessments had been completed and both service users had been for an inpatient detoxification with a private provider in the week prior to admission at New Beginnings. We were told that this is the process for service users identified as having complex needs but that others would come direct from community services. Most information was contained in progress notes rather than on the trust standard templates, which made it difficult to find.

Records reviewed at Foundations showed that service users had a care plan in place but the content was limited and there was little evidence of reviews taking place. However, we did see evidence that nurse medical prescriber reviews were taking place and that the evidence of these was contained within the progress notes section.

At Clearways, all five records that we reviewed had evidence of a full assessment of drug use, injecting history and previous access to treatment. One of the records did not contain a care plan and one of the four that did contain a plan was not up to date. The three up to date care plans we saw were personalised, holistic and recovery focussed.

### Best practice in treatment and care

National Institute for Health and Clinical Excellence (NICE) guidance was being followed for prescribing medications. Consultants, GPs or nurse medical prescribers reviewed service users at least every three months. Psychosocial therapies were available to service users as per NICE guidance. A dedicated team at New Beginnings and Sinclair House delivered psychosocial therapies. Recovery workers at Foundations delivered psychosocial therapies as part of their role, and were employed by another organisation in the consortium. The treatment team, at Clearways delivered brief cognitive behavioural therapy, node mapping, and motivational interviewing as a part of their roles. Most psychosocial interventions were delivered through group work due to reductions in staff numbers and capacity to deliver one to one sessions.

The evidence base shows that service users who actively participate in mutual aid (people with similar experiences helping each other to manage or overcome issues) are more likely to sustain their recovery. The National Institute of Health and Care Excellence (NICE) recommends that treatment staff routinely provide information about mutual aid groups and facilitate access for those who want to attend. Although we saw some good examples of group work and support groups, the data from the national drug treatment monitoring system showed that less than 1% of service users in Doncaster and Rotherham were receiving peer or mutual aid support and less than 10% in North East Lincolnshire.

Drug testing, using urine screens were done in all services to identify illicit substance misuse and monitor progress of services users' treatment.

Physical health care needs were assessed by the services including looking at infection sites relating to injecting. Trust staff communicated with GPs concerning prescribed medications and the systems linked up so that notes could be shared.

Progress of service users was measured through treatment outcomes profiles (TOPs) at least every three months. TOPs is a national tool, which measures outcomes for substance misuse treatment as part of the national drug treatment monitoring system. Clearways had recently introduced the recovery star, which is a tool that measures change and supports recovery by providing a map of the service user's journey to recovery and a way of plotting progress and planning actions.

# Are services effective?

Requires improvement 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Peer mentor schemes had been established across Doncaster, Rotherham, and Grimsby with service users taking part in a comprehensive training package delivered by dedicated volunteer coordinators. The peer mentors had access to continuing support from the coordinator and three peer mentors in Doncaster had gone on to full time employment within the services.

A recovery hub had recently opened in Rotherham to support the services delivered at Clearways. Funding had been secured from Public Health England and a building had been purchased and developed by another organisation. The trust were working in partnership with the organisation to deliver recovery services. We visited the recovery hub and found this to be a positive and productive environment for people who used the service.

## Skilled staff to deliver care

Trust staff included service managers, team leaders, nurse medical prescribers (NMPs), consultant psychiatrist, doctors, nurses, and support workers. The trust had supported nurses to become NMPs, to enable easy access and responsive prescribing of medication. NMPs received appropriate peer supervision and clinical leadership from the consultant psychiatrists.

Regular team meetings were taking place and staff were receiving regular supervision.

However, there were issues with staff not receiving supervision at Foundations and the manager was aware of this and told us it was due vacant team leader posts.

Across the division, 32% of non-medical staff had not received an appraisal in the last 12 months. This accounted to 65 people, seven from Foundations, 20 from Clearways, and 38 from Sinclair House. The service manager at clearways believed that this was a recording issue.

Governance meeting minutes indicated that compliance of personal development reviews was being monitored and at every meeting and compliance was now at 90% for all staff..

Specialist drug and alcohol training was delivered in house across the division and this included blood borne virus and overdose training. The volunteer at Foundations had completed courses in first aid, substance misuse, alcohol training, and mental health level one.

## Multi-disciplinary and inter-agency team work

Foundations had weekly multi-disciplinary team (MDT) meetings to look at problem solving of particular service

users. New referrals were allocated in daily meetings, which were attended, by the consultant, manager, and NMP. The consortium involved three organisations and the trust service manager managed staff at an operation level. Weekly team meetings took place with an agenda item to discuss difficult service user cases.

The Clearways treatment team met daily to discuss allocating referrals with a full MDT taking place weekly.

Doncaster services had access to support 4 change, which was a support group for anyone affected by someone else's substance misuse. The groups met weekly and supported people with knowledge and skills. There was limited access to family support across other services and families were referred to external support services when needs had been identified. Services were aware that this was a gap in service provision.

Pharmacies played a key role in the daily supervised consumption of prescribed medication. Prescriptions were generated by trust staff and sent to the pharmacies on a fortnightly basis. Good working relationships existed and pharmacies would notify services if prescriptions had not been collected. After three missed days, prescriptions were stopped and service users were asked to come into services for an appointment with their key worker. This is because people become at high risk of overdose if their tolerance levels drop due to missed doses of prescribed medication.

## Mental Capacity Act

Ninety seven per cent of staff within the substance misuse division had an awareness of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards. The trust had given staff a leaflet as part of their induction, and all existing staff had received the leaflet with a payslip. However, we found that staff had limited knowledge of their responsibilities under the Mental Health Act and MCA.

A question had been included as part of the initial assessment, this was to check if a person has capacity to consent to treatment. This was a tick box on the electronic system, which had not been answered in the records that we looked at. There was no system of assessment following a suspicion that there may be capacity issues and no system to determine best interests.

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### Kindness, dignity, respect and support

We observed positive and productive interactions between staff and service users across all services. Service users said staff were supportive and nice; staff understood needs and had a good understanding of recovery. We saw service managers interacting with service users in reception areas and staff were available to deal with any issues or concerns.

Service users in Doncaster said the services were consistent, safe and a reliable source of support and information.

In all services drug testing was done in a private room to maintain the dignity and confidentiality of service users.

### The involvement of people in the care that they receive

There was limited involvement of families and carers across all services and access to support was limited. Where care plans were completed electronically, these were not routinely signed. Staff had printed and signed some plans, which were then scanned back into the system, while others were hand written with service user signatures. We saw a lack of involvement of service users in care plans.

However, we observed recovery focused review meetings taking place with doctors and nurse medical prescribers with good involvement of service users.

At Sinclair House, service users had been involved in the recruitment of new staff and were involved in making

suggestions around service delivery. This included consultation on the waiting room, a consultation day on the design of the new service and making suggestions on service user information leaflets.

Foundations had a volunteer who had been working at the service for three years. The volunteer helped to support people with shopping, attending groups, reading and using a computer. A local service user group called Aspire was involved with the service. Aspire was a small group of service users who were given small amounts of funding to run activities for service users. Foundations had recently employed a full time involvement officer to work with service users to gather feedback on the service and get ideas for further developments. The involvement officer was employed by one of the other organisations in the consortium but was managed by the trust service manager. The officer was recruiting service users to become peer mentors using a recruitment process and a training programme was being developed.

Clearways had involved service users in consultation on the name of the recovery hub, and had consulted with the women's group about a move to the recovery hub. Rotherham had a service user forum, which had been running for four years with a core of four people. The service user involvement officer was also based in the recovery hub. Your opinion counts forms were in the reception areas and service users had access to the service manager on a monthly basis to discuss any issues/concerns. The service manager would then update the commissioner at the local authority.

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### Access and discharge

Waiting times at each service were within the national guidance of three weeks, with people usually being offered an assessment within days of referral. Each service was direct access and accepted self-referrals and referrals from third parties.

Prison and court referrals were seen on the day of release for continuation of treatment in the community. Each service opened late at least one evening to enable access for those who could not attend during the day. Systems were in place to re-engage people who had dropped out of services. Care plans reflected how services should respond if service users dropped out of treatment.

A central team at each service generated prescriptions fortnightly. Medical staff would notify the central team of any changes to prescriptions and these would be printed and signed before being sent to the pharmacy. In most cases, these were hand delivered by staff to each pharmacy, which could be time consuming.

Needle exchange was not provided by the trust and was the responsibility of external organisations or local pharmacies.

Successful completion of treatment is a key measure of improvement in population health for local authorities. The treatment indicator is based on the number leaving treatment free of their dependency, who do not then re-present to treatment again within six months. This is measured as a proportion of the total number in treatment. The trust was not meeting local targets set by commissioners for successful discharge from services. This meant that people especially those on opiate substitute medications, had been in treatment for long periods, which may be clinically appropriate in some cases.

In 2014 the successful discharge of opiates service users was;

- Doncaster 7.2%
- Rotherham 7.6%
- North East Lincolnshire 5.9%

Foundations were looking at those who would benefit from detoxification and supporting them into recovery. Self-management and recovery training, peer support groups

were delivered at Sinclair House and service users in Rotherham had access to the recovery hub. We did not see any evidence of links with the fellowship groups such as alcoholics anonymous and narcotics anonymous.

Foundations ran a clinic every weekday except Thursday and offered titration and blood tests for blood borne virus such as Hepatitis C on an appointment basis. The other services also tested for blood borne virus and had clinic appointments throughout the week.

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

All services had clean and spacious waiting areas with open reception desks and display boards promoting recovery. Each service had a range of appointment rooms including access to group workrooms.

New beginnings had various group rooms to deliver the rolling programme and we saw that a bike club had been set up. Sinclair House had access to a recovery café in the building next door, which was open daily. The recovery café delivered one to one sessions with support workers, peer groups, access to cooking, and other activities such as guitar lessons. We observed various groups taking place during the inspection, which were well attended, and service users gave us positive feedback.

We observed a preparation for change group at Foundations during our visit. Two members of staff facilitated this. The group was well run and a good range of tools were used, such as recovery, mind map and helping to stay motivated as part of the session. There were positive interactions between staff and service users and lots of discussion took place. Service users commented how useful the sessions were and felt that they would benefit from evening and weekend groups.

### Meeting the needs of all people who use the service

There was access for those in wheelchairs in all locations. There was a good range of information available in waiting rooms, which were friendly and welcoming. Interpreters were available through the trust if required and staff could request these if needed.

We observed staff at Foundations assisting a service user to adjust their treatment package so that they could start employment. This was monitored closely by the multi-disciplinary team.

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

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

Between 01 November 2014 and 30 April 2015, there were five complaints in total across the substance misuse division. Complaints processes were in place and services had low levels of formal complaints with local resolution in place.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Vision and values

Senior management displayed the relevant trust values on noticeboards and circulated trust booklets to all services. An assistant director who was accountable to the director of children and community services led the drug and alcohol division. The assistant director was known across all services and managed the three service managers. Staff said they felt part of the wider trust and were kept up to date with trust developments.

### Good governance

The clinical director chaired monthly clinical governance and leadership meetings. The division assistant director, service managers and team leaders from each of the services, attended the meeting. Issues including risk registers, recruitment, mandatory training, incidents, and patient safety were discussed at these meetings.

Service managers had authority to manage their own service and were supported to develop innovation. We saw this in terms of the development of the inpatient detoxification and future plans for a health bus in Doncaster.

Performance systems were in place to monitor key performance indicators and services reported monthly activity to the national drug treatment monitoring system (NDTMS). The team at NDTMS produced quarterly reports, which were sent to the trust and commissioners. Regular meetings were held with the commissioners of drug and alcohol services who were based within the three local authority areas.

We found that there was a lack of effective audit systems in place at a local level. The trust quality audits had not noticed inconsistent risk assessment and care planning processes. However, at Foundations we were told that the service had recently moved from a paper-based system and the NMP and manager were involved in on-going case file audits. Issues had been identified and an action plan was in place to resolve these. The action plan was monitored locally through the service operations meeting.

An action plan was in place for New Beginnings to ensure that changes to the service were implemented by October 2015.

### Leadership, morale and staff engagement

We found that all services were well led with service managers visible and accessible. Staff told us that they were well supported by local managers. Service managers were well supported by the assistant director and felt able to raise issues or concerns.

Service managers had sufficient authority to run their services and had administrative support on site including dedicated workers for the submission of NDTMS data, which was uploaded monthly.

### Commitment to quality improvement and innovation

The division is currently discussing the issue of take home naloxone and a patient group direction. Naloxone is a medication, which is used to reverse the effects of an overdose of heroin or some types of painkillers. A Patient Group Direction is a written instruction for the sale, supply, and/or administration of medicines to groups of service users who may not be individually identified before presentation for treatment.

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Risk assessments were inconsistent and not regularly reviewed. In most records reviewed, only a basic risk assessment was completed with this not identifying substance misuse as a risk factor.

This was a breach of regulation 12 (2) (a) assessing the risks to the health and safety of service users of receiving the care or treatment.

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Staff administering medications in the inpatient detoxification (New Beginnings) were not suitably trained or assessed as competent.

This was in breach of regulation 12 (2) (c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Care plans were inconsistent, not recovery focused and not regularly reviewed.

This section is primarily information for the provider

## Requirement notices

This was in breach of Regulation 9 (3) (b) designing care or treatment with a view to achieving service users preferences and ensuring their needs are met