

# Torbay and South Devon NHS Foundation Trust

# Substance misuse services

## Quality Report

Walnut Lodge

Walnut Road

Torquay

Devon

TQ2 6HP

Tel:01803604334

Website: [www.torbayandsouthdevon.nhs.uk](http://www.torbayandsouthdevon.nhs.uk)

Date of inspection visit: 25,26 and 28 January 2016

Date of publication: 07/06/2016

## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RA91T	Walnut Lodge	Walnut Lodge	TQ2 6HP

This report describes our judgement of the quality of care provided within this core service by Torbay and South Devon NHS 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 Torbay and South Devon NHS Foundation Trust and these are brought together to inform our overall judgement of Torbay and South Devon NHS 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

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

#### **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

## Contents

### Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	6
Information about the service	11
Our inspection team	11
Why we carried out this inspection	11
How we carried out this inspection	11
What people who use the provider's services say	12
Good practice	13
Areas for improvement	13

---

### Detailed findings from this inspection

Locations inspected	14
Mental Capacity Act and Deprivation of Liberty Safeguards	14
Findings by our five questions	15
Action we have told the provider to take	28

---

# Summary of findings

## Overall summary

We do not currently rate specialist substance misuse services. We found the following areas of good practice:

- There were sufficient staff numbers to meet the needs of people who used the service.
- Interview rooms were sound proof and staff were provided with safety alarms when using interview rooms.
- The service provided comprehensive support for people's healthcare needs associated with substance misuse. Staff supported people with blood-borne virus testing and vaccination programmes.
- People had access to other medical interventions through the local hospital and GP surgeries. This included electrocardiograms (ECGs) required for all people receiving high doses of methadone, to monitor the effect on their hearts and liver function tests to ensure that people were physically fit enough to undergo the prescribing regimes.
- People could access the service quickly. Staff were assessing people and providing substitute prescriptions within the three week guidelines set by Public Health England.
- Risk was assessed by staff and documented on the electronic records system. Risks were an agenda item and discussed at every team meeting and recorded within the care records. Staff put measures in place to reduce and where possible prevent risks from occurring.
- Staff regularly reviewed people's recovery plans. People were involved with and had signed their recovery plans.
- Staff discussed discharge plans with people from first assessment. This included asking people how long they wanted to be in treatment so they could plan appropriate treatment goals.
- Doctors and non-medical prescribers followed guidelines for prescribing, as described in the Drug Misuse and Dependence: UK Guidelines on Clinical Management (2007).
- The service took a clear and well laid out approach to use of illegal substances on top of prescribed medicine. This was mentioned in an introductory leaflet and through verbal discussion between clients and staff.
- Staff kept comprehensive records following medical reviews. The records were person-centred and recovery focused, and included an assessment of the person's prescribing treatment plan.
- Volunteers provided a variety of support to people and were developing ways to engage people with the treatment system.
- The service was flexible and staff saw people in places closer to their home to reduce the need for them to travel to the main office. There were options to be seen out of hours and at the weekend.
- Staff made a concerted effort to engage with and follow up people that did not attend appointments.
- The trust gave staff opportunities for leadership and development across different roles within the service.
- Ninety per cent of staff had completed mandatory training and some training dates had been booked in February 2016.
- All staff had undertaken specialist substance misuse training.
- Staff had received regular supervision and annual appraisal.
- Staff felt supported and spoke highly of the managers. All staff spoke highly of the service manager. The service manager felt supported by the trust.

However, we also found areas the service could improve:

- The fire extinguishers had not been checked since 2014. We raised this with the service manager and the trust carried out immediate checks.
- The ligature audit indicated ligature risks had been removed or replaced, however, there were visible ligature points around the building. These were low

# Summary of findings

risk because the service is a community service but the service should be aware of the risks and have management plans in place. The trust took immediate action and carried out a health and safety audit at Walnut Lodge after we raised this.

- Some staff areas were unclean and in a state of disrepair. For example, the staff toilet had very dusty surfaces and the wall paper was torn in several places.
- The clinic room was left unlocked and staff did not see this as a risk because medicines were kept locked in cupboards and the fridge. However, other items were accessible including needles and the keys to the cupboard and fridge were kept on a shelf in the clinic room.
- Monitoring of liver function tests (LFTs) was not always good. We were told that LFTs were carried out by GPs and they didn't always get the results back. There was evidence that where the risk was indicated as very high, people were referred to and seen by the liver specialist nurse at Torbay. LFTs had been obtained for high risk clients.
- Risk assessment documentation was not always up to date which meant that it was sometimes difficult to get an immediate view of current risks. However, from speaking with staff, observing team meetings, looking at team meeting minutes, and reviewing the daily electronic care records, it was evident that risk was regularly discussed and reviewed in detail.

# Summary of findings

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

### **Are services safe?**

We found the following areas of good practice:

- There were sufficient staff numbers to meet the needs of people who used the service.
- Areas within the building accessed by people who used the service were clean.
- Staff were provided with safety alarms when using interview rooms.
- Staff saw people who were accessing substitute prescriptions regularly.
- Ninety per cent of staff had completed their mandatory training.
- Staff completed risk assessments when people started treatment and risk was regularly discussed and reviewed in team meetings, medical reviews and care records. Most risk assessments were up to date.
- Staff were knowledgeable about safeguarding processes and safeguarding procedures had been followed.
- Staff always responded promptly when people using the service experienced a lapse and used illicit substances.
- Caseloads were allocated to ensure that staff could provide a safe and effective service. For example, the maximum caseload one worker could hold was 40 people.
- Staff kept secure stationery, such as blank prescriptions, safe and had a log to identify their whereabouts to reduce the likelihood of any being stolen or lost.

However, we also found areas the service could improve:

- The fire extinguishers had not been checked since 2014. We raised this with the service manager and the trust carried out immediate checks.
- The ligature audit indicated ligature risks had been removed or replaced, however, there were visible ligature points around the building. These were low risk because the service is a community service but the staff should be aware of the risks and have management plans in place. The trust took immediate action and carried out a health and safety audit at Walnut Lodge.
- Some staff areas were unclean and in a state of disrepair. For example, the staff toilet had some very dusty surfaces and the wall paper was torn in several places.

# Summary of findings

- The clinic room was left unlocked and staff did not see this as a risk because medicines were kept locked in cupboards and the fridge. However, other items were accessible including needles and the keys to the cupboard and fridge were kept on a shelf in the clinic room.
- Risk assessment documentation was not always up to date which meant that it was sometimes difficult to get an immediate view of current risks. However, from speaking with staff, observing team meetings, looking at team meeting minutes, and reviewing the daily electronic care records, it was evident that risk was regularly discussed and reviewed in detail. This should be reflected in the risk overview.

## Are services effective?

We found the following areas of good practice:

- Staff completed comprehensive assessments with people at the start of their treatment programme.
- Staff recorded contemporaneous case notes clearly on an electronic records system. Records were easily accessible and staff knew how to use the system.
- Staff completed comprehensive and holistic individual recovery plans with people. The plans were reviewed regularly and updated when needs changed.
- Physical health care needs of people using the service were considered by staff and referrals were made to other services including GPs and the liver specialist nurse when required.
- The service offered specific interventions including blood borne virus testing and vaccinations.
- Staff supported people in line with (2007).
- The service took a clear and well laid out approach to use of illegal substances on top of prescribed medicines. This was mentioned in an introductory leaflet and through verbal discussion between clients and staff
- Staff offered regular and structured psychosocial interventions alongside prescribing interventions.
- Managers employed staff with a variety of experience, including doctors, nurses and recovery workers.
- Staff completed training in substance misuse specific topics.
- Non-medical prescribers (NMPs) were knowledgeable about medicines and prescribing. All NMP prescribing assessments were discussed via a dedicated slot within the weekly clinical multidisciplinary team meeting and minutes of all meetings were kept. All NMPs attend the trust annual medico-legal

# Summary of findings

updates training session which is mandatory for NMPs. They also attend the South West regional NMP substance misuse forum for specific training, regular updating and sharing of best practice.

- Staff knew how to assess mental capacity, and were able to relate this to specific examples relevant to substance misuse services.
- Staff received regular supervision.

However, we also found areas the service could improve:

- Monitoring of liver function tests (LFTs) was not always good. We were told that LFTs were carried out by GPs and they didn't always get the results back. There was evidence that where the risk was indicated as very high, people were referred to and seen by the liver specialist nurse at Torbay. LFTs had been obtained for high risk people.

## **Are services caring?**

We found the following areas of good practice:

- Staff spoke with passion about the work they did with people and this was reflected by what we observed and by what people told us.
- Staff showed a genuine person-centred recovery approach to their work. This was reflected in the way they involved people in the process of their own care and treatment.
- Staff showed a non-judgemental and non-discriminatory approach to working with people and their families which was inclusive and empathetic.
- Staff interacted with people in a positive and supportive way. They demonstrated an awareness of individual treatment needs and people's preferences.
- People told us they felt supported by staff and were treated with respect. Staff listened to what they wanted and made their goals seem achievable.
- People told us that staff clearly explained confidentiality to them and they felt confident that their care was discussed only when they gave permission, or where risk levels required a breach for their safety or that of others.
- Volunteers were involved in the service. Some volunteers had experienced treatment from the drug and alcohol services. Their role was to demonstrate that recovery was possible and to help welcome people to the service. Volunteers spoke highly of the staff and told us they were well supported in their roles.



# Summary of findings

- Staff showed a caring and professional determination to keep people engaged with treatment and demonstrate that recovery was possible.
- Staff were caring, compassionate and motivated to help people to the best of their abilities. This was often demonstrated with staff going above and beyond what was expected of them. For example, providing additional support to people and their families to ensure that they could access appointments, assisting people with support to access voluntary support groups in the community and often taking a professional lead in co-ordinating and organising an effective multidisciplinary approach.

## **Are services responsive to people's needs?**

We found the following areas of good practice:

- Staff saw people who required support quickly. The service had a three week target and they were meeting this with 100 per cent of people who used the drug service. There were two occasions in the last six months where the three week target had been missed with people who used the alcohol service. Staff gave clear reasons for this.
- Staff were flexible and would re-prioritise their commitments to ensure people were seen. Assessments could take place out of hours if people could only be seen at these times.
- The service had an equipped clinical room.
- A variety of rooms were available for one to one appointments and group work.
- The services had a wide variety of information displayed to inform people of other services that could provide support. Information included how to make a formal complaint.
- Leaflets were available in different languages and easy read format.
- Staff made prompt contact with people when they failed to attend appointments.

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

We found the following areas of good practice:

- There was a record of training to show that staff had attended specific substance misuse training. This meant they could evidence that staff were suitably trained to support people who use the service.

# Summary of findings

- There was a record of mandatory training that the manager used to ensure staff received training when required. Ninety per cent of staff had completed mandatory training and some training dates had been booked in February 2016.
- Staff were given supervision in line with trust policy. Staff received frequent peer support in addition to supervision.
- Managers kept complete staff files. They stored supervision notes, correspondence, sickness records and other documentation in individual folders that were kept securely in the manager's office.
- All staff had received an appraisal in the last 12 months.
- Managers reviewed incidents reported by staff and shared learning across the team in team meetings and supervision.
- The service was meeting all contractual targets and managers monitored performance targets on a monthly basis.
- The commissioners of the service gave very good feedback about the performance and management of the service. They told us that the service was meeting all expectations.
- Staff reported good morale in the team and spoke with passion about their roles.
- Staff spoke highly of the managers and felt supported. The managers felt supported by the service manager. All staff spoke highly of the service manager.
- Staff participated in leadership and development programmes provided by the trust.
- The service demonstrated innovation in the employment of a specialist health visitor who was integrated within the team. The role involved supporting the children of people who were using the service. The role enabled staff to support the person using the service and their family. This involved visits at home, comprehensive support plans for the children and family education about the risks associated with drug and alcohol use. The role provided an additional safeguard for the family and children. We received extremely positive feedback for people who had used the service about the support provided to the family as a whole and how it had enabled them to realise that recovery was possible.

# Summary of findings

## Information about the service

Walnut Lodge is an NHS provider of drug and alcohol treatment in Torquay, Devon. The team consists of nurses, social workers, addiction counsellors and two GPs with special interest in substance misuse. The GPs with special interest in substance misuse work across the whole of Torbay linking with service users' GPs in primary care across Torquay, Paignton and Brixham.

Walnut Lodge offer 'open access sessions' for self-referral into drug treatment with no requirement to book appointments. Referrals can come in from other services including through GPs and hospital.

The service takes a person-centred recovery approach and provides substitute medicines (methadone and buprenorphine/subutex) alongside psychosocial

treatments. The service provides a range of care-planned interventions to people who use drugs, and who are assessed as having mild to moderate needs with a drug dependency.

The service also provides support and treatment to people who have an alcohol addiction or dependency. People who use the service have access to group work, psychosocial interventions and medicines. The service also offers community detox or inpatient detox through contracted beds at Broadreach. Broadreach is another provider that offers substance misuse services in the South West.

Walnut Lodge was previously part of Torbay Care Trust. This trust merged with the hospital trust in Torbay in October 2015 to form Torbay and South Devon NHS Foundation Trust. Walnut Lodge has not been inspected by the CQC before.

## Our inspection team

Our inspection team was led by:

Chair: Tony Berendt, Medical Director, Oxford University Hospitals

Head of Hospital Inspections: Mary Cridge, Care Quality Commission

The team comprised of: Two CQC inspectors and one inspection manager.

## 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 the location.

During the inspection visit, the inspection team:

- Visited the service and looked at the safety of the environment and observed how staff were caring for people who used the service.

# Summary of findings

- Visited Torbay Hospital and spoke with a member of staff from the alcohol liaison team.
- Spoke with eight people who were using the specialist substances misuse services.
- Spoke with the manager and the service manager.
- Spoke with 10 other staff members; including non-medical prescribers, recovery workers, nurses, GPs with special interests and a specialist health visitor.
- Spoke with two volunteers.
- Attended and observed a handover meeting.
- Attended and observed two team meetings.
- Looked at 20 records of people using the service.
- Looked at eight staff files including supervision and appraisal records.
- Looked at staff training records.
- Received feedback about the service from commissioners.
- Reviewed the way in which medicines were managed at the service.
- Collected 82 comment cards completed by people using substance misuse services.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

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

People told us that they felt supported by staff. They felt that staff understood them and knew them well. People felt that staff treated them with respect and as individuals.

People said staff supported them to progress with their goals, get involved in the service and take a lead in their own recovery. They felt safe using the service and said that staff helped them to see that their goals were achievable.

People told us that they trusted staff and that staff were never discriminatory or judgemental. They said they felt like they were getting their lives back and making a real change since receiving support and treatment at Walnut Lodge.

People said they were provided with information about the service and knew how to make a complaint. One person said that they had been provided with leaflets in large print.

We collected 52 comment cards completed by people who were using the service at the time of the inspection. All of the comment cards contained positive feedback. People consistently said that staff were caring, friendly, respectful and professional. The receptionist was frequently mentioned as being polite, welcoming and kind.

There was consistent positive feedback about how the group work was helpful and had contributed to people's recovery. The feedback referred to the staff and the service as excellent, outstanding and going above and beyond.

A number of people had named their key-workers and spoke highly of the support and treatment that they had received. People said that their key-workers had really listened to them and understood their situations. They said that staff go the extra mile and do everything they can to support them in their recovery.

There were a small number of negative comments. One comment said that the 'customer' toilet was insufficient but did not detail how. Another person said that they had to repeat information to staff and had once been given incorrect information. One person we spoke with felt that the service had been inflexible and not helped them in the way they had wanted. The person had written a letter to staff and staff were in the process of supporting them with their concerns. The person knew how to make a formal complaint if they wanted to.

# Summary of findings

## Good practice

Staff were caring, compassionate and motivated to help people to the best of their abilities. This was often demonstrated with staff going above and beyond what was expected of them. For example, providing additional support to people and their families to ensure that they can access appointments, assisting people with support to access voluntary support groups in the community and often taking a professional lead in co-ordinating and organising an effective multidisciplinary approach.

There was specialist health visitor integrated within the team. This role involved supporting the children of people who were using the service. The role enable staff to support the person using the service and their family.

This involved visits at home, comprehensive support plans for the children and family education about the risks associated with drug and alcohol use. The role provided an additional safeguard for the family and children. We received extremely positive feedback for people who had used the service about the support provided to the family as a whole and how it had enabled them to realise that recovery was possible.

The consent to treatment form identified, for women who used the service, the need to monitor themselves for pregnancy whilst in treatment. This is important due to the risks associated with pregnancy and opiate withdrawals.

## Areas for improvement

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

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

- The provider must ensure that the clinic room is locked and that keys to obtain access to the medicine cupboard and fridge are stored securely.

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

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

- The provider should ensure that fire extinguishers are checked annually.
- The provider should ensure that health and safety risks are identified and that management plans are in place for risks including ligature risks.

- The provider should ensure that liver function tests (LFTs) are followed up with the GP, obtained where possible and logged in the care records.
- The provider should ensure that risk assessment overviews are up to date in line with the risk recorded within the care records.
- The provider should ensure that all areas of the service, including staff areas, are clean and well maintained.

# Torbay and South Devon NHS Foundation Trust

## Substance misuse services

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Walnut Lodge	Walnut Lodge

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

The Mental Capacity Act was not on the mandatory training list. However, staff were aware of the Mental Capacity Act and could describe situations where they might need to consider use of the Act.

The care records showed that staff had considered the capacity of people they provided care and treatment to. In all cases we saw that staff had no reason to consider that people who were using the service lacked capacity.

The service did not have any people using the service who were subject to the Mental Capacity Act deprivation of liberty safeguards.

# 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

## Summary of findings

We found the following areas of good practice:

- There were sufficient staff numbers to meet the needs of people who used the service.
- Areas within the building accessed by people who used the service were clean.
- Staff were provided with safety alarms when using interview rooms.
- Staff saw people who were accessing substitute prescriptions regularly.
- Ninety per cent of staff had completed their mandatory training.
- Staff completed risk assessments when people started treatment and risk was regularly discussed and reviewed in team meetings, medical reviews and care records. Most risk assessments were up to date.
- Staff were knowledgeable about safeguarding processes and safeguarding procedures had been followed.
- Staff always responded promptly when people using the service experienced a lapse and used illicit substances.
- Caseloads were allocated to ensure that staff could provide a safe and effective service. For example, the maximum caseload one worker could hold was 40 people.
- Staff kept secure stationery, such as blank prescriptions, safe and had a log to identify their whereabouts to reduce the likelihood of any being stolen or lost.

However, we also found areas the service could improve:

- The fire extinguishers had not been checked since 2014. We raised this with the service manager and the trust carried out immediate checks.

- The ligature audit indicated ligature risks had been removed or replaced, however, there were visible ligature points around the building. These were low risk because the service is a community service but the staff should be aware of the risks and have management plans in place. The trust took immediate action and carried out a health and safety audit at Walnut Lodge.
- Some staff areas were unclean and in a state of disrepair. For example, the staff toilet had some very dusty surfaces and the wall paper was torn in several places.
- The clinic room was left unlocked and staff did not see this as a risk because medicines were kept locked in cupboards and the fridge. However, other items were accessible including needles and the keys to the cupboard and fridge were kept on a shelf in the clinic room.
- Risk assessment documentation was not always up to date which meant that it was sometimes difficult to get an immediate view of current risks. However, from speaking with staff, observing team meetings, looking at team meeting minutes, and reviewing the daily electronic care records, it was evident that risk was regularly discussed and reviewed in detail. This should be reflected in the risk overview.

## Our findings

### Safe and clean environment

- Staff had access to personal alarms. Personal alarms were used every time staff used an interview room. There was a system in place to check that alarms worked.
- Clinical rooms contained appropriate equipment and equipment had been checked and calibrated. Equipment included alcohol breathalysers, blood pressure monitors and resuscitation equipment. The fridge temperature had been checked and was within safe temperatures.

# Are services safe?

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

- However, the clinical room was not locked and the keys to medicine cupboards and fridge were kept on the shelf in the clinic room.
- Most of the service was visibly clean, tidy and well kept. However, the staff toilet and shower room was unclean and in a state of disrepair. There was a substantial amount of dust on high up areas and the wallpaper was ripped in several places.
- The service displayed appropriate hand washing instructions in all toilets.

## Safe staffing

- The service had enough staff to meet the needs of the people using the service, with an average caseload of 40 for full time staff. This was the ideal maximum number set by managers. Non-medical prescribers (NMPs) carried a reduced caseload due to the complexity of the clients they worked with. Clients who had less complex needs were allocated to the band five staff.
- There was a staffing mix of qualified nurses, social workers and addictions counsellors. The qualified nursing staff consisted of band seven NMPs and band five and band six nurses who did not directly prescribe.
- The team did not have any vacancies. There were four staff on sickness monitoring. Six staff had left the team in the last 12 months. To reduce the impact this had on service delivery the service arranged for all referrals to be processed by Shrublands, a partner substance misuse agency, whilst new staff were recruited to Walnut Lodge.
- Of the 20 care records reviewed, all had been allocated a key-worker.
- The team managers allocated people appropriately depending on the level of risk and assessment of needs.
- Staff covered each other's caseloads if they were on leave.
- The service did not need to use agency or bank staff but could access them if required.
- The service employed two GPs with specialist interest in substance misuse. They were able to amend their schedules to see people out of office hours if required.
- 90% of staff had completed mandatory training.

## Assessing and managing risk to patients and staff

- Staff completed comprehensive risk assessments during initial assessment appointments.
- Crisis contingency plans were part of the discussion within review meetings, team meetings and at one to one sessions. These were part of ongoing discussion and usually incorporated into people's individual recovery plans. However, they were not always easily accessible within people's records. For example, with two people staff had to scroll through electronic care records to find out what the current situation was. The information was there but not always easy to access.
- Individual recovery plans were personalised and frequently completed by people using the service. Most recovery plans had been signed by people and where they had not been signed there was a rationale.
- The GPs with specialist interest were able to see people outside of normal working hours for assessments if required. This could be an evening or at a weekend.
- Most staff were up to date with safeguarding adults and safeguarding children training. Two out of 28 staff were out of date for safeguarding adults training.
- There was a lone working protocol that required staff to call the office at the start of visits and at the end. There was a safe phrase in place that staff used in the event of an emergency and if they required support.
- Most prescribed medicine was not kept on site. However, there was some naloxone on site which was stored in a locked cupboard. Prescriptions were kept on the premises to provide people with substitute medicines. Only the non-medical prescribers (NMPs) and GPs with specialist interest had access to prescriptions. People collected prescriptions from local pharmacies.
- Vaccinations were stored in a locked fridge. The temperature of the fridge was monitored daily to ensure vaccinations were stored within a range that would not affect their efficacy.
- Adrenaline was also stored in the clinical room in case of emergency.
- The clinic room was left unlocked and staff did not see this as a risk because medicines were kept locked in cupboards and the fridge. Staff told us that the door was



# Are services safe?

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

left unlocked to enable them to respond to emergencies faster. However, other items were accessible including needles and the keys to the cupboard and fridge were kept on a shelf in the clinic room.

## Track record on safety

- There were no serious incidents recorded in the last 12 months.
- There were six minor incidents recorded. One of these incidents involved missing prescriptions that did not arrive at the pharmacy. The staff followed their reporting procedures. The incident was resolved when the prescriptions were found one week later. There was evidence that there had been discussion within the team and with the pharmacy regarding learning.
- The accountable officer told us that the service was very well managed and he felt reassured that staff report any incidents promptly. The accountable officer is a senior clinician who is responsible for overseeing safe systems and processes in relation to controlled drugs. Incidents were discussed in team meetings and the minutes showed updates and learning being shared with staff.

## Reporting incidents and learning from when things go wrong

- The service participated in the Medicines Governance Group meetings, a multiagency scrutiny group which reviewed medicines incidents and supported a joint approach to updating and improving prescribing practice in the area. The service also participated in the Pharmaceutical Harm Reduction Panel, which reviewed incidents and shared learning and developments in pharmacy practice within the area.
- Staff used an electronic system to report incidents and managers completed a review of the incidents.
- Learning from incidents was discussed in team meetings and quality meetings that were held every quarter.
- Managers explained how de-briefs would take place following serious incidents and staff would be offered the appropriate support through the trust wellbeing service.
- Changes in training timescales were noted in minutes as a result of lessons learned, for example the need for risk assessment training was changed from three years to one year as a result of learning from an incident within the service.

# Are services effective?

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.

## Summary of findings

We found the following areas of good practice:

- Staff completed comprehensive assessments with people at the start of their treatment programme.
- Staff recorded contemporaneous case notes clearly on an electronic records system. Records were easily accessible and staff knew how to use the system.
- Staff completed comprehensive and holistic individual recovery plans with people. The plans were reviewed regularly and updated when needs changed.
- Physical health care needs of people using the service were considered by staff and referrals were made to other services including GPs and the liver specialist nurse when required.
- The service offered specific interventions including blood borne virus testing and vaccinations.
- Staff supported people in line with (2007).
- The service took a clear and well laid out approach to use of illegal substances on top of prescribed medicines. This was mentioned in an introductory leaflet and through verbal discussion between clients and staff
- Staff offered regular and structured psychosocial interventions alongside prescribing interventions.
- Managers employed staff with a variety of experience, including doctors, nurses and recovery workers.
- Staff completed training in substance misuse specific topics.
- Non-medical prescribers (NMPs) were knowledgeable about medicines and prescribing. All NMP prescribing assessments were discussed via a dedicated slot within the weekly clinical multidisciplinary team meeting and minutes of all meetings were kept. All NMPs attend the trust annual medico-legal updates training session which is

mandatory for NMPs. They also attend the South West regional NMP substance misuse forum for specific training, regular updating and sharing of best practice.

- Staff knew how to assess mental capacity, and were able to relate this to specific examples relevant to substance misuse services.
- Staff received regular supervision.

However, we also found areas the service could improve:

- Monitoring of liver function tests (LFTs) was not always good. We were told that LFTs were carried out by GPs and they didn't always get the results back. There was evidence that where the risk was indicated as very high, people were referred to and seen by the liver specialist nurse at Torbay. LFTs had been obtained for high risk people.

## Our findings

### Assessment of needs and planning of care

- Staff had completed comprehensive assessments for people starting treatment in all 20 care records that we reviewed. It was evident from the care records that people were fully involved in this process and that assessments were formulated based on the specific needs of each individual. For example, people's personal beliefs, wishes, history and preferences were taken into consideration and the recovery approach for each person was, as far as possible, shaped around these considerations. People we spoke to confirmed this.
- All assessments for the drug service were completed within the three week target. The average time from referral to assessment within the last six months was 21 days. Two people who were accessing the alcohol service were seen after the three week target but there was a clear rationale for this.

# Are services effective?

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.

- Staff recorded people's contemporaneous case notes clearly on an electronic records system. Records were easily accessible and staff knew how to navigate them. Some work was completed on paper and then scanned and attached to the electronic system.
- All records showed that recovery focussed, comprehensive and holistic individual recovery plans were in place. Most had been completed by people using the service. They were reviewed regularly and updated when people's need changed.
- Physical health care needs of people using the service were considered by staff and referrals were made to other services including GPs and the liver specialist nurse when required. Electrocardiograms (ECGs) and liver function tests (LFTs) were carried out by people's GPs.
- Staff transferred information in a safe way that adhered to the trusts information governance policy.

## Best practice in treatment and care

- Staff supported people in line with Drug Misuse and Dependence: UK Guidelines on Clinical Management (2007). Staff were knowledgeable of the National Institute for Health and Social Care Excellence guidance (NICE). We saw that NICE guidance was followed in the care records we reviewed. Policies and procedures for working with people were clearly linked to NICE guidance.
- People were given guidance and support in relation to management of drug use disorders and recovery.
- Where people disengaged and missed appointments staff referred them to the "pause for thought" service to promote re-engagement. Pause for thought is a deliberate and conscious way to review the individual case, discuss the person within the team and look at all possible ways to re-engage a person into the service. For example, staff look at people's motivations, review the initial goals set, review the person's progress against those goals and consider all of the implications of a person leaving treatment. The key question that staff ask is "What would make the difference to enable a person to get back on track, if that is what they want and can demonstrate commitment." The positive impact of this service was born out in what people told us. People told us that the staff don't give up on them and that they go above and beyond to help.
- Staff offered regular and structured psychosocial interventions alongside prescribing interventions.
- There were a range of groups available for people to attend. People consistently told us that the groups were helping them with their treatment.
- Recognised psycho-social interventions were available to clients. This included the use of link node mapping, an evidence based intervention to support recovery. A range of recovery maps were used by people. Recovery maps are tools used in substance misuse services to support people with developing a person-centred recovery plan. The maps were in the reception area and people could choose which one best suited their needs.
- Staff referred people to voluntary organisation and housing workers and supported people to engage with community activities.
- Staff offered blood borne virus (BBV) testing and vaccinations. Staff were trained in pre-test and post-test counselling so were able to talk about BBV results with people and signpost them to follow up support if they received a positive test result.
- Electrocardiograms (ECGs) were completed for all people receiving high daily doses of methadone to check the function of the person's heart, which can be affected by higher doses. People were rarely on high doses of methadone at Walnut Lodge.
- Monitoring of liver function tests (LFTs) was not always good. We were told that LFTs were carried out by GPs when indicated and they didn't always get the results back. However, LFTs had been obtained for people indicated as high risk. Where the risk was indicated as high people were referred to and seen by the liver specialist nurse at Torbay.
- Staff used treatment outcome profiles with people at review appointments to measure substance misuse, social needs, physical health, mental wellbeing and overall quality of life. Staff completed this at the start of treatment, reviews and at discharge.

# Are services effective?

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.

- People received a standard five day detox with two visits per day for three days then telephone contact on the fourth day and a visit or telephone contact on the final day.
- Baseline blood pressure and pulse was taken at each visit during detox
- Vitamin supplementation was documented as being prescribed in line with guidance.
- Pharmacological intervention for dependent drinkers was being followed in line with guidance. For example, when someone wanted to have support and medicine with alcohol free days.
- The severity of alcohol dependence questionnaire was being followed and documented in line with guidance on alcohol detox.
- The CIWA (clinical indications of withdrawal from alcohol) was being followed and documented in line with guidance.

## Skilled staff to deliver care

- Managers employed staff with a variety of experience, including doctors, nurses and recovery workers. The service employed a specialist health visitor who worked with children of parents who used the service.
- There was evidence staff were suitably trained to support people effectively. Staff completed training in substance misuse specific topics. For example, medicine prescribing intervention (drug workers), International Treatment Effectiveness Project (ITEP) training (link node mapping) and recovery and mutual aid approaches. Clinical staff were expected to complete training in areas such as venepuncture (nurses and doctors only), anaphylaxis (doctors and nurses administering vaccines only). Staff told us that they had completed training in motivational interviewing, solution focussed therapy and alcohol awareness.
- The mandatory training list showed that 90% of staff were up to date with training.
- Some staff were trained in the use of cognitive behaviour therapy (CBT).
- Non-medical prescribers (NMPs) were knowledgeable about medicines and prescribing. All NMP prescribing assessments were discussed via a dedicated slot within

the weekly clinical multidisciplinary team meeting and minutes of all meetings were kept. All NMPs attend the trust annual medico-legal updates training session which is mandatory for NMPs. They also attended the South West regional NMP substance misuse forum for specific training, regular updating and sharing of best practice.

- Managers inducted new staff to the service over a period of weeks dependent on their individual knowledge and skills. The induction schedule included mandatory training and shadowing opportunities.
- Staff received regular supervision and had access to monthly clinical supervision if they wanted it.
- Staff attended regular team meetings and weekly allocation meetings where people accessing the service could be discussed and staff could seek support and advice from their peers.
- Staff had received an appraisal of their work performance.
- Volunteers were able to access support from the service to complete training modules that aided them in their roles.
- Managers had a system in place to manage poor performance quickly and appropriately. Additional support would be given to help staff achieve the desired level of performance and disciplinary measures would be used where performance did not improve. This was evidenced in staff supervision files.

## Multidisciplinary and inter-agency team work

- Managers held regular team meetings, along with weekly allocation meetings where risks were reviewed and people who were new to treatment would be allocated a key-worker.
- The service had good links with external agencies and care records showed inter-agency working with social services, mental health teams and physical healthcare services.

## Good practice in applying the MCA

- The Mental Capacity Act was not on the mandatory training list. However, staff were aware of the Mental

## Are services effective?

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.

Capacity Act and could describe situations where they might need to consider use of the Act. For example, staff knew that a person's capacity could fluctuate if they were under the influence of substances.

- The care records showed that staff had considered the capacity of people they provided care and treatment to. In all cases we saw that staff had no reason to consider that people who were using the service lacked capacity.
- The service did not have any people using the service who were subject to the Mental Capacity Act deprivation of liberty safeguards.

# Are services caring?

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

## Summary of findings

We found the following areas of good practice:

- Staff spoke with passion about the work they did with people and this was reflected by what we observed and by what people told us.
- Staff showed a genuine person-centred recovery approach to their work. This was reflected in the way they involved people in the process of their own care and treatment.
- Staff showed a non-judgemental and non-discriminatory approach to working with people and their families which was inclusive and empathetic.
- Staff interacted with people in a positive and supportive way. They demonstrated an awareness of individual treatment needs and people's preferences.
- People told us they felt supported by staff and were treated with respect. Staff listened to what they wanted and made their goals seem achievable.
- People told us that staff clearly explained confidentiality to them and they felt confident that their care was discussed only when they gave permission, or where risk levels required a breach for their safety or that of others.
- Volunteers were involved in the service. Some volunteers had experienced treatment from the drug and alcohol services. Their role was to demonstrate that recovery was possible and to help welcome people to the service. Volunteers spoke highly of the staff and told us they were well supported in their roles.
- Staff showed a caring and professional determination to keep people engaged with treatment and demonstrate that recovery was possible.
- Staff were caring, compassionate and motivated to help people to the best of their abilities. This was often demonstrated with staff going above and beyond what was expected of them. For example, providing additional support to people and their families to ensure that they could access appointments, assisting people with support to

access voluntary support groups in the community and often taking a professional lead in co-ordinating and organising an effective multidisciplinary approach.

## Our findings

### Kindness, dignity, respect and support

- Staff spoke with passion about the work they did with people and this was reflected by what we observed and by what people told us.
- Staff showed a non-judgemental and non-discriminatory approach to working with people and their families which was inclusive and empathetic.
- Staff interacted with people in a positive and supportive way. They demonstrated an awareness of individual treatment needs and people's preferences.
- People told us they felt supported by staff and were treated with respect. Staff listened to what they wanted and made their goals seem achievable.
- People told us that staff were clear in explaining confidentiality to them and they felt confident that their care was discussed only when they gave permission.
- Staff were caring, compassionate and motivated to help people to the best of their abilities. This was often demonstrated with staff going above and beyond what was expected of them. For example, providing additional support to people and their families to ensure that they can access appointments, assisting people with support to access voluntary support groups in the community and often taking a professional lead in co-ordinating and organising an effective multidisciplinary approach.

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

- Staff showed a genuine person-centred recovery approach to their work. This was reflected in the way they involved people in the process of their own care and treatment.
- People told us that they knew the contents of their care plan and staff helped them to work towards their goals.

# Are services caring?

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

- Staff showed a caring and professional determination to keep people engaged with treatment and demonstrate that recovery was possible.
- Families and carers were involved with a person's treatment if the person gave consent for this to happen.
- The service displayed information for people about an independent advocacy service if people required extra support.
- Volunteers were involved in the service. Some volunteers had experienced treatment from the drug and alcohol services. Their role was to demonstrate that recovery was possible and to help welcome people to the service. Volunteers spoke highly of the staff and told us they were well supported in their roles.

# Are services responsive to people's needs?

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

## Summary of findings

We found the following areas of good practice:

- Staff saw people who required support quickly. The service had a three week target and they were meeting this with 100 per cent of people who used the drug service. There were two occasions in the last six months where the three week target had been missed with people who used the alcohol service. Staff gave clear reasons for this.
- Staff were flexible and would re-prioritise their commitments to ensure people were seen. Assessments could take place out of hours if people could only be seen at these times.
- The service had an equipped clinical room.
- A variety of rooms were available for one to one appointments and group work.
- The services had a wide variety of information displayed to inform people of other services that could provide support. Information included how to make a formal complaint.
- Leaflets were available in different languages and easy read format.
- Staff made prompt contact with people when they failed to attend appointments.

## Our findings

### Access and discharge

- The service accepted referrals from a range of sources, including self-referrals, referrals from families and referrals from professionals.
- The service was meeting waiting time targets set by the commissioners.
- The service had a three week target and they were meeting this with 100 per cent of people who used the drug service. There were two occasions in the last six months where the three week target had been missed

with people who used the alcohol service. Staff gave clear reasons for this. For example, people using the service had rescheduled the appointments due to other commitments.

- The average wait for people accessing the service in the last six months was 13 days.
- Staff always saw people who required immediate support the same day and urgent referrals, dependent on risk, within seven days.
- Staff worked from the main office and provided services in other locations to provide increased opportunities for people to engage and to reduce the barrier of travel times and cost.
- Staff made prompt contact with people when they failed to attend appointments. Staff discussed re-engagement plans in weekly allocation meetings and plans were formulated on a case-by-case basis considering the risk of the individual.
- Staff provided a variety of appointment times to suit the needs of people using the service.
- Staff were flexible and would re-prioritise their commitments to ensure people were seen. Assessments could take place out of hours if people could only be seen at these times.
- Staff discussed discharge with people from the beginning of their treatment. During the assessment staff asked people to decide how long they would like to be in treatment, so realistic goals could be created.
- Staff discussed cases that were near discharge in weekly meetings and discharges were discussed as standard agenda items within staff supervision.
- The service was meeting its contractual targets for planned treatment exits.

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

- The service had an equipped clinical room. This contained blood pressure monitoring equipment, breathalysers, emergency medicines and resuscitation equipment.
- A variety of rooms were available for one to one appointments and group work.



# Are services responsive to people's needs?

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

- The reception waiting area was open and welcoming. The reception desk was high but not closed off by a screen which meant people were able to communicate clearly with the receptionist.
- The reception area had a television monitor that displayed information to people in the waiting area. The seating area in reception was comfortable with clean seats. Hot drinks and a cold water machine was available.
- The service had a wide variety of information displayed. Information included how to make a formal complaint, drug alerts, harm reduction advice and other services that could offer support with other needs, for example, domestic violence charities and counselling services.
- Leaflets were available in different languages and easy read format.
- One group community activity displayed in a leaflet included a community drama group. The staff told us about how some people that have used services get involved with putting on performances about substance misuse at the local theatre.

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

- The services were accessible to everyone and had appropriate disabled access.
- People were informed that leaflets were available in different languages.
- Staff could access interpreters if required.
- Staff made a concerted effort to ensure that there were no barriers to people accessing the service and would go the extra mile to do this. For example, out of hours appointments were offered, to ensure that people could be seen at a time and venue suitable to them. Service user consultation events had been held to seek service

user views on how the volunteers could be used to help them to achieve recovery. Volunteers had been part of staff recruitment exercises to ensure that the service user view was represented and embedded in working practices for new starters.

## Listening to and learning from concerns and complaints

- The service had received no formal complaints. One person had expressed some dissatisfaction at the service while we were inspecting. This person had written a letter to their key-worker and it was evident that the staff were working to resolve their issues. The person knew how to make a formal complaint if they wished to do so.
- The provider openly requested feedback from people who used the service and people who used the service told us that they were asked for feedback. This feedback included compliments and any informal complaints that were dealt with locally within the service.
- The television information screen in reception was showing the compliments and comments the service had received.
- People told us that they knew how to make a complaint, but that most of the time they could speak to their care co-ordinator and it would be dealt with.
- Staff described the complaints process and were aware of what steps people would need to take to make a formal complaint.
- Any learning from complaints would be fed back in team meetings and discussed at supervision.
- Information about how to complain was included in the induction pack given to new clients at the start of their engagement with the service.

# Are services well-led?

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.

## Summary of findings

We found the following areas of good practice:

- There was a record of training to show that staff had attended specific substance misuse training. This meant they could evidence that staff were suitably trained to support people who use the service.
- There was a record of mandatory training that the manager used to ensure staff received training when required. Ninety per cent of staff had completed mandatory training and some training dates had been booked in February 2016.
- Staff were given supervision in line with trust policy. Staff received frequent peer support in addition to supervision.
- Managers kept complete staff files. They stored supervision notes, correspondence, sickness records and other documentation in individual folders that were kept securely in the manager's office.
- All staff had received an appraisal in the last 12 months.
- Managers reviewed incidents reported by staff and shared learning across the team in team meetings and supervision.
- The service was meeting all contractual targets and managers monitored performance targets on a monthly basis.
- The commissioners of the service gave very good feedback about the performance and management of the service. They told us that the service was meeting all expectations.
- Staff reported good morale in the team and spoke with passion about their roles.
- Staff spoke highly of the managers and felt supported. The managers felt supported by the service manager. All staff spoke highly of the service manager.
- Staff participated in leadership and development programmes provided by the trust.

- The service demonstrated innovation in the employment of a specialist health visitor who was integrated within the team. The role involved supporting the children of people who were using the service. The role enabled staff to support the person using the service and their family. This involved visits at home, comprehensive support plans for the children and family education about the risks associated with drug and alcohol use. The role provided an additional safeguard for the family and children. We received extremely positive feedback for people who had used the service about the support provided to the family as a whole and how it had enabled them to realise that recovery was possible.

## Our findings

### Vision and values

- Staff had an understanding of the trust values.
- The manager and service manager described how the service values promote recovery by delivering a service that embodies its values. For example, staff demonstrated genuine care, compassion and empathy in the way they worked with people who used the service. This was confirmed by our observations, what people told us and from our review of care records.
- The manager and staff spoke highly of the service manager. The service vision was clear and understood by the managers, staff and people who used the service.

### Good governance

- There was a record of mandatory training that the manager used to ensure staff received training when required. Ninety per cent of staff had completed mandatory training and some training dates had been booked in February 2016. The mandatory training programme included substance misuse specific training such as; effects of parental substance misuse on children, to more general training for example record keeping. All staff were trained to child protection level 3.
- There was a record of training to show that staff had attended specific substance misuse training. This meant the service could evidence that staff were suitably trained to support people who use the service.

# Are services well-led?

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.

- Staff were given supervision in line with trust policy. Staff received frequent peer support in addition to supervision. Supervision files included the opportunity for staff to rate how they were feeling in terms of workloads and stress levels. This allowed for discussion about how to manage workloads and demands on time and resources.
- Staff had received an appraisal of their work performance in the last 12 months.
- Managers had good oversight across the service. Access to appointments was monitored, and people who accessed medicines were seen regularly by a prescriber.
- Managers kept complete staff files. They stored supervision notes, correspondence, sickness records and other documentation in individual folders that were kept securely in the manager's office.
- Managers provided a variety of forums for staff to review practice and for learning to be shared across the teams. This included weekly allocation meetings, team meetings and monthly supervision.
- The service was meeting all contractual targets set by the commissioners. This included referral to assessment targets, keeping clients in treatment for at least 12 weeks and providing clients with vaccinations. Managers monitored service performance via an internal trust spreadsheet.
- Audits were conducted periodically of the care records. This included audits of prescribing, and client access to services. The audits identified areas of good practice and areas that required improvement. For example, an audit of the care records had highlighted inconsistencies in the completion of one particular assessment form. This had been discussed within the team meetings and during supervision. There was a plan in place to improve the use of the assessment form and reduce inconsistencies.
- The service had sufficient administrative support in place. Staff and people who used the service spoke highly of the reception staff.
- Managers had systems in place to support staff appropriately when they were absent from work. This included referrals to occupational health and the trust wellbeing service. Staff told us that they felt supported.
- Staff clearly described the whistleblowing process and told us that they felt able to raise any concerns with the manager or service manager.
- Staff, managers and senior managers were positive about the team morale and spoke with passion about working with the people who used the service.
- Staff participated in leadership and development programmes provided by the trust.
- Staff told us that they would feed back to people when they made a complaint, either formally or informally, and would apologise if the service had made an error. People who use the service told us that they were confident that staff would feed back to them.

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

- The service took an inclusive and person-centred approach to service development and improvement. Staff involved people in the development of the service by actively seeking feedback from them and including people in interview panels for new staff.
- The staff took an active approach to support clients with engaging in community activities and developing strong social networks with the aim of sustaining people's recovery after discharge from the service.
- This role involved supporting the children of people who were using the service. The role enable staff to support the person using the service and their family. This involved visits at home, comprehensive support plans for the children and family education about the risks associated with drug and alcohol use. The role provided an additional safeguard for the family and children. We received extremely positive feedback for people who had used the service about the support provided to the family as a whole and how it had enabled them to realise that recovery was possible.

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

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

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

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

The clinic room was not locked and the keys to obtain access to the medicine cupboard and fridge were stored on a shelf in the clinic room.

This was a breach of regulation 12(1)(2)(g)