

Spectrum Community Health C.I.C.

County Durham Integrated Drug and Alcohol Service

Inspection report

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Date of inspection visit: 15 - 17 February 2022
Date of publication: 28/04/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

We rated this location as good because:

- Feedback from people who use the service and those who were close to them was continually positive about the way staff treated them. Staff treated clients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of clients. They actively involved clients and families and carers in care decisions. Feedback from people who use the service and those close to them was extremely positive. People thought that staff went the extra mile and their care and support exceeded their expectations.
- The service provided safe care. Clinical premises where clients were seen were safe and clean. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed. Staff assessed and managed risk well and ensured that clients who required urgent care were seen promptly.
- The service provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the clients. Staff engaged in clinical audit to evaluate the quality of care they provided. Staff within the service were proactive in recognising and addressing issues facing clients within the community.
- The teams included or had access to the full range of specialists required to meet the needs of the clients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- The service was working with multiple external agencies to provide training and resources to better understand their clients and to keep them safe. The service had recently invested in a rapid Hepatitis C testing machine to enable staff to obtain fast results and refer clients for treatment the same day.
- The service was easy to access. Staff assessed and treated clients who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The criteria for referral to the service did not exclude people who would have benefitted from care.
- There was a strong culture of openness, caring, transparency and an environment in which learning, improvement and innovation was promoted and used to adapt the service. Managers encouraged staff to raise any concerns and there was a freedom to speak up guardian within the service.
- All staff were positive and proud to work for the service. They spoke highly of the management and felt supported in their roles. There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.
- The service was well led, and the governance processes ensured that procedures relating to the work of the service ran smoothly.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	We rated this service as good: See summary above for details.



Summary of findings

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Summary of this inspection

Background to County Durham Integrated Drug and Alcohol Service

County Durham Integrated Drug and Alcohol Service provides community substance misuse support for adults in County Durham. Their services include substitute medication and support with detoxification from alcohol and/or drugs in the community, support to reduce the harm of drugs and/or alcohol and achieve a balanced approach to life. The service also provides support to families, group therapy sessions, health and wellbeing checks, health screenings, blood testing and vaccinations. County Durham Integrated Drug and Alcohol Service also supported clients going through the criminal justice system.

The local council had commissioned an integrated substance misuse service, combining services between two organisations. A non-profit organisation held the contract for care coordination within County Durham Integrated Drug and Alcohol Service and provided psychosocial interventions, the clinical elements of the service had been subcontracted to Spectrum Community Health Community Interest Company. County Durham Integrated Drug and Alcohol Service was the overall name for the partnership between the two organisations.

This inspection only observed the Spectrum element of the service, and the rating applied is specific to the clinical care they provide for County Durham Integrated Drug and Alcohol Service. Spectrum Community Health Community Interest Company at County Durham Integrated Drug and Alcohol Service has been registered with the Care Quality Commission since 14 June 2019 to carry out the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury. There was a registered manager for this service. The service operated from five main hubs across County Durham Integrated Drug and Alcohol Service, these were: Durham, Bishop Auckland, Seaham, Peterlee and Consett.

The service had not been previously inspected.

How we carried out this inspection

The team that inspected the service comprised of two CQC inspectors, one of whom had a background in substance misuse services, a specialist advisor and an expert by experience.

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

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?

Summary of this inspection

- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations, including stakeholders and commissioners for feedback.

During the inspection visit, the inspection team:

- Visited three main locations in Peterlee, Durham and Bishop Auckland.
- Spoke with the registered manager of the service.
- Spoke with the head of service.
- Spoke with the partnership organisation's quality and performance manager.
- Spoke with seven staff members including non-medical prescribers, trainee non-medical prescribers and a mental health nurse.
- Spoke with 16 clients and four carers.
- Reviewed eight client care and treatment records.
- Looked at the quality and safety of the environment at each site.
- Observed a daily flash meeting, a board meeting and a client appointment
- Observed how staff were interacting with clients.
- Looked at a range of audits, policies, procedures and other documents relating to the running of the service.

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

Outstanding practice

We found the following outstanding practice:

Staff within the service were proactive in recognising and addressing issues facing clients within the community. Staff provided clients with sexual health support which included issuing condoms to promote safe sex. They recognised the financial pressures clients were under and offered free sanitary items to combat period poverty.

The service had recently invested in a rapid Hepatitis C testing machine to enable staff to give results to clients within 45 minutes, which allowed staff to refer the client for treatment the same day.

Despite the restrictions and pressures of the COVID-19 pandemic, no client appointments had been cancelled.

Managers had worked with the local police around the development of harm minimisation practices especially in relation to naloxone. The Spectrum team trained up to 100 police officers and supplied naloxone to frontline police officers to support client safety.

The clinal lead for Spectrum had carried out training sessions with primary care agencies in the area to explain the different pathways on offer within the service. They had also attended local pain management meetings to help educate the staff working with clients and beat misconceptions.

Summary of this inspection



Clients praised staff for the service they provided. Clients told us staff were ‘amazing’ or ‘fantastic’, ‘they could not thank them enough’, and they trusted staff at the service. We heard examples of staff members going beyond the expectations of their role to support clients. One member of staff walked four miles to deliver a prescription for a client during the winter months when they were unable to collect it. Staff recognised and respected the totality of people’s needs.

Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. They had embedded and promoted a culture in which the focus was on a positive client experience and in which staff felt motivated to deliver high quality care and treatment. All staff spoke highly of their management, they felt supportive by their full team and were positive and happy in their role.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	 Outstanding	Good	Good	Good
Overall	Good	Good	 Outstanding	Good	Good	Good

Substance misuse services

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

Are Substance misuse services safe?

Good 

We rated safe as good:

Safe and clean environment

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

The inspection team visited three of the five community hubs. The premises used were managed by a partner organisation who were also responsible for the maintenance, cleaning and security of the buildings. The locations of the first aid box, fire exits, and fire extinguishers were clearly displayed. The names of fire marshals and first aiders were also displayed.

All Interview rooms had alarms and staff available to respond.

All clinic rooms had the necessary equipment for clients to have thorough physical examinations, including accessible treatment rooms. Emergency drugs and equipment were available, in date and checked regularly by staff. Checks of clinical fridges was carried out by Spectrum and records demonstrated that staff adhered to infection control principles. Clinical waste was stored and disposed of in line with the organisation's policy

All areas were clean, well maintained, well-furnished and fit for purpose. However, the site at Peterlee was small, outdated and did not provide a therapeutic environment for clients. This had been identified as a concern by the service and they had secured the keys to a more updated building, which they were planning to move into within weeks of the inspection taking place.

Staff followed infection control guidelines, including handwashing and took measures to reduce the risk of COVID-19 transmissions in the service. Staff wore masks and adhered to social distancing guidelines. Rooms used for meetings had been risk assessed to determine the maximum number of people who could use the room safely.

Substance misuse services

Safe staffing

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

Nursing staff

The service had enough nursing staff to keep clients safe. Spectrum had a small workforce with staff allocated to work from each hub, however the staff described themselves as one team and worked flexibly across the locations to provide support when required.

The nursing team consisted of one band eight nurse (service manager and clinical lead) two band seven nurses, eight band six nurses (who were all non-medical prescribers (NMP)), two band five trainee (NMP) nurses and one mental health nurse.

The service was fully staffed and did not use bank or agency nurses. There were processes in place to access additional staff if needed. Managers told us that if they were to use bank or agency staff, they would receive a full induction and ensure they understood the service before starting their shift.

Managers had processes in place to cover staff sickness and absence. The staff sickness rate was 7.6% in January 2022. The sickness rate in the service had increased slightly due to COVID-19 but remained steady throughout the pandemic.

The service had low turnover rates.

Managers supported staff who needed time off for ill health. Staff gave us examples of this and complimented the managers on the support they received in their return to work following a period of ill health.

Medical staff

The service had enough medical staff. One GP with specialist interest worked within the service who was easily accessible to staff and clients. The doctor held weekly multi-disciplinary meetings to look at complex cases within the team and held two online forums a week to support non-medical staff where required.

The service did not use locums. They had processes in place to access doctors within other Spectrum services if needed, including access to a psychiatrist when needed.

Staff worked closely with local GPs and wrote to a client's GP once they had started treatment to keep them updated.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The target for mandatory training was 95%. The training compliance rate at the time of our inspection was 88%, however this included staff on long term leave. Staff that were present within the service had exceeded the 95% target.

The mandatory training programme was comprehensive and met the needs of clients and staff. Mandatory training included basic life support, safeguarding level 2, Mental Capacity Act, unconscious bias (including equality and diversity), information governance, health and safety and infection control.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Substance misuse services

Assessing and managing risk to clients and staff

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

Assessment of client risk

The partner organisation was responsible for completing risk assessments for each client. However, clinical staff contributed to clients' risk assessments where appropriate. We looked at eight care records during our inspection and found risk assessments were in place for all eight clients; were regularly reviewed and were up to date.

Any clients that staff had concerns about were discussed as a multidisciplinary team at the morning meeting or as required. There were also weekly meetings at the hubs to discuss clients with complex needs and team meetings to discuss risk and agree a care and treatment plan.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. Staff provided examples of how they would identify deterioration such as; change in appearance and behaviour or through physical health checks. The clinical team had segmented all clients to ensure that staff were supported when assessing risk in relation to reduced collections and reduced supervision due to COVID restrictions.

Clients were made aware of the risks of continued substance misuse; harm minimisation and client safety were an integral part of recovery plans. We saw evidence in care records that harm minimisation advice was provided to clients. Clients told us that they were supported with harm minimisation and given comprehensive information regarding the risks around substance misuse.

The service issued naloxone kits for clients with a high risk of overdose from opiates. Naloxone is an injectable medicine that reverses the effects of an opiate induced overdose. Staff provided training to the client and their carers (where appropriate) for all kits offered.

Spectrum did not have their own lone working policy in place; however, staff were unlikely to work alone and had access to and utilised the partner organisation's lone working policy and processes when needed. These included the use of signing in and out books in reception areas, visual boards in the reception office to inform staff of their colleagues' whereabouts and the use of electronic calendars. They also used a 'buddy' system in which a colleague contacted the person working alone in the community to check they were safe if they had not returned to the service when expected.

Clients had plans in place for the unexpected exit from treatment. The service had a 'did not attend' policy which clearly outlined the actions that should be taken should a client not attend an appointment including contacting the client, their family, pharmacies or other agencies such as social care or the police. We saw evidence of individualised approaches being discussed and documented in client care plans.

There were processes in place for what to do when there were suspicions or evidence that clients had passed on their medication to a third-party for illicit purposes (an act commonly known as diversion). The service had a policy in place to support staff with this process and tested clients to ensure they were compliant with their prescribed medication. If staff suspected that a client was diverting, they had the option to move the client onto daily supervised consumption at the pharmacy. Clients were also provided with information on the risks of taking medication they are not prescribed; we saw evidence of this in an appointment we observed during our inspection.

Substance misuse services

There were no waiting lists within the service.

Safeguarding

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

The service had made no safeguarding referrals to the local authority in the last 12 months. Safeguarding referrals were usually made by the partner organisation. Spectrum worked collaboratively with the partner organisation to ensure clients were safeguarded where appropriate. We saw good examples of joint working within their incident reporting system.

All staff had completed mandatory training in equality, diversity and human rights, safeguarding of children; and safeguarding of adults. Staff knew how to recognise adults and children at risk of or suffering harm and knew how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Spectrum had a safeguarding lead within the team who provided training and support to staff across all hubs. The care plans reviewed evidenced links with the local authority and social workers, where applicable, and good information sharing with external agencies.

There had been no serious case reviews in the 12 months prior to our inspection.

Staff access to essential information

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

Client records were comprehensive, up to date and all staff could access them easily. Records were stored securely and accessed using a password protected system.

Medicines management

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff completed medicines records accurately and kept them up to date.

Non-medical prescribers were responsible for the prescribing and monitoring of medicines. Processes had changed during the pandemic and all clients had been individually risk assessed to see if they were able to move to the new prescribing regime. This involved medicine being prescribed every two weeks and sent directly to the pharmacy. For those who were deemed too high-risk staff worked closely with the local pharmacies to facilitate daily pickups for clients and had processes in place whereby the pharmacy would notify the service if a client had not collected their prescription.

Substance misuse services

Appropriate structures and supervision were in place to oversee prescribing processes. There were several checks carried out before prescriptions were issued. Prescriptions were manually checked by non-medical prescribers daily to identify any that were due to end that day or hadn't been collected by clients. The non-medical prescriber then reviewed prescriptions against the clients care plan and titrated accordingly. An additional check was in place by the clinical lead before being securely sent to the pharmacy or collected by the client.

The chief pharmacist completed audits, shared learning with the team and overseen the quality of prescribing with input from the GP with specialist interest and clinical lead.

Spectrum had a policy for opioid substitute treatment and detoxification prescribing guidance, specialist alcohol prescribing guidance and a standard operating procedure for prescribing within County Durham. Staff had close links with GPs and discussed proposed care to ensure they had safely addressed medicines reconciliation before prescribing, we saw evidence of this in clients' care records. The team also had access to a public health pharmacist who was available to staff when needed.

Staff stored and managed all medicines and prescribing documents safely.

Anaphylaxis treatment was in stock and in date in the clinic rooms where staff were delivering vaccinations from. Naloxone was stored on site and regular checks were in place. There were no controlled drugs stored or dispensed on site.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff reviewed the effects of medication on clients' physical health regularly and in line with National Institute for Health and Care Excellence guidance. All clients were reviewed by a non-medical prescriber. Those who were identified as having more complex needs, such as those with existing serious health concerns and pregnant clients, were also seen by the service's doctor. Clients had milestone appointments every six months, during which their medication was reviewed. Staff provided advice to clients and carers about their medicines.

Staff learned from safety alerts and incidents to improve practice.

Track record on safety

The service had a good track record on safety.

The provider had a sustained a track record of safety supported by accurate performance information. Staff reported serious incidents clearly and in line with the provider's policy.

There had been one serious incident within the service in the last 12 months. This was in relation to the temporary loss of access to the service's care record system following works carried out by the local authority IT department. The service had not been made aware of the works being carried out. This resulted in staff not having access to client information, which briefly impacted on service delivery before being resolved. The local authority agreed that moving forward, the service would be informed of any works which may result in disruption; works would be undertaken outside of the service's working hours and the care records system would be tested following work being completed.

Managers debriefed and supported staff after any serious incidents. Staff told us that meetings were arranged at short notice if needed to support staff and share any immediate learning.

Substance misuse services

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. These included client deaths, safeguarding issues, prescribing issues, concerns about clients' welfare and any concerns about mental health or mental capacity. The service had an in-house reporting system which both partnership organisations had access to.

Staff raised concerns and reported incidents and near misses in line with the provider's policy.

The service had no never events. Managers shared learning with their staff about never events that happened elsewhere via daily and monthly team meetings.

Staff understood the duty of candour. They were open and transparent and gave clients and families a full explanation when things went wrong. We saw evidence of this being actioned and documented on their incident reporting system following incidents.

Managers investigated incidents thoroughly. We reviewed five incidents during our inspection, all the incidents had been escalated and shared with the appropriate staff members to review. Action had been taken on all the incidents to investigate and to share learning with the staff team to prevent similar incidents happening again. Clients and their families were involved in these investigations where necessary.

Staff received feedback from investigations of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to client care. Guidance and learning from incidents were issued to staff via staff meetings, online group support platforms, supervision sessions and learning loops. Learning loops were a staff bulletin developed by the partner organisation and shared quarterly with Spectrum staff to summarise any incidents within both services, including detail of what action had been taken and any changes or improvements made.

There was evidence that changes had been made as a result of feedback. For example, the service previously had a 15-minute cut off policy on being late for appointments. Clients fed back that due to travel time it was difficult to make early appointments. The service discussed this with clients individually and moved client appointments to later in the day to suit individual needs and the service no longer had the set 15-minute policy in place, all appointments are dealt with on an individual basis which had allowed easier access to the service for clients.

Are Substance misuse services effective?

We rated effective as good:

Assessment of needs and planning of care

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

Substance misuse services

The client's triage, comprehensive mental health assessment and full physical health assessment were completed by the partnership organisation. Spectrum staff then followed this up with a wellbeing check and prescription appointment. Staff aimed to see clients within five days, and we saw evidence that the service was meeting this target. Spectrum worked closely with the partner organisation to contribute to client care records, where appropriate. All the care records we looked at included comprehensive risk assessments that were regularly updated.

Staff made sure that clients had a full physical health assessment and knew about any physical health problems. We saw evidence in care records that non-medical prescribers carried out ongoing reviews of clients' physical health. The checks included looking at presentation, diagnosis, prescribed medicines (both substitute medicine prescribed by the service and medicines prescribed by GPs), use of drugs and alcohol and physical, pregnancy-related issues.

Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the clients. These included substitute prescribing, alcohol detox, drug misuse prevention, needle and syringe programmes, hepatitis B and C testing, alcohol reduction and opiate detoxification.

Staff delivered care in line with best practice and national guidance (from relevant bodies e.g. NICE). Any change in guidance was cascaded from Spectrum's medicine's management and governance team.

Staff made sure clients had support for their physical health needs, either from their GP or community services. The service considered clients' healthcare needs at the wellbeing checks and during medical reviews or milestone appointments. This included testing, vaccinating and referral for treatment for blood borne viruses with shared follow up monitoring. The clinical team offered vaccinations and screening in line with Public Health England's target to eliminate Hepatitis C by 2025. Spectrum had recently invested in a rapid Hepatitis C testing machine which was shared between the locations. The machine gave a result within 45 minutes, which allowed staff to refer the client for treatment the same day.

Staff supported clients to live healthier lives by supporting them to take part in programmes or giving advice. This included advice around reducing substance use; exercise, diet, getting access to outdoor green spaces to encourage better mental health, smoking cessation, harm minimisation advice, sexual health support which included issuing condoms and supporting rough sleepers with booking COVID-19 vaccination appointments at suitable venues.

Staff used recognised rating scales to assess and record the severity of client conditions and care and treatment outcomes. Staff used red, amber and green ratings to denote the status and current risks of clients. Staff also used the recognised treatment outcome profiles tool to monitor clients' substance use, injecting risk behaviours, criminal activity and health and social functioning.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Medicines management checks were carried out monthly, these included; checks of the naloxone register, medication administration, clinical stock checks, safe storage, clinical equipment checks and vaccines. Prescribing audits were carried out monthly by the lead pharmacist for Spectrum.

There were 633 successful treatment completions in last 12 months, which surpassed the services target of 612.

Substance misuse services

Staff used technology to support clients. This included the use of online meeting platforms and phone-based appointments.

Skilled staff to deliver care

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

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure staff had the right skills, qualifications and experience to meet the needs of the clients in their care.

Managers provided an induction programme for new staff. The induction included all mandatory training requirements and shadowing opportunities of different roles within the service.

Managers supported staff through regular, constructive appraisals of their work. At the time of our inspection, all staff eligible for an annual appraisal had received one in the last 12 months.

Managers supported staff and provided managerial and clinical supervision of their work. The provider's target for supervision compliance was every 12 weeks. However, the service had exceeded this target as staff received formal supervision every four to six weeks.

Informal clinical and managerial supervision sessions also took place on a weekly basis with the clinical lead and GP with specialist interest. The service offered online group support forums which were always accessible to staff. Managers made sure staff attended regular monthly team meetings and gave information to those who could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Examples included non-medical prescribing courses, addiction courses and management courses.

Managers recognised poor performance, could identify the reasons and dealt with these. The provider had a performance management system in place which included a process for addressing staff performance issues. We saw evidence of the process being followed and documented.

Multidisciplinary and interagency teamwork

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

Staff made sure they shared clear information about clients and any changes in their care. Regular multidisciplinary meetings were held to discuss clients and improve their care. There was a flash meeting held daily including staff from both partnership organisations to discuss caseloads, client risk and outstanding actions. There was also a more in-depth multidisciplinary meeting held weekly with the doctor, recovery co-ordinators, non-medical prescriber, clinical lead and representatives from external agencies, if required, to discuss more complex client cases.

Substance misuse services

Staff collected information from other teams such as community mental health teams, GPs, maternity services, children and family services, social workers and criminal justice services to inform clients' comprehensive assessments.

Recovery plans included clear care pathways to other supporting services. Staff worked with health, social care and other agencies to plan integrated and coordinated pathways of care to meet the needs of different groups.

Staff had effective working relationships with other internal teams in the organisation and external services. Staff share clients' treatment plans with their GP when the client had consented for them to do so. Managers had worked with the local police around the development of harm minimisation practices especially in relation to naloxone. The Spectrum team trained up to 100 police officers and supplied naloxone to frontline police officers to support client safety. The service employed a mental health liaison nurse to build better relationships with statutory services.

The clinical lead for Spectrum had carried out training sessions with primary care agencies in the area to explain the different pathways on offer with the service. They had also attended local pain management meetings to help educate the staff working with clients and beat misconceptions.

The service was also working closely with the Public Health England pharmacist who had good links with commissioners to help local trusts have a better understanding of clients with both drug and alcohol dependencies and mental health problems.

Good practice in applying the Mental Capacity Act

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

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access.

Staff knew where to get advice on the Mental Capacity Act. The mental health nurse within the service provided advice and support to staff when there were concerns about a client's mental health. The service also worked closely with the local mental health trust and utilised the dual diagnosis pathway.

Staff within the service assessed capacity at client appointments and recorded this within their care record. Consent to treatment forms had been signed and documented on all eight care records we reviewed.

Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so.

When staff assessed clients as not having capacity, they were aware of the protocols and processes in place to follow and considered the client's wishes, feelings, culture and history.

The service monitored how well it followed the Mental Capacity Act and made changes to practice when necessary.

Substance misuse services

Are Substance misuse services caring?

Outstanding



We rated caring as outstanding:

Kindness, privacy, dignity, respect, compassion and support

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

People were always treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity was consistently embedded in everything that staff do, including awareness of any specific needs. During our inspection visit, we saw that staff interacted with clients in a kind, caring, respectful, discrete and compassionate manner.

Feedback from people who used the service, those who were close to them and stakeholders was continually positive about the way staff treated people. We spoke with 16 clients across the three hubs we visited. Clients told us staff were always kind, treated them with dignity and respect, were compassionate and supportive. They praised staff for the service they provided. Clients told us staff were 'amazing' or 'fantastic', 'they could not thank them enough', and they trusted staff at the service.

We heard examples of staff members going beyond the expectations of their role to support clients. One member of staff walked four miles to deliver a prescription for a client during the winter months when they were unable to collect it. Staff also provided clients with essential items such as food and sanitary products when they were without.

Staff recognised and respected the totality of people's needs. They took people's personal, cultural, social and religious needs into account, Staff gave clients help, emotional support and advice when they needed it. Staff showed determination and creativity to overcome obstacles to deliver care. People's individual preferences and needs are always reflected in how care is delivered. For example, one staff member supported a client to gain access to medication that is only prescribed in rare cases. The client contacted the staff member to personally thank them and tell them they had 'saved their life.'

Staff supported clients to understand and manage their own care treatment or condition. Clients told us that they received advice and information on harm minimisation and reminded them of the service's needle exchange provision.

Staff recognised that people need to have access to, and links with, their advocacy and support networks in the community and they supported people to do this. They ensured that people's communication needs were understood. Staff directed clients to other services and supported them to access those services if they needed help. These included housing, mental health and primary care services.

Staff understood and respected the individual needs of each client.

Staff followed policy to keep client information confidential. Staff received information governance training which included the need to ensure client confidentiality was always maintained.

Substance misuse services

Involvement in care

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

Involvement of clients

The partner organisation was responsible for creating client care plans. We saw evidence in all eight care plans we reviewed that staff involved clients in their treatment plans and made sure clients understood their care and treatment. Staff found ways to communicate with clients who had communication difficulties. Staff could produce leaflets in different languages using online translation services, in braille and easy read. Staff told us they could arrange for clients to be supported by signers and translators and independent advocates quickly. We spoke to one client with communication difficulties who told us that the staff made her treatment plan easy to understand.

Staff made sure clients could access advocacy services.

Staff involved clients in decisions about the service, when appropriate. Clients were consulted on service changes and developments to ensure they were fit for purpose and met their needs. Staff completed telephone questionnaires with a random selection of clients to better understand their experiences through the Covid pandemic.

Clients could give feedback on the service and their treatment and staff supported them to do this. All the hubs we visited had feedback boxes available at reception, an annual survey was sent to clients to gather feedback, the service had a formal complaints process in place and we saw evidence of changes being made in the service from client feedback.

Involvement of families and carers

Staff informed and involved families and carers appropriately. Spectrum staff could provide examples of when they had supported client families and provided information to enable them to understand the client's circumstances better, which had led to positive outcomes. We saw evidence of family and carer involvement in all the care records we looked at. We also spoke with four carers of clients using the service who told us they felt supported by staff at the service.

Staff helped families to give feedback on the service and were offered the same mechanisms to feedback as the clients.

Are Substance misuse services responsive?

Access and waiting times

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

The service was easy to access. Its referral criteria did not exclude clients who would have benefitted from care. Staff provided a same day triage service either face to face, via phone or video link. Staff saw urgent referrals quickly and non-urgent referrals within the service's target time. The service met the target times for seeing clients from referral to assessment and assessment to treatment.

The service had clear criteria to describe which clients they would offer services to. At the time of our inspection the service did not have a waiting list. Clients could self-refer or be referred by a third party and all referrals were assessed.

Substance misuse services

The service had robust alternative care pathways and referral systems in place for a range of other support services. These included bereavement support, domestic abuse, sexual abuse and rape and links with a suicide prevention service. The service worked in partnership with criminal justice teams in supporting clients with behaviours that challenge and were difficult to engage with, by offering joint appointments at partner premises.

Staff offered clients alternative treatment options when they were unable to comply with specific treatment requirements. Clients who are unable to attend the recovery centre in person, due to physical or mental health issues were offered home visits or visits at alternative locations or with the use of technology to enable clients to have appointments

The service had processes in place for when clients arrived late or failed to attend their appointments which were fair and reasonable and did not place the client at risk. Staff made efforts to see clients, even when they arrived late, and the registered manager had promoted a culture in which client care and welfare was always the first consideration.

Staff tried to contact people who did not attend appointments and offered support. Staff were proactive in their attempts to re-engage with clients who had failed to attend their appointments and there was a clear 'did not attend' process in place that staff could follow which advised them of who they needed to contact such as friends, families, pharmacies and the police.

No appointments had been cancelled in the 12 months prior to our inspection as a result of staff shortages. Staff we spoke with said that they would never refuse to see a client and if there were staff shortages on a site, managers would redeploy staff from other sites to cover.

Staff supported clients when they were referred, transferred between services, or needed physical health care. We saw evidence in clients' care records that staff had supported them to access mutual aid and relapse prevention groups and mental health crisis teams.

The facilities promote comfort, dignity and privacy

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

The service had a full range of rooms and equipment to support treatment and care. These included private rooms for blood borne virus and urine testing, fully equipped clinic rooms, one to one rooms for client appointments and larger rooms for team meetings.

Interview rooms in the service had sound proofing to protect privacy and confidentiality.

Managers within the service recognised that the building in Peterlee was not in-keeping with a therapeutic environment. The acoustics made it noisy and the building was tired, dated and small. The provider had secured new premises in Horden which the local authority had reconfigured to meet the service's requirements, with input from clients. Staff were due to move into the new building in the month following our inspection. Managers gave us the opportunity to visit the new premises. We found the layout to be spacious, calming and a more therapeutic environment for both clients and staff. The building was discrete as its design blended in well with the residential surroundings.

Meeting the needs of all people who use the service

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

Substance misuse services

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. The service had accessible rooms or lifts available for clients at all locations.

Staff within the service were proactive in recognising and addressing issues facing clients within the community. Staff provided clients with sexual health support which included issuing condoms to promote safe sex. They recognised the financial pressures clients were under and offered free sanitary items to combat period poverty.

Staff made sure clients could access information on treatment, local service, their rights and how to complain.

The service provided information in a variety of accessible formats so the clients could understand more easily. These included information in braille and easy-read formats.

The service had information leaflets available in languages spoken by the clients and local community.

Managers made sure staff and clients could get hold of interpreters or signers when needed.

Listening to and learning from concerns and complaints

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

Due to the partnership organisations working so closely together, complaints regarding the services were reviewed and investigated jointly. The service treated concerns and complaints seriously, investigated them and shared learned lessons from the results.

Clients, relatives and carers knew how to complain or raise concerns. There were posters on walls and noticeboards throughout the service buildings which informed people how to make a complaint.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes. Staff protected clients who raised concerns or complaints from discrimination and harassment. Clients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. The service used compliments to learn, celebrate success and improve the quality of care. The service had received 55 compliments in the last 12 months.

There had been 17 complaints within the last 12 months, of which six were partially upheld.

Substance misuse services

Are Substance misuse services well-led?

Good 

We rated well-led as good:

Leadership

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

Staff felt supported and the team worked well together. The manager had a good understanding of the service and the issues faced by the client group. The service had adapted well to changes in the last 24 months due to COVID-19.

Leaders provided clinical leadership. Managers and medical staff provided day to day leadership in relation to prescribing, physical and mental health. They could explain clearly how the teams were working to provide high quality care.

The service manager worked across all sites and was available to staff. The senior managers visited the teams and provided monthly online sessions to all staff to give them the opportunity to raise any issues or concerns. The staff described themselves as one big team across the locations and spoke highly of the management within the service.

Vision and strategy

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

Staff knew and understood the vision and values of the team and organisation and what their role was in achieving them.

All staff had a job description and understood their roles and responsibilities within the team.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.

Culture

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

Leaders had worked hard to deliver a high-quality service and had embedded and promoted a culture which focused on a positive client experience. Staff felt motivated to deliver high quality care and treatment.

Staff felt respected, supported and valued. They felt proud to work at Spectrum, satisfied in their roles and felt part of the organisation's future direction. Throughout our inspection, we observed good relationships between staff and positive attitudes towards each other and their work, which evidenced there was a happy and encouraging culture within the service.

Substance misuse services

Staff appraisals included conversations about career development and how it could be supported. Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. A staff member was able to give us an example of how management had gone above and beyond to assist and support them in career development and progression within the service following a change in their personal circumstances.

The provider recognised staff success within the service. Several staff members had been nominated and won awards for their hard work and dedication to providing a good service for their clients.

The provider had a whistle blowing policy in place that was accessible to all staff. Staff felt able to raise concerns without fear of retribution.

The service responded proactively to bullying and harassment cases. The service had recently appointed a freedom to speak up guardian who was in the process of embedding their role within the service and making staff aware of their responsibilities. The service had developed posters to display at all locations and had invited the freedom to speak up guardian to attend their next team meeting.

Staff had access to support for their own physical and emotional health needs through an occupational health service. Managers monitored staff morale, job satisfaction and sense of empowerment. Staff told us that managers encouraged and supported people in their requests for flexible working arrangements as they recognised how these benefited staff health and wellbeing.

During the COVID-19 pandemic Spectrum offered employees a range of alternative working arrangements including working from home and working remotely. The service also holds annual events focused around health and wellbeing, such as mental health awareness week.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. There were equality and diversity policies and staff received unconscious bias training. All policies and procedures had been subject to equality impact assessments to ensure they did not place vulnerable groups or people with protected characteristics under the Equality Act at a disadvantage.

There was strong collaboration, teamworking and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. Staff told us that both partnership organisations worked together as one big team to support each other and were confident managers would deal with any difficulties appropriately.

Governance

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

Governance systems, policies, procedures and protocols were proactively reviewed and reflected best practice.

There were systems and procedures in place to ensure that the service was safe and clean, that there were enough staff, that staff were trained and supervised, that clients were assessed and treated well, and that staff adhered to the mental capacity act. Processes ensured that clients risks were managed and that successful discharge from treatment were planned.

Substance misuse services

There was a clear framework of what must be discussed at local and national level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

Spectrum and the partner organisation had integrated service governance and clinical governance board meetings in place. In which safeguarding, incidents, information governance, service risk, complaints, practice and learning, performance and service quality were all discussed.

Quality was a standing agenda item at governance meetings. Quality managers within the partner organisation maintained audit schedules and provided quality reports to management at Spectrum to highlight areas for improvement. These reports were discussed, and action plans developed to address any issues, action plans were reviewed at each meeting.

The clinical lead within Spectrum also held a monthly mortality review meeting to identify and encourage learning from deaths within the service. Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at service level.

Staff undertook or participated in local clinical audits. The audits were enough to provide assurance and staff acted on the results when needed.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the clients. Staff understood the importance of having good links with the prison teams to ensure the safety of clients being released. Staff also worked closely with safeguarding and domestic violence staff.

Management of risk, issues and performance

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

There was clear quality assurance management and performance frameworks in place that were integrated across all organisational policies and procedures.

National and local risk registers were in place and reviewed at service board level. Managers discussed the risk register in team meetings and took any new concerns from staff to the service board level meetings for discussion. Staff told us they could escalate concerns when needed.

The service had plans for emergencies such as adverse weather conditions, loss of IT services, pandemics and other issues that could negatively impact on service delivery. Business continuity plans were in place across the locations.

Managers monitored staff sickness and absence rates and ensured there was enough cover within the service to meet clients' needs.

Information management

Staff collected analysed data about outcomes and performance.

The service used systems to collect data that were not over-burdensome for frontline staff.

Staff had access to the equipment and information technology needed to do their work.

Substance misuse services

The information technology infrastructure, including the telephone and online system, worked well and helped to improve the quality of care.

Information governance systems included confidentiality of clients' records.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care.

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

Staff made notifications to external bodies when required.

The service had developed information-sharing processes and joint-working arrangements with other services where appropriate to do so.

Staff ensured the service confidentiality agreements were clearly explained to clients in relation to the sharing of their information and data.