

The Vicarage

Quality Report

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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The premises, including clinic rooms, were well equipped, clean and well maintained. Staff had access to a range of necessary medical equipment to carry out physical examinations.
- Staff had the necessary skills and competencies to deliver safe and effective treatment and care. This included medical and non-medical prescribers.
- Staff completed risk assessments for all clients and these were regularly reviewed. Staff demonstrated a high level of knowledge about clients and discussed risk and risk taking behaviour at treatment reviews.
- There were excellent systems in place to review and learn from incidents and changes to the service had been made as a result of these.
- There was a duty of candour policy and all managers and staff understood their responsibilities in relation to this.

Summary of findings

- Staff used a range of appropriate, validated assessment tools to identify the needs of clients. Staff had forged excellent working relationships with external agencies to ensure the needs of clients were met.
- Clients had individual recovery plans that were holistic and person centred. Clients were actively involved in decisions about their care and treatment including goal setting.
- There were robust prescribing protocols in place which were in line with national guidelines and clients had access to a range of psychosocial interventions and mutual aid.
- Staff were encouraged and supported to attend specialist training to help them to meet the needs of clients.
- Staff demonstrated detailed knowledge of clients and had developed strong therapeutic relationships with clients.
- Clients spoke very highly of staff and felt staff were central to their recovery.
- There were clear criteria for access into the service and no waiting lists for treatment.
- Clients knew how to complain and staff dealt effectively with complaints. There was evidence of learning from complaints and changes had been made to the service as a result.
- Staff morale was high and staff were passionate about their roles and the organisation.
- There was a culture of continuous learning and improvement and staff were actively involved in service reviews and contributed to service development.

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

- There were no formal risk management plans in place for clients, which made it difficult to locate information in care records on how individual risks would be mitigated.
- Only 44% of staff had completed equality and diversity training, which was part of the suite of mandatory training. We do not currently rate independent standalone substance misuse services.

Summary of findings

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The Vicarage

Services we looked at

Substance misuse services

Summary of this inspection

Background to The Vicarage

First Contact Clinical is a community interest company. They are commissioned by South Tyneside Borough Council to provide structured treatment to adults who have a drug and/or alcohol dependency. The service forms part of a wider treatment system, which includes harm reduction services provided by another service, and a single assessment process which all commissioned agencies are part of. Clients are assessed through the single assessment process and those who have a drug or alcohol dependency are referred to First Contact Clinical for substitute prescribing and psychosocial interventions.

First Contact Clinical deliver pharmacological and psychosocial interventions from The Vicarage, which is located in the centre of South Shields. Prescribing clinics are also delivered from Flagg Court Health Centre, a

primary care centre that houses a number of GP practices and community services. Psychosocial interventions and mutual aid groups were delivered from local GP practices and community venues.

First Contact Clinical have been registered within the CQC since 2012. The Vicarage has been registered as a location with the CQC since 5 August 2016, and is registered for the treatment of disease, disorder or injury. The service has a registered manager.

This is the first time the service has been inspected by CQC.

This was an announced inspection. We carried out this inspection using our new approach of asking five key questions about the quality of the service. See the section on 'How we carried out this inspection' below.

Our inspection team

The team that inspected the service comprised of Care Quality Commission inspector Sharon Baines (inspection

lead), one other CQC inspector and a specialist advisor. The specialist advisor was a nurse specialist with experience of working in drug and alcohol treatment services.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

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

During the inspection visit, the inspection team:

Summary of this inspection

- visited the premises, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with two clients
- spoke with the registered manager and the clinical lead for the service
- spoke with six other staff members including doctors, non-medical prescribers, a recovery worker, the criminal justice co-ordinator and a recovery champion
- attended and observed a recovery support group, two prescribing clinics, five treatment review sessions and observed staff and clients in the reception area
- collected feedback using comment cards from 53 clients
- looked at six care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with two clients about their experience of the service and received very positive feedback about the emotional and practical support they received from staff. Clients said staff listened to them and took time with them when they needed it. They felt staff treated them with courtesy and respect.

We received feedback from 53 clients who completed comments cards to give their views on the service. All of the comments cards contained information on positive experiences clients had within the service. Five comments cards included some negative comments as

well as positive comments. One client felt they would benefit from more support from their recovery worker and one client commented that there were no facilities to make hot drinks in the waiting room.

Many clients mentioned individual members of staff by name, citing them as central to their recovery. Clients clearly valued the staff and felt well supported and that staff genuinely cared about them. Ten clients specifically mentioned the family therapy provided by the service. Clients felt that this had been extremely beneficial in supporting their recovery.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The premises were well equipped, clean and maintained.
- Clinic rooms were well equipped with necessary medical equipment to carry out physical examinations.
- Vaccinations were appropriately stored and refrigeration temperatures were monitored daily.
- Staff used personal alarms and monitored CCTV.
- There were sufficient staff who had the necessary skills and competencies to deliver treatment and care safely.
- The service employed medical and non-medical prescribers which meant clients had prompt access to titration appointments and prescribing review clinics.
- Client appointments were almost never cancelled due to staff shortages and sickness rates were very low.
- All clients had risk assessments completed when they started treatment and these were regularly reviewed.
- Staff were very knowledgeable about clients and discussed risk and risk taking behaviour at client treatment review meetings.
- There were robust safe working protocols in place which staff understood and adhered to.
- There was an excellent system in place to review and learn from incidents.
- There was a duty of candour policy and all managers and staff understood their responsibilities in relation to this.

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

- There were no formal risk management plans in place, which made it difficult to locate information on how individual risks would be mitigated.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff used a range of appropriate, validated assessment tools to identify the needs of clients.
- All clients had individual recovery plans that were person centred and holistic.

Summary of this inspection

- There were robust prescribing protocols in place that were in line with national guidelines.
- Clients had access to a range of psychosocial interventions and mutual aid.
- Physical health needs of clients was assessed at the beginning of treatment and regularly thereafter.
- Staff used validated tools to monitor treatment outcomes.
- Staff were involved in clinical audits.
- There was a multi-disciplinary staff team and staff had a range of professional backgrounds including nursing, social work, and counselling.
- Staff were encouraged to attend specialist training to further develop skills and competencies to meet the needs of clients.
- Staff had regular supervision and prescribing staff had clinical and peer supervision.
- Staff had developed excellent working relationships with external agencies to ensure the wider physical and mental health needs of clients were met.
- Staff demonstrated a good understanding of the Mental Capacity Act.

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

- Only 44% of staff had completed equality and diversity training, which was part of the suite of mandatory training.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a friendly and welcoming atmosphere.
- Staff had strong and effective therapeutic relationships with clients.
- Clients were well supported with interventions individually tailored to meet needs.
- Clients spoke very highly of staff and mentioned individual staff members as being central to their recovery.
- Staff respected confidentiality and there were clear information sharing agreements in place.
- Clients were very involved in setting their own treatment goals and developing their recovery plans.
- Staff facilitated group sessions including recovery groups which clients found beneficial to their recovery.

Are services responsive?

We do not currently rate standalone substance misuse services.

Summary of this inspection

We found the following areas of good practice:

- There were clear criteria for access into the service.
- There were no waiting lists for the service.
- Staff took active steps to engage with clients who found it difficult to attend treatment appointments.
- Successful treatment completion rates for the service were in line with the national average.
- Clients had access to a wide range of information on activities taking place within the service and in other external organisations.
- Clients knew how to complain and information was displayed throughout the service.
- Staff had a good understanding of the complaints process and complaints were investigated in line with the complaints policy.
- Staff identified actions following complaints to improve systems and reduce the likelihood of issues re-occurring.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- All staff were aware of the organisational vision and values and demonstrated a strong affinity with them.
- Senior managers were approachable and seen as being part of the team.
- Morale was high and staff were passionate about their roles and the organisation.
- There was a culture of continuous learning and improvement.
- Staff were actively involved in service reviews and contributed to service development.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act was included in the suite of mandatory training that all staff had completed. Staff

assumed clients had capacity and understood the basic principles of the Act. They understood when capacity was temporarily impaired and were clear on what actions they would take if this was the case.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

The premises at the Vicarage and Flagg Court Health Centre were clean and well maintained. Entry into the premises at the Vicarage was via an intercom system, which staff controlled from the reception area. There was a waiting room for clients to use which was bright and welcoming.

There were four clinic rooms and one meeting room for use by staff and clients at the Vicarage. Group sessions took place in the meeting room. All clinic rooms and the meeting rooms were private and offered adequate soundproofing to ensure client confidentiality. Clinic rooms were clean and equipped with a range of appropriate equipment including an examination couch, blood pressure monitor and scales. There were adequate hand washing facilities for staff.

No controlled drugs were stored on the premises. All controlled drugs were dispensed through a network of community pharmacies within the borough. There were hepatitis B vaccines stored in refrigerators on the premises. There was a cold chain policy in place for these vaccines and staff monitored and recorded fridge temperatures daily in line with this policy.

There were two hand-held adrenaline injectors on the premises. These are devices containing adrenalin, which is used to treat severe allergic reactions resulting in anaphylaxis. On the day of the inspection, one of these was out of date. Staff responded immediately and removed the out of date device from the clinic.

Staff used personal alarms when on duty in the building. These were collected from reception when staff arrived on

the premises. Managers told us that the alarm system had been introduced following a serious incident which had taken place on the premises where a client had become verbally and physically aggressive.

CCTV cameras were in place to cover the entrance to the premises, waiting room and meeting room. Staff in reception monitored the CCTV system. Signs were on display advising clients and visitors that CCTV was in operation.

Staff used a clinic room at Flagg Court Health Centre to hold prescribing clinics where staff met with clients to review treatment. The premises at Flagg Court were clean, well maintained and fit for purpose.

Safe staffing

The service had 21 substantive staff including:

- director of operations
- clinical governance lead
- operational lead
- complex and early intervention lead and non-medical prescriber
- alcohol lead and non-medical prescriber
- criminal justice co-ordinator
- senior recovery workers
- duty officer
- recovery workers
- recovery champion
- office manager
- administrators

As well as non-medical prescribers, there were three independent medical prescribers who worked into the service. The clinical governance lead provided clinical supervision to all prescribers within the service. Additionally there was a monthly peer supervision session for prescribers.

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Staff sickness levels between October 2015 and October 2016 were 3.7%. The service covered episodes of annual leave or sickness from within the staff team. Staff had allocated 'buddies' within the team who were colleagues who would provide first line cover for that member of staff in the event of absence. To cover long term sickness of a recovery worker between January and May 2016, an agency worker had been used. Aside from this, no other bank or agency staff had been used to cover shifts between October 2015 and October 2016. During the same period, five members of staff had left the service.

Staff and clients told us that planned sessions were very rarely cancelled due to staff absence.

A dedicated duty officer worked Monday to Friday and was the first point of contact for new clients coming into the service.

At the time of the inspection there were 411 clients on the caseload. Staff held caseloads of between 30 to 50 clients, dependent upon the complexity of the client need.

Staff were required to complete a suite of mandatory training. This included information governance, equality and diversity, clinical governance, safeguarding children and adults and mental health awareness. Mental health awareness training incorporated training in Mental Capacity Act. Compliance with mandatory training was high with all training being completed by at least 80% of staff, with the exception of equality and diversity training which had a compliance rate of 44%. Managers were aware of this and had taken steps to arrange for this training to be provided to staff.

Assessing and managing risk to clients and staff

All clients requiring treatment for substance misuse in South Tyneside were assessed using a single assessment form. This was a comprehensive assessment which considered a range of factors including:

- current and historical substance misuse
- injecting drug use
- physical health
- mental health
- family circumstances (including any children)
- accommodation status/needs
- offending behaviour

At the end of the assessment document, there was a section for summarising all identified risks.

The complex and early intervention lead had developed a new risk assessment document for the service which graded risk to give a risk rating of low, moderate or significant. This had not been fully implemented across the service at the time of the inspection.

We reviewed six care records, and found completed risk assessments for all clients. We found that one client had been identified as high risk, but there was no formal risk management plan in place. However, there was evidence that risk was being discussed within multi-disciplinary meetings and in treatment review meetings with the client and this was documented within care notes.

Within all care records reviewed, we found there was good evidence of discussion of risks and risk taking behaviour between staff and clients. These discussions were documented within case notes. However, there was no on-going risk management planning document for clients. This meant that it could be difficult to easily identify all risks associated with clients, including agreed strategies for managing risk. We observed interactions between staff and clients in prescribing clinics and treatment review sessions which showed that staff had a detailed knowledge of clients, including risk.

Staff demonstrated a good understanding of the risks associated with clients and we found that alerts relating to risk were indicated on the electronic case management system. Staff also demonstrated a good knowledge of strategies and actions to manage and mitigate risk for individual clients. However, clients did not have individual risk management plans, and it was difficult to find this information within client care records.

We observed interactions between staff and clients in prescribing clinics. Clients attended these clinics for a review of their treatment. Staff were very knowledgeable about clients and empathetic to issues raised by clients. We saw risk being assessed in a sensitive and appropriate way during these sessions. For example, one client had missed three days prescriptions and said they had used heroin the previous day. Staff gave appropriate advice to the client to reduce risk of overdose. Due to the risk of overdose, the prescribed dose of methadone was reduced from 90mg to 50mg. Staff discussed wider health issues and gave information to the client on contraception and ways to reduce risk of sexually transmitted infections.

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Staff received training in safeguarding and knew how to make a safeguarding alert to the local authority. Any concerns were shared with team members. Clients' involvement with social services formed part of the referral information. Staff maintained a central database which held information on all clients subject to safeguarding proceedings to ensure all staff had oversight of these cases. This meant that should a client's recovery worker be unavailable, because of leave for example, another member of staff had access to all relevant safeguarding information.

The service had a safe-working policy and workers carried personal alarms whilst working on the premises. The alarm system linked directly to the police. The service had external close circuit television to help keep the building secure and to protect staff and clients. Staff attending appointments out of the premises updated their movements on a white board, detailing their location and time of return. Where home visits were deemed necessary and appropriate, for example during alcohol home detoxification, home safety assessments were carried out by two members of staff prior to home visits taking place. All staff felt that working practices offered good protection and that the service was a safe place to work.

We observed staff responding to a missed appointment by a client, who was known to have also missed an expected visit to a pharmacy for supervised consumption of methadone. This elevated concern about the client and staff contacted local hospitals to check to see if the client had been admitted. Staff agreed to undertake a home visit which was done by two members of staff. Staff advised administration staff on reception of the details of their visit and updated the signing in/out board. Staff contacted reception when they arrived at the client's home address and again when they left and reported back into reception upon their return to the service.

Track record on safety

Between October 2015 and September 2016, there were five serious incidents. Three of these related to the death of a service user, one related to a pharmacy dispensing error and one related to potential dual prescribing between the service and the client's GP.

We saw evidence that staff were involved in investigations and reviews relating to incidents involving their clients and lessons learnt were shared in fortnightly multi-disciplinary team meetings.

Reporting incidents and learning from when things go wrong

Staff followed the provider's incident reporting policy and procedure. Staff had a good understanding of what they needed to report using internal processes. This meant the provider had a formal system to investigate and share any learning with staff and was able to identify any themes or trends that needed addressing.

Between October 2015 and September 2016, there were 126 incidents recorded. The incident reporting system encouraged staff to record positive as well as negative incidents. Types of incidents reported included client aggression, medication errors and computer system issues.

Senior managers within the service had developed excellent review systems following incidents occurring. Each incident was rated in relation to level of risk and discussed at the fortnightly multi-disciplinary team meeting in relation to what went well and anything that could have been done differently. Learning points from incident reviews were noted and shared within the fortnightly team meeting. Actions identified to reduce the potential for similar incidents to reoccur were noted and a timescale for review of actions was documented.

Staff were supported following serious incidents with de-brief sessions which took place in group and one to one settings.

We saw that learning from incidents had directly changed practice. For example, the reception and entrance to the premises had been changed following an incident where a client had become verbally and physically abusive. The reception window glass had been upgraded to reinforced glass and a keypad entry system had been introduced.

Managers held review meetings after each serious incident. These were attended by the complex lead, clinical governance lead, team leader and or alcohol lead, recovery workers and a member of administration. Discussions were informed by case notes, investigation evidence and relevant policy documents. Staff used basic root cause

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analysis methodology such as asking the five 'whys' to ascertain why an incident may have occurred. Actions and learning identified within the meeting were shared with the wider staff team in multi-disciplinary meetings.

Duty of candour

The service had a duty of candour policy and managers and staff were aware of their responsibilities under this. The duty of candour is a regulatory duty that relates to openness and transparency. It requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. Staff we spoke with commented that there was an environment of being open and transparent which included apologising when things went wrong. Staff took ownership of their actions and promoted an ethos of openness and transparency.

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

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

All clients entering treatment were assessed through the South Tyneside Single Assessment Process. Staff used the assessment process to identify a wide range of issues and risks for each client which included:

- Drug using history (including injecting practices, overdose and safer injecting techniques)
- Blood borne viruses (including testing and vaccinations)
- Physical health needs
- Mental health needs (including any previous or ongoing treatment)
- Family circumstances (including information on children in the family)
- Accommodation needs
- Offending behaviour

Staff used a range of drug and alcohol specific assessment tools. These included the severity of alcohol dependence questionnaire for alcohol dependent clients and the clinical opiate withdrawal scale to rate common signs and symptoms of opiate withdrawal and monitor these symptoms over time. Staff assessed the home environment to establish suitability for clients to undertake a home alcohol detoxification.

Clients in the service had individual recovery plans. Staff discussed treatment goals with clients during the assessment process and these were documented to enable staff to further explore these at future appointments. We found detailed recovery plans in all six care records we reviewed. These were personalised to the client and clearly included client views on treatment including treatment goals. Recovery plans were holistic and included protective factors that were important to each client's recovery journey, for example, positive family network or employment.

Staff maintained client records on an electronic case management system. Client information was securely stored and was available and accessible to staff as necessary.

Best practice in treatment and care

The service had robust prescribing protocols in place for both opiate substitution and alcohol detoxification prescribing. Staff followed national guidelines from the National Institute for Health and Care Excellence for opiate and alcohol prescribing regimes.

Clients had access to a range of psychosocial interventions; including solution focused key working, motivational interviewing and family therapy. Staff used node link mapping with clients in relation to goal setting. Node link mapping is a technique recommended in Public Health England's "Routes to Recovery" guide. This provides a simple way to present verbal information in the form of a diagram, which has positive benefits for key working and recovery planning.

All clients had a full physical health assessment at the beginning of their treatment episode and there was evidence in all care records we reviewed that physical health needs were regularly revisited. Clinical staff monitored cardiac care of clients who were in receipt of opiate substitution prescribing doses above 100ml, in line with Department of Health guidelines.

Staff completed regular treatment outcome profiles for the clients. This information is routinely reported into the national drug treatment monitoring system. The national drug treatment monitoring system is overseen by Public Health England, and collects and analyses information from and for those involved in the drug treatment sector. Staff also used the Christo inventory, which is a validated tool for evaluating drug treatment outcomes.

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Staff were skilled in providing harm minimisation information and advice. Medical staff undertook wound care for injecting drug users. When clients disclosed high risk injecting practice, for example groin injecting, nursing staff would assess injecting sites and provide harm reduction information. Medical staff had prescribed antibiotics to treat infected injecting sites.

Staff were involved in a range of clinical audits which included:

- audit of the take-up of electrocardiograms for clients on high dose methadone
- audit of benzodiazepine prescribing
- re-titration audit

Skilled staff to deliver care

The staff team included doctors, nurses, recovery workers, criminal justice worker and administrators. Staff had appropriate skills to deliver safe and effective treatment and care. Staff had a range of professional backgrounds including social work, registered general nursing, registered mental health nursing, counselling and harm reduction. There was also a dual qualified nurse.

All staff completed an induction training programme in the first six months of employment with the service. Training and development needs for staff were assessed and reviewed as part of the appraisal and supervision processes. Staff had attended a range of specialist training including dual diagnosis, harm reduction, multi-agency risk assessment conferencing, multi-agency public protection arrangements, over the counter medication, cocaine, crack cocaine and heroin. Medical prescribers had completed the Royal College of General Practitioners Certification in the Management of Drug misuse. This meant they were appropriately qualified to prescribe opiate substitute and alcohol detoxification medication to clients. Staff were encouraged and supported to attend training to enhance and develop skills and competencies.

Staff had regular supervision. We reviewed supervision logs for all staff and found that supervision sessions were planned well in advance and attended every four weeks. This was in line with the supervision policy, which specified supervision was required every four to six weeks. Medical and non-medical prescribers received clinical supervision from the clinical governance lead and had monthly peer supervision sessions.

Prescribing staff demonstrated a detailed knowledge of prescribing options for both opiate and alcohol treatment which was in line with national guidance.

Multidisciplinary and inter-agency team work

Staff attended fortnightly meetings where clients were discussed, with particular focus on challenging and complex clients. Actions agreed within these meetings were recorded and information was updated on client care notes.

Staff had developed excellent links with a wide range of external organisations, to ensure that the wider needs of clients in treatment were met. This included local accommodation providers, mental health services and physical health providers. Staff were skilled in engaging with external partners to encourage joint working with clients. For example, oral health had been identified as an issue for a number of clients in receipt of methadone prescriptions. Staff worked closely with a local dental practice, and facilitated oral health sessions by the dentist on the premises. This meant that clients who did not have access to a dentist had been able to receive dental hygiene information and advice.

There was a dedicated criminal justice co-ordinator within the team. This member of staff had forged strong relationships with probation and prison staff to facilitate effective processes to ensure continuity of treatment and care for clients leaving custody.

Staff had a good knowledge of local mutual aid groups including alcoholics anonymous, narcotics anonymous and other non-twelve step mutual aid groups such as SMART recovery groups. A twelve-step mutual aid programme is based upon a set of guiding principles outlining a course of action for recovery from addiction, compulsion, or other behavioural problems. SMART recovery is a science-based programme to help people manage their recovery from any type of addictive or compulsive behaviour. The service employed a dedicated recovery champion who facilitated recovery groups within the service.

Adherence to the Mental Health Act

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The service was not registered to accept clients detained under the Mental Health Act. Staff had completed dual diagnosis training and had good links with local specialist mental health services. Staff were aware of who to contact if the mental health of a client deteriorated.

Good practice in applying the MCA

Staff completed Mental Capacity Act training as part of the mental health awareness training. This training formed part of the mandatory suite of training, to be completed within six months of taking up post. Staff demonstrated a good awareness of the principles of the Mental Capacity Act.

Staff were aware that when clients attended an appointment while under the influence of drugs or alcohol they needed to reschedule the appointment for a time when the client was not intoxicated. Staff did this to ensure the client had the capacity to make informed choices about their treatment.

Equality and human rights

The provider's policies and procedures referred to the nine protected characteristics contained in the Equality Act 2010 – age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex, sexual orientation, and pregnancy and maternity. The provider removed any potential bias when shortlisting applicants for jobs within the service, by removing any identifiable characteristics. Staff were required to complete equality and diversity training, however only 44% of staff had completed this training. Managers had taken steps to address this and were scheduling training for staff that had not yet completed the training.

Are substance misuse services caring?

Kindness, dignity, respect and support

The service had a friendly and welcoming atmosphere, which led to good communication and positive interactions between staff and clients. Staff had clearly developed strong therapeutic relationships with clients and this was evident in their approach and the way they treated clients.

We observed clients to be relaxed and well supported, with staff showing an in-depth understanding of individual needs and tailoring discussions and treatment accordingly. Clients said staff were supportive both emotionally and in a

practical way. We received 53 comments cards from clients and 45 contained positive comments about staff within the service. Many comments referred to individual members of staff, whom clients felt had 'gone the extra mile' to offer support. Some clients said that without the support of staff, they would not be alive as they had experienced severe difficulties as a result of their addiction before coming to the service.

Staff respected confidentiality. There were clear information sharing agreements in place between the client and the service. Clients signed consent forms specific to each agency or person with whom the service wanted to share information. Clients could withhold their consent and staff respected their wishes.

The involvement of clients in the care they receive

We reviewed six care records and found that all contained recovery plans that were personal to the client and holistic. Clients were involved in setting their own treatment goals with support from staff. Staff adopted an asset based approach to recovery planning, identifying client strengths and positive factors that could support good treatment outcomes. This included information on positive peer support networks and family relationships.

The service had developed a range of decision making tools to support clients to have involvement and choice in their treatment. This included interactive workbooks for clients to explore their preferences, for example in attending mutual aid support groups and prescribing options. Staff had worked effectively with one client who presented with a Fentanyl addiction. Staff were unfamiliar with treatment options and sought advice from a psychiatrist who had contributed to the National Institute for Health and Care Excellence guidelines on opiate detoxification (2007). Treatment options were discussed with the client, including prescribing and non-medical treatment. Staff supported the client with decision making and the client elected to have psychosocial treatment interventions rather than prescribing.

The recovery champion facilitated weekly groups which gave clients the opportunity to come together and support one another in their recovery journeys. We observed one of these meetings, the diary group, during the inspection. Clients attended the group to share their personal experiences and the journey into recovery. Clients were encouraged to create recovery diaries, to chart their

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progress, challenges and positive influences and factors which supported their own recovery. Clients told us that the groups had been important to them in their recovery journeys.

Staff supported clients to access a range of external services to meet individual need and promote healthy lifestyles. This included supporting clients to access primary care, dental services and local gymnasiums.

Clients gave feedback on the service through an annual satisfaction survey.

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

Access and discharge

There were clear criteria for access into the service, which included the need for structured treatment programmes for clients with a physical dependency on drugs or alcohol.

All referrals for treatment were assessed through the single assessment process. This was facilitated by all agencies commissioned to deliver elements of treatment within the South Tyneside area. Clients were assessed within five days of referral. High risk clients, for example pregnant women, were fast tracked and seen within two days of referral. Clients who required substitute prescribing for opiate addiction were booked onto the next available titration appointment. These sessions were delivered by prescribing doctors and non-medical prescribers from the service. Clients were seen in less than five days for titration following completion of the assessment process.

We observed the main reception area at the Vicarage. Staff answered telephone calls quickly and were positive and helpful with callers to the service.

A dedicated duty officer was employed to respond to all new referrals into the service and to deal with queries from existing clients. Managers had recognised that the previous rota system, where all staff undertook the duty role, had not been effective, and so had made the decision to employ a dedicated duty officer. Managers had developed standard operating procedures which clearly set down the expectations of the duty officer role. Clear protocols were in place to deal with a range of urgent issues which may arise,

including child safeguarding, adult safeguarding, housing, mental health and physical health. These ensured that staff responded in a consistent and appropriate way when dealing with significant emerging needs of clients.

Clients were expected to engage in prescribing and psychosocial interventions to aid their recovery. Between October 2015 and September 2016 there had been 1,347 missed appointments for recovery support/psychosocial intervention sessions. During the same period there had been 250 missed prescribing appointments. Staff took active steps to engage clients who found it difficult to attend treatment appointments. There was a protocol in place for clients who did not engage. This set down clear processes for staff to follow which included discussions during clinical reviews to explore opportunities for engagement. The service had changed prescribing clinics to include attendance by a recovery worker. Clients attended the prescribing appointment first and then met directly afterwards with the recovery worker. The recovery worker then completed all mandatory data collection activities, updated the recovery plan and initiated a psychosocial intervention appropriate to meet the needs of the individual client. Information about peer support and mutual aid groups were offered at each appointment.

Data from Public Health England for the period 1 October 2015 to 30 September 2016 showed that there had been a successful treatment completion rate of 6% for opiate clients, 38% for non-opiate clients, 35% for alcohol clients and 35% for alcohol and non-opiate clients. National averages for treatment completion rates were 7% for opiate clients, 40% for non-opiate clients, 39% for alcohol clients and 35% for alcohol and non-opiate clients. This showed that the service performance was in line with the national average.

The facilities promote recovery, comfort, dignity and confidentiality

The premises at the Vicarage had a range of rooms and equipment to support the delivery of care and treatment. Staff used clinic rooms at Flagg Court Health Centre to deliver prescribing clinics. All rooms used were clean and comfortable and provided a confidential space for staff to meet with clients.

Staff used a range of community venues from which to meet with clients for recovery plan reviews to make the service as accessible as possible.

Substance misuse services

Staff maintained a wide range of information leaflets and posters within the service, to promote local activities and other agencies including mental health, housing and advocacy services. Information on local mutual aid group meetings was displayed within the service.

Clients were provided with information on how to complain, and leaflets and posters outlining the complaints process were displayed in waiting areas and throughout the service.

Meeting the needs of all clients

The premises at the Vicarage had a ramp at the entrance for clients with a physical disability.

At the time of the inspection, there were no clients in the service who required information in alternative languages or formats. Staff could access interpreter services through the local authority language line.

Leaflets and information was not available in easy read formats. Staff supported clients with literacy difficulties by reading through information and checking clients' understanding.

Listening to and learning from concerns and complaints

Clients knew how to complain and receive feedback. Staff responded to client complaints in line with the complaints policy. Between October 2015 and September 2016, the service received nine complaints, seven of which were upheld. These related to complaints about staff smoking outside the premises, confidentiality breach, staff attitude, and missed scheduled appointments. All complaints had been fully investigated and actions put in place to prevent further occurrence. For example, one complaint about confidentiality breach by a peer mentor had resulted in revisiting the confidentiality policy with all peer mentors in the service. Where appropriate, clients or family members had received written apologies.

Are substance misuse services well-led?

Vision and values

The vision of the organisation was 'to make a difference to the health and wellbeing of disadvantaged people and communities by enabling healthy behaviour change'.

Organisational values were:

- Integrity - mean what we say, and do it
- Quality - never compromise on quality
- Passion - beliefs drive our actions
- Together - strong individuals, stronger team
- Pioneers - create new and innovative solutions from problems.

Staff were aware of the vision and values and demonstrated a strong affinity with them.

The most senior managers in the organisation were based with the team, and staff told us that managers were approachable and 'part of the team'.

Good governance

There were robust governance arrangements in place with effective systems and processes in place to ensure:

- staff received necessary training and remained up to date with best practice
- client sessions were not cancelled due to staffing shortages
- incidents were reported, investigated and improvement actions put in place
- staff received regular supervision and appraisal
- complaints were recorded and investigated

Policies were in place which were regularly reviewed and updated to reflect new legislation and guidance. The service had a Duty of Candour policy and managers and staff were aware of their responsibilities under this.

Staff had regular supervision sessions and spoke highly of the value they placed on these. There were effective processes in place for clinical supervision for prescribers within the service.

Staff were knowledgeable about incident reporting and there was an ethos of openness and honesty which meant when things did go wrong, clients and families were informed and supported. There were excellent systems in place to review incidents and learn from these, and staff felt well supported by managers following incidents.

Safeguarding procedures were embedded and staff had received training in adult and child safeguarding, including in the compilation of reports to local authority safeguarding teams.

Substance misuse services

Managers used key performance indicators set by local commissioners and Public Health England to monitor performance within the service. This included performance data on successful completion rates, re-presentation rates and unplanned discharges.

Staff engaged in clinical audits, the findings from which were used to shape and inform practice.

Leadership, morale and staff engagement

The most senior managers worked from the same premises as operation staff and were seen as an integral part of the team. Staff spoke passionately about the service and were enthusiastic about their roles and felt extremely well supported by managers within the organisation.

Staff felt that there was excellent leadership within the organisation and spoke very highly of the most senior managers. There was a real sense of team working at all levels and staff felt valued by managers.

Staff sickness rates were low at 3.7%.

Managers encouraged staff to be part of the continual process of service review and improvement. The service held a 'Dragons Den' style session for staff to put forward ideas for service development. The Recovery Diary Group was the winning idea and this was implemented within the service. The group is well established and well attended by clients within the service.

Commitment to quality improvement and innovation

There was an ethos of continuous improvement within the service. Senior managers had invested in training for all staff in quality improvement methodologies. There was a fortnightly quality improvement meeting, which the whole staff team were invited to attend. The focus of this meeting was to review practice and identify areas for improvement, giving all staff the opportunity to contribute.

The chief executive of the service had been involved in a number of published research papers, including:

- Caring for substance misusers: what GPs think and want. Central Surgery, April 2004
- First Contact: a new model for engaging GPs in Shared Care. Network, Issue 14 May 2006.

The service had won an NHS Innovation Award in 2007 in the Services category.

Senior managers developed identification and brief advice training in 2009, which was an evidence based framework aimed at professionals who only have a five minute window of opportunity to make a difference. This framework was developed into a website (www.makesahealthychange.com) that won the NHS Bright Ideas 2010 Award – Software and IT category.

Outstanding practice and areas for improvement

Outstanding practice

The culture of learning and continuous improvement within the organisation was excellent. Senior managers had developed robust systems to review, analyse and learn from incidents and significant events. The investment in staff around training in quality improvement methodologies meant that all staff within the service played an active part in the process of

continuous improvement. Each fortnight, the service held a quality improvement meeting, which gave all staff the opportunity to put forward ideas for service improvements. This process had resulted in positive change to systems and processes within the service including a team restructure, the redesign of the client appointment system and new patient safety checklists.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that there is clear and accessible information relating to client risk and agreed actions to mitigate risk.
- The provider should ensure that all compliance rates for equality and diversity training is improved in line with other mandatory training.