

Sandwell Alcohol Service

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.

Summary of findings

We found the following areas of good practice:

- Clients told us that they felt valued and respected by staff in a safe and supportive environment. Staff promoted choice and dignity during their interactions with clients.
- Positive outcomes for clients using the service was above the national average. Re-presentation rates following treatment were low. The service was meeting local and national referral to assessment targets for clients new to the service.
- The service had built effective links with other organisations including the police, probationary service and health services. There was evidence of close working with local safeguarding structures and social services. The service provided outreach work in the community to promote inclusion and access for clients across the borough.
- Staff completed risk assessments and care plans that demonstrated an awareness of individual clients needs. Staff provided harm reduction advice and psychosocial interventions to aid clients recovery.
- Staff had access to mandatory training and additional specialist training to ensure they were suitably skilled and qualified. Supervision of staff took place frequently and all staff had received an appraisal in the 12 months prior to our inspection. Disclosure barring checks were completed and professional registration was monitored for qualified staff.
- Staff adhered to national guidance for the prescription of medication. The service worked with local general practitioners to ensure physical health checks were completed prior to commencement of community detoxification programmes.
- Interview rooms had alarms for staff to use and these were checked weekly. All client and staff areas were visibly clean and tidy and the clinic room in use by the service was well equipped. Regular checks were made of fridge temperatures used for the storage of medication and records were maintained to evidence this.
- Staff morale was high. Feedback from staff we spoke with was that the team worked well together and supported each other when required. Local and regional managers were accessible and all staff felt able to raise concerns if necessary.

However:

We also found the following issues that the service provider needs to improve:

- The service did not have clear procedures in place for the safe storage and dispensing of prescription pads. We made the registered manager aware of this and action was taken to improve this following our inspection.
- All care records did not show evidence of being written in a style that evidenced client involvement.
- The provider had not carried out a satisfaction survey for clients using the service.

Summary of findings

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Sandwell Alcohol Service

Services we looked at:

Substance misuse services.

Summary of this inspection

Background to Sandwell Alcohol Service

Swanswell is a national recovery charity with a vision to achieve a society free from problem alcohol and drug use.

Sandwell Alcohol Service is part of the Swanswell group and is the single point of contact for support with alcohol misuse issues in the Sandwell borough of the West Midlands.

Services that are provided by Sandwell Alcohol Service include:

- community tier 2 support for clients who are not alcohol dependent and have non-complex needs
- community tier 3 support for clients with complex needs/alcohol dependency including the provision for community detoxification programmes
- alcohol treatment requirement interventions
- assessment for blood borne virus screening

- support for clients to address debt, housing and legal issues
- multi agency work including with the probation services, social services, general practitioners and the police
- outreach work at local general practitioner surgeries, community centres and a six day a week hospital liaison service.

Regulated activities that Sandwell Alcohol Service is registered with the CQC to provide are:

- Diagnostic and screening procedures
- Treatment of disease, disorder and injuries.

At the time of our inspection a registered manager was in place and had been since 2014. There had not been a previous inspection of this service by the Care Quality Commission.

Our inspection team

The team that inspected the service comprised CQC inspector Jon Petty (inspection lead), two other CQC inspectors, an inspection manager, one specialist advisor substance misuse nurse and an expert by experience.

An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse 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 need
- is it well led?

Summary of this inspection

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information and collected feedback from people who had used the service.

During the inspection visit, the inspection team:

- visited the service, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with seven clients
- spoke with the registered manager and the lead nurse
- spoke with the regional operations director and medical director.
- spoke with 17 other staff members employed by the service provider, including team leaders, substance misuse workers, recovery workers and administrative staff
- received feedback about the service from four stakeholders, including commissioners
- spoke with one peer support volunteer
- attended and observed two team meetings and a peer support meeting for clients
- collected feedback using comment cards from 14 clients
- looked at 20 care and treatment records for clients
- looked at four sets of care records relating to community detoxification programmes
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

All people that we spoke with were very positive about their experiences of using the service. Clients told us that the service was compassionate, respectful and caring. We were told that staff treated clients with dignity, took time to listen to their concerns and went the extra mile when working with them. Staff were described as brilliant and inspirational.

Stakeholders that we spoke with were also very positive about the service and told us that the service worked effectively with other agencies and had the needs of the client at the forefront of their business. We were also told that the service performed a very valuable role in working with clients in the community and worked pro actively to engage them in 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:

- Interview rooms were fitted with panic alarms, these were checked regularly. Staff were aware of the lone working policy and adhered to it when working out of the office with clients.
- All areas were visibly clean and tidy. Safe processes were in place for the storage and disposal of medication. Staff maintained equipment used for physical health monitoring and ensured it was calibrated in line with manufacturers recommendations.
- Sickness and vacancy rates were low. Staff reported that caseloads were regularly reviewed and there were no clients awaiting allocation of a keyworker at the time of our inspection.
- Most staff were up to date with mandatory training and the average compliance rate for attendance was 83%. The service was in the process of introducing an electronic training record to monitor and increase staff training rates.
- Staff completed risk assessments with clients and updated them regularly.
- The service had a safeguarding lead who maintained effective links with local safeguarding structures. Staff appropriately identified and reported safeguarding concerns, which they documented in clients' care records.

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

- The service did not have clear procedures in place for the safe storage and dispensing of prescription pads. Staff did not always accurately complete documentation to enable the service to track prescriptions and ensure they were stored securely. We made the registered manager aware of this at the time of our inspection and they took action to resolve this.

Summary of this inspection

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff planned care and treatment with clients that took into account their range of needs and offered all clients advice on harm reduction.
- Staff prescribed medication in line with guidance from the National Institute for Health and Care Excellence. A clinical lead nurse was in post and carried out physical health monitoring for clients undertaking community detoxification programmes.
- A support worker was employed by the service to assist clients with debt and housing needs. Staff also offered a range of psychosocial interventions to aid clients recovery.
- Staff used rating scales and outcome measures to audit the effectiveness of interventions offered by the service. The service submitted their outcome data locally and nationally to commissioners and Public Health England.
- Staff were experienced and qualified to carry out their roles. Supervision occurred regularly and 100% of staff had received an appraisal in the year prior to our inspection. The service ensured Disclosure and Barring Service checks were in place and professional registration was checked for qualified staff.
- The service had built effective working relationships with local agencies. Staff undertook outreach work to promote equality and human rights and to provide an inclusive and easily accessible service.

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

- Staff had not regularly reviewed the care and treatment needs of all clients. Of the 13 care records which were eligible to have a completed care plan, 62% had been completed and updated. The remainder were completed but not updated.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- During our inspection we observed staff interactions with clients that were respectful and promoted choice and dignity.

Summary of this inspection

- All clients we spoke to provided positive feedback about the care they received. They felt valued and respected by caring and empathic staff. Clients felt staff provided a safe and supportive service.
- Staff had an awareness of clients individual needs and developed collaborative goals for recovery.
- Staff encouraged clients to maintain vocational and educational roles and assisted them to undertake voluntary work and access college courses.
- The service had a peer mentor scheme in place which recognised that people who had used the service previously could demonstrate to current clients that recovery was achievable.

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

- The service had not carried out a client survey since becoming operational in 2014. This had been recognised however and was a key performance indicator identified for 2016-2017.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Timescales for first interventions and follow up interventions provided by the service were being met in line with national guidance.
- The service had created local targets from referral to assessment to ensure new patients were seen and assessed in a timely manner. The service had met this target for 99% of new referrals received between January and March 2016.
- The service was above the national average for achieving a positive closure for clients. A positive closure was identified as either a client who had completed treatment and was alcohol free, or had completed treatment and was now classified as an occasional user of alcohol. The national average was 58%, Sandwell Alcohol service had achieved 72%.
- There were low numbers of clients re-presenting to the service in the 12 months following a positive closure. The total for 2015-2016 was 9, this represented less than 1% of the services total caseload.

Summary of this inspection

- Staff adhered to the service policy that outlined action to be taken when a client did not attend an appointment or made an unplanned exit from treatment. Staff offered flexible appointments and undertook outreach work in the local community.
- The service had received 32 compliments in the 12 months prior to our inspection and one complaint. The provider had investigated the complaint in line with their complaints policy and duty of candour was evident.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The provider had set out a vision for its services and a set of values for staff to work towards. Staff were aware of who senior managers were within the organisation and they had visited the service recently.
- Managers undertook appraisals and supervision in line with the providers policies and staff told us they felt supported in their role. Most staff were up to date with mandatory training and a plan was in place to increase training compliance.
- Governance systems were in place and the service produced local and national reports on its clinical effectiveness. Managers provided feedback for staff following incidents and a learning lessons bulletin for staff was published every month.
- Morale amongst all staff was high. Staff that we met with described a happy, supportive and collaborative ethos at the service. Stakeholders and clients gave positive feedback and described the service as supportive and client focussed.
- The service participated in improvement methodologies. There was evidence of multi agency collaboration including the development of the service to meet the diverse needs of the local population.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act training was provided for staff by Sandwell Alcohol service. Although it was not part of mandatory training, 86% of staff had attended this at the time of our inspection.
- Staff obtained consent to treatment as part of the care planning process and asked clients to sign information sharing agreements to enable the service to liaise with other agencies. These were present in 16 of the 20 care records we reviewed.
- A policy was in place to provide guidance for staff on the Mental Capacity Act and was available on the service's intranet. Guidance on the use of the Mental Capacity Act was also available from the clinical lead nurse for the service or the provider's medical director.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment:

- Staff used interview rooms fitted with panic alarms to meet with clients, this meant that staff could summon assistance and support from colleagues if required. All panic alarms were linked to a digital screen in the open plan working area shared by the Sandwell Alcohol Service and the neighbouring drug treatment service (IRIS) for the Sandwell borough. The main alarm notification screen in the office area provided the details of which room the alarm had been activated in and meant that staff were able to respond without delay. Panic alarms were checked weekly to ensure they were functioning correctly and we reviewed records of this for the previous six months which were complete.
- All client and staff communal and reception areas were visibly clean and furniture was well maintained. All client interview rooms were visibly clean and tidy. All rooms and areas of the building were well lit with overhead lighting and natural light from windows. Client interview rooms complied with risk management guidance (worker nearest the door) and there was an additional 'breakaway' room with two exit doors should the worker or client wish to leave or be at risk.
- The clinic room in use by the service was well equipped, clean and tidy. The clinic room contained an examination couch, weighing scales, sharps bins for the disposal of needles and hand washing facilities. A fridge for the storage of vaccinations was present and staff had recorded fridge temperatures twice daily for the past three months. All temperature checks were present and were within the identified safe medicines storage range of two to eight degrees centigrade.
- Staff retained hazardous waste consignment notes in files following the removal of clinical waste from the service.
- Designated first aid responders were in place within the service. Staff ensured a first aid box was present and completed a weekly contents check. Records of this for the six months prior to our inspection were reviewed and found to be complete.
- Breathalysers were in use by the service and had been calibrated in line with manufacturers recommendations.
- The building was leased to Sandwell Alcohol Service by the local council who were responsible for the maintenance and cleaning of the building. Cleaning schedules were reviewed as part of our inspection and contained a list of daily tasks which were complete and up to date. A meeting was held four times a year with the local council facilities team to review the on-going suitability of the premises or identify areas requiring work.
- There were two fire marshals within the service, one member of administrative staff and one other. The fire wardens had high visibility jackets hung on the back of their office chairs to indicate who was responsible and trained fire marshals names were listed throughout the building as were designated first aiders. There were a variety of fire extinguishers throughout the building and all of them had been serviced until 2017. The automated fire prevention system had been checked and a certificate of maintenance was reviewed and in date. The service completed a weekly check that fire doors were operational and the fire alarm was also tested weekly. A fire drill was carried out with staff twice yearly.
- Portable appliance testing of electrical items were carried out annually with the most recent test completed in October 2015.

Substance misuse services

- An annual health and safety inspection report had been completed in October 2015. An annual health and safety risk assessment of the environment was completed in February 2016.
- We observed staff adhering to infection control principles including handwashing. There were also posters providing guidance on infection control techniques on display in communal areas.
- The recorded turnover as a result of substantive staff leaving during the 12 month period prior to our inspection was 24%. We discussed this with the registered manager who explained that 24% was equivalent to five staff. One of whom did not complete their probationary period, one staff member left and subsequently returned, one staff member was fixed term cover for maternity leave and two staff had left for career progression after securing promotions.

Safe staffing:

- At the time of our inspection there were 31 substantive staff employed at Sandwell Alcohol Service. The senior staffing structure comprised a service manager who was also the registered manager for the service and three team leads. Each team lead line managed a mixture of recovery workers and substance misuse workers, as well as taking a lead role within the service for either safeguarding or partnership working. A support worker was also employed by the service and worked with clients with housing or financial difficulties.
- Two registered nurses were in post at the time of our inspection, a clinical lead nurse who worked full time within the service and a nurse medical prescriber who attended the service one day per week. The registered nurses provided clinical expertise for the monitoring of clients undergoing community detoxification programmes. They also provided physical health monitoring, the prescribing of anti-craving medication and inoculation against blood borne viruses.
- Staffing vacancies at the time of our inspection were 8%. The service manager identified that the team structure was in the process of being re-organised to meet service need. There were no nursing vacancies reported in the 12 months prior to our inspection and nursing assistants posts were not in place in the service.
- The staff sickness rates for the twelve month period prior to inspection were 4%. During our inspection we discussed this with the service manager who explained that sickness rates were due to three substantive staff who had long term sickness absence. Two had since returned to work and one was no longer employed by the service. As a result, sickness levels had decreased during the two months prior to inspection and were three per cent in May 2016 and there were no recorded absences in June 2016.
- There had been no use of bank or agency staff in the three months prior to our inspection. Staff told us that shortage of staffing was rarely an issue and on the occasions where extra staff were needed, they could be drafted in from neighbouring services by the provider as required.
- The average caseload at the time of our inspection was 31. This included recovery workers and substance misuse workers. The support worker had a lower caseload due to their role focussing on finances and housing. Staff that we spoke with said that case loads were reviewed regularly with team leaders during supervision and performance reviews. This was documented within personnel files which we examined as part of the inspection.
- There were no clients awaiting allocation to a worker from the Sandwell Alcohol Service at the time of our inspection.
- The service operated a two stage duty rota to ensure that there were sufficient staff in the event of sickness or unplanned absences. Two staff were allocated either the duty worker or the back up duty worker role on a daily basis. Staff on duty were given protected time to respond to any crises that occurred, see clients that self presented to the service, or cover for staff sickness. In the event that the duty role was not used, allocated staff were able to spend their time attending to case load documentation. We saw this system in use during our inspection of the service and staff that we spoke with reported that it worked effectively.
- A medical director for the Swanswell Alcohol service was in post at the time of our inspection. They provided clinical leadership and supervision for the non-medical prescriber and the clinical lead nurse based at Sandwell.
- Most staff were up to date with mandatory training and the average compliance rate for attendance was 83%.

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Staff had to complete certain training as part of their core competencies in order to safely carry out their role. This included safeguarding, risk assessment, data protection and Mental Capacity Act training. Areas of training that were below a 75% attendance for staff were lone working and alcohol brief intervention training at 70% and 40% respectively.

- Further training for staff was also offered by the local safeguarding board on the "toxic trio" and safeguarding children and young people. The term "toxic trio" has been used to describe the issues of domestic abuse, mental ill-health and substance misuse which have been identified as common features of families where harm to children has occurred. They are viewed as indicators of increased risk of harm to children and young people.

Assessing and managing risk to patients and staff:

- During our inspection we reviewed 20 care records of people that were using the service. All care records contained a completed and current risk assessment. Staff assessed risk during the client's initial assessment and regularly reviewed and updated this. Risk assessments included a description of risk to others, risks of self harm, suicide, violence and history of medication abuse. All records also identified any current or historical involvement with safeguarding services for children or adults.
- All risk assessments included the clients perspective on their risks and identified potential triggers that could increase risk. Staff and clients documented individualised symptoms within a risk management plan that could help staff to identify when risk had increased for clients. Plans to manage risk involved other key professionals where appropriate.
- There was no waiting list at the time of our inspection. Clients could present to the service at any time during opening hours and be seen by the duty worker. This enabled staff to respond promptly to a sudden deterioration in the health of people using the service.
- The Care Quality Commission received no safeguarding concern notifications from the service in the year prior to our inspection. Safeguarding training was available for staff and 100% of staff had attended this. Posters

were available for staff in the communal office area detailing the process for making safeguarding referrals and included contact details for the local safeguarding team.

- All clients referred to the service were screened for potential safeguarding issues as part of the initial triage assessment. Staff completed electronic safeguarding referral forms and those we spoke with knew how to use this system and were confident in doing so. Staff at the service had developed effective links with the local safeguarding team who communicated daily with the service via e-mail to check whether the service were involved in new referrals that they had received. Staff were also trained in the common assessment framework. The common assessment framework is a standardised approach to conducting an assessment of a child's additional needs and deciding how those needs should be met.
- Staff had access to the Sandwell children's service electronic system. This enabled them to check if cases were open to this team and identify other professionals involved in the care of the family. Staff would then inform the professional that they were also working with the family for the purposes of information sharing and child protection
- The service had taken part in a section 11 audit by the Sandwell safeguarding children's board in June of 2016. Section 11 of the Children's Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that are contracted out to others, are discharged having regard to the need to safeguard and promote the welfare of children. Sandwell Alcohol Service were rated as 89% compliant with their duties under section 11.
- Of the 20 care records reviewed, all had evidence of appropriate identification and handling of safeguarding cases, although in one file the rationale behind not contacting social services had not been recorded clearly. This was discussed with a team leader who reviewed the case on the day of inspection, acknowledged it was not done well and advised they would address it immediately.
- Staff followed the provider's lone working policy and procedure when undertaking community visits. Staff were required to complete their location on a

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whiteboard in the central office and to call when starting and completing visits. Administrative staff documents and monitored expected return times for staff. We saw this system in use during our inspection and staff reported that it worked well. A safe word system was also in place for community staff when they called the office to request assistance if needed.

- During our inspection we reviewed the services prescribing policy, the prescribing procedure and the prescription administration procedure which were in date and had future revision dates identified. The service had a non-medical prescriber who worked one day per week, with cover for annual leave provided by the medical director. At the time of our inspection, the service only prescribed anti craving medication for clients undergoing community detoxification programmes, including campral and antabuse. The client's general practitioner completed physical health screenings prior to commencing community detoxification, with the service undertaking continued physical health monitoring of clients during the detoxification.
- During our inspection we found that staff did not sign in or out keys used to access the prescription storage safe, meaning that prescription access could not be tracked effectively. Staff did not fully complete documentation to evidence the tracking and reconciliation of prescriptions. We also found that FP10MDA forms that had been used for instalment prescribing of controlled drugs were still held at the service, although they no longer held the contract for opiate prescribing. We notified the registered manager and the non-medical prescriber of our concerns on the day of our inspection and they took immediate action to rectify the identified issues. This included the introduction of signing in and out sheets for the keys to the prescription safe, updated prescription distribution and returns sheets and a new audit and reconciliation procedure for prescriptions. All FP10MDA prescription sheets were removed from the service and disposed of and the void prescription record form to document this was completed, signed and witnessed.
- We reviewed five files for clients that had recently started a community detoxification programme and saw evidence in all of them of collaborative work between

the service and the client's general practitioner. A shared care agreement was also in place, which enabled the service to continue prescribing for clients following a detoxification programme in the community.

- The service had a patient group directive policy in place. A patient group directive is an agreement signed by a doctor that can enable clinicians to supply or administer prescription only medicines to clients. Clinicians can do this using their own assessment of need and without necessarily referring back to the doctor for an individual prescription. At Sandwell Alcohol Service, the use of a patient group directive enabled the clinical lead nurse to carry out inoculations for Hepatitis B and provide the intramuscular administration of Pabrinex. Pabrinex is a vitamin B and C injection used to correct a shortage of these vitamins that can occur as a result of alcohol abuse. Directions for the use of Pabrinex include special warnings of the possibility of anaphylactic shock as a side effect and makes recommendation that facilities for treating anaphylactic reactions should be available whenever Pabrinex Intramuscular High Potency is administered. The clinical lead nurse that held the patient group directive for the administration of Pabrinex was aware of the recommendations of its use and potential side effects. They had ensured that adrenaline was available for the treatment of anaphylaxis if needed.

Track record on safety:

- There were no serious incidents reported in the 12 months prior to our inspection.
- Improvements in safety were evident within the service. Due to a high number of clients reporting suicidal ideation or intent, suicide awareness training was made available to staff and a suicidal ideation checklist introduced as part of the risk assessment process. Staff also held a meeting with the local mental health crisis team in Sandwell to develop effective communication links for dual diagnosis clients. Dual diagnosis clients are those who have both alcohol and mental health needs.
- The service had identified that some clients were only being referred to them whilst at the palliative stage of their care. Letters were sent out to all general practitioners in the borough highlighting this and asking that all referrals for alcohol misuse issues be made at an earlier stage.

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- The service had updated their agreement to treatment form which clients completed during their initial assessment to include actions that the service would take if they became aware that clients were driving whilst under the influence of alcohol. These changes were a result of concerns raised about clients driving to appointments and potentially being above the national drink drive safe recommended limits.

Reporting incidents and learning from when things go wrong:

- All staff that we spoke with said they felt able to report incidents and were aware of the process for doing so. Incident forms in use by the service had previously been in a paper format, although the service was in the process of a transition to using an electronic risk record system. The registered manager felt that the change to an electronic system would improve the services ability to audit reported incidents and identify trends for future learning.
- There had been 38 reported incidents during the 12 months prior to our inspection. The highest reported incidents were deaths of a client using the service at 29% and clients reporting suicidal attempts or ideation at 26%. The registered manager maintained a record of all reported incidents for the service and reported to the providers governance team. A clinical quality implementation meeting was held monthly between the clinical quality team and all registered managers for the service.
- During monthly clinical meetings, staff discussed feedback from incidents internal to the service and a quarterly service wide lessons learnt bulletin was available for all staff to review.
- Staff that we spoke with said that they felt well supported by team leaders and the services registered manager following incidents. The service had a protocol in place where team leaders met with staff to debrief following incidents. Staff also had access to the provider's employee support programme. This offered staff up to six complimentary sessions of counselling on an anonymous basis and an application for funding could be made for staff who required further support after this.

Duty of candour:

- Duty of candour was evident by the service in the handling of the one complaint it had received in the previous year. The service undertook a full investigation, acknowledged where their practice could be improved and offered an apology to the people involved.

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

Assessment of needs and planning of care:

- During our inspection we reviewed 20 care records of clients that were using the service. Of the 20 records reviewed, five clients had been with the service for less than one month and two had disengaged with the service following the initial assessment process. Of the remaining 13 records that contained care plans, 62% had been completed and were in date and the remainder had been completed but not updated.
- Of the 13 completed care plans, 62% showed evidence of personalisation by the client using the service. Staff took a holistic approach to client care and considered a range of needs in 85% of care records reviewed. In 76% of records reviewed staff had taken a recovery oriented approach to care .
- Staff had completed information sharing agreements in 80% of care records we reviewed. The information sharing agreement was used for clients to document their consent for the service to liaise with other agencies, primarily their general practitioners to share information regarding physical healthcare.
- In all care records staff had documented that they had given harm reduction advice to clients and continually revisited this throughout the clients treatment journey.
- Client records were kept in locked filing cabinets in a locked room on the upper floor of the building. The keys for the cabinet were kept in a combination locked key cabinet by the filing cabinet and all staff had the combination including administrative staff. Staff used an electronic notes system, which was a web based secure access system. This meant that staff could access the notes system remotely when working in community locations and were able to update and review care records and risk assessments in a timely manner. Staff scanned all paper records and letters of correspondence

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from other agencies into the electronic notes system and stored the original copy within the locked filing cabinets at the team base. Staff that we spoke with said that the system worked well and there had been no reported incidents of data loss in the 12 months prior to our inspection.

Best practice in treatment and care:

- Staff prescribed medication in line with the national institute for health and care excellence guidance on alcohol use disorders: diagnosis and management of physical health complications (CG100) and, the department of health (UKCG07) drug misuse and dependence- guidelines on clinical management. Prescribing for clients undertaking community detoxification programmes was initiated by client's general practitioners. Follow up prescriptions for anti-craving medications and physical health monitoring was completed by the services non medical prescriber nurse and clinical lead nurse.
- Staff were able to offer a range of psychosocial interventions in line with national institute for health and care excellence guidance for the diagnosis, assessment and management of harmful drinking and alcohol dependence (CG115). Interventions offered by staff included motivational interviewing and solution focussed therapy. Motivational interviewing is a goal-oriented, client-centred counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence towards change. Solution focussed therapy is a goal-directed collaborative approach to psychotherapeutic change that is conducted through direct observation of clients' responses to a series of questions. At the time of our inspection, 70% of staff had been trained in delivering these interventions and care records indicated staff were using these techniques with clients.
- A support worker was employed full time by the service to work with clients identified as experiencing difficulties with debt management, benefits and housing.
- Substance misuse workers assessed the physical health needs of clients during their initial assessment with the service. Physical health monitoring was carried out by the client's general practitioner in the community. We saw evidence within care records of correspondence

with general practitioners to advise them that their client was receiving treatment and to request information about medication or medical conditions. Staff sent follow up letters to the general practitioner at six monthly intervals, or following any significant change in the clients treatment plan.

- Staff used outcome measures and rating scales to measure the severity of symptoms experience by clients. These included the patient health questionnaire for the symptoms of depression and the generalised anxiety disorder assessment. Staff also completed the treatment outcomes profile tool for clients at the beginning of their treatment and when exiting the service. The treatment outcome profile is the national outcome monitoring tool for substance misuse services.
- The service completed quarterly service level agreement reports for local commissioners and also participated in the national diagnostic outcomes monitoring executive summary. This was a quarterly report on the service's effectiveness submitted to Public Health England.
- Team leaders completed case record audits on a regular basis. Two full case file audits were completed per month for each staff member. Team leaders looked at the care plans and risk assessments, the management of safeguarding concerns and screening for domestic abuse. The outcomes from case record audits formed part of the staff supervision and appraisal process and we saw evidence of this within personnel files.

Skilled staff to deliver care:

- Sandwell Alcohol Service was staffed by a range of substance misuse workers, recovery workers and a support worker. A clinical lead nurse was in post and worked at the service as a whole time equivalent and a non-medical prescriber attended the service one day per week.
- Staff at the service were supported to undertake training to ensure they were appropriately qualified. Staff that were qualified were required to provide dates and evidence for continuing professional registration with the nursing and midwifery council. The provider's human resources department monitored renewal dates for professional registration and we were able to see evidence of checks being carried out as part of performance reviews and appraisals.

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- Disclosure barring checks were completed for all staff at the commencement of their employment with the service. A disclosure barring service procedure was in place, in date and due for review in 2020. We reviewed three personnel files during our inspection and all had details of completed Disclosure Barring Service checks. These were required to be renewed every three years and the provider's human resources department used a tracker to monitor this .
- Training was available for staff to deliver psycho-social interventions, supporting people with mental health problems and suicidal awareness. The clinical lead nurse delivered training for staff in carrying out dried blood spot testing for blood borne viruses and a record of all staff who had completed this training was kept in the clinic room.
- The non-medical prescriber in post for the service was in the process of completing their masters in advanced clinical practice and attended profession specific forums to maintain their clinical competencies.
- An induction policy for new staff was in place, had been reviewed in 2015 and had a future revision date set for 2018. An induction procedure was used for staff that were new to the service and set expectations for each stage of their six month probationary period. Staff said they had been well supported by team leaders during their induction process and received regular reviews of their performance.
- Staff received regular supervision and all staff had a named person to provide regular supervision for them. Supervision for staff was completed monthly and staff reported that they felt supported in their roles. Supervision for the non-medical prescriber and the clinical lead nurse was provided by the services medical director and the clinical lead nurse also attended nurse specific group supervision on a monthly basis.
- At the time of our inspection, 100% of staff had received an appraisal within the previous 12 months.
- Staff performance was monitored through monthly supervision sessions with team leaders. Where team leaders identified poor staff performance , personnel files showed that they had highlighted the areas of concerns with staff and developed individualised action plans with targets for improvement and agreed time scales.

Multi-disciplinary and inter agency team work:.

- Staff held a weekly team meeting and we attended this as part of our inspection process. Items covered within this meeting included a review of previous minutes and actions, a review of policies and procedures, updates on projects and outreach work and identification of future areas for training.
- The registered manager held a fortnightly team leaders business meeting and a monthly group clinical meeting. We reviewed minutes for the previous six months for each of these meetings and saw that staff identified actions required for service improvement and set time scales for achievement.
- The registered manager attended a monthly clinical governance implementation meeting with registered managers from other services, the regional director for the service and the medical director for the provider.
- Joint working between Sandwell Alcohol Service and the criminal justice system and probationary services took place. The service worked with clients that had been convicted of an alcohol related offence and had been offered an alcohol treatment order requirement as part of their sentence. In the period 1st January 2016 to 31st March 2016, two alcohol treatment requirements had been offered to clients using the service and seven had been completed.
- Stakeholders reported that the service had developed effective working links with primary care and social services. A role had been developed for a hospital liaison worker who visited the local hospital on a daily basis and provided in-reach work for patients who had been identified as having alcohol misuse issues. The service also provided clinics at local general practitioner surgeries and liver clinics at the local hospital outpatient department.
- The registered manager for the service was part of the Sandwell safety partnership board. This was a multi-agency arrangement with representation from the local police, ambulance service, fire service, probation service and social services. The board was used to identify areas where input from the alcohol service may be required, such as attendance at local soup kitchens to engage with street drinkers.

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Good practice in applying the Mental Capacity Act:

- Sandwell Alcohol Service provided Mental Capacity Act training and 86% of staff had attended this at the time of our inspection.
- Staff obtained consent to treatment as part of the care planning process and clients were also required to sign information sharing agreements to enable the service to liaise with other agencies. These were present in 16 of the 20 care records we reviewed.
- A policy was in place to provide guidance for staff on the Mental Capacity Act and was available for staff via the service's intranet. Staff said that guidance on the use of the Mental Capacity Act could be obtained via the service's medical director. Staff would also seek advice from colleagues they worked with in mental health services or the co-located substance misuse team.

Equality and human rights:

- The service had an Equality, Diversity and Human Rights Policy in place. The purpose of which was to reflect the Equality Act 2010, provide guidance and standards to ensure the individual needs of all service users were met and provide equal access to services.
- Accreditations held by the service as part of their commitment to equitable access included: Investors in People, Leaders in Diversity, Stonewall Diversity Champions and Positive about disabled people.
- The service had identified that engaging Sikh and Muslim community members required a different approach because of the possible stigma surrounding alcohol misuse within their communities. The service provided outreach work to local Sikh temples and a Punjabi speaking team member had provided alcohol awareness sessions on the Raaj local radio station.
- Swanswell provided substance misuse harm reduction and sexual health advice at Pride festival. Staff distributed condoms, gave brief interventions advice, signposted to services and delivered specialist health promotion
- The service had identified that victims of domestic abuse might not feel safe to travel independently to the service. Staff attended the women's refuges and provided alcohol awareness advice and information and offered one-to-one interventions to remove barriers to accessing treatment.

Management of referral arrangements, transition and discharge:

- Sandwell alcohol service received 1494 referrals during the period 1st April 2015 to 31st March 2016. The largest referral source was from clients self referring into the service and this accounted for 31% of the overall total. The two next largest referral sources were via general practitioner or local hospitals and these accounted for 25% and 17% respectively. Referrals were also received from a variety of other sources including the job centre, probation services, social services and the prison service.
- There were 489 substance misuse service users discharged from the service in the 12 months period 1st April 2015 to 31 March 2016. Clients were supported to access recovery services on discharge from Sandwell alcohol service and staff facilitated joint meetings with their client and the recovery service as part of the transition and discharge process
- In the event of an unplanned exit from the service, staff were able to use the information sharing agreement to notify other agencies involved in their care. This included general practitioners and social services.

Are substance misuse services caring?

Kindness, dignity, respect and support:

- During our inspection we observed staff interactions with clients that were respectful and promoted choice and dignity. Clients that we spoke with described the staff as providing practical and emotional support to them during their recovery journey.
- As part of the inspection process, we attended a peer support group facilitated by two staff and attended by six clients. We also reviewed the feedback from 14 comments cards that had been completed prior to our inspection and interviewed a further two clients to gain an understanding of their experiences using the service. Without exception, all feedback we received about the care provided by staff was extremely positive. Clients described the service as a safe and supportive environment where they felt valued and respected by all staff. Clients also described staff as caring and empathetic. One client described their key worker as "inspirational" and another described their key worker as their "rock".

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- Staff had an understanding of clients individual needs. Clients told us that staff took the time to understand their difficulties, and that they never felt rushed by staff during appointments. Clients we spoke with said they felt that staff did not judge them if they didn't manage to achieve the goals they had identified as part of the care planning process.
- All clients that we spoke with said they felt that staff maintained their privacy and confidentiality at all times.

The involvement of people in the care they receive:

- Clients reported they felt fully involved in the care provided for them by the service. They were able to give examples of collaborative work with staff to set goals as part of their recovery journey and told us that regular reviews of their progress took place. Staff routinely offered clients copies of their care plans and we were able to see that signatures were available in care planning documentation to evidence this.
- Staff encouraged clients to maintain their independence. Clients gave examples where staff had supported them to access public transport using anxiety management techniques and assisted them to gain voluntary employment. One client provided feedback that they had been supported to attend a local college to improve numeracy and literary skills to help them achieve their ambition of obtaining a driving licence.
- A peer mentor scheme had been set up by the service and we were able to meet with a peer mentor as part of our inspection process. The peer mentor scheme recognised that peer mentors who have used the service previously added value to the service and demonstrated to clients currently using the service that recovery was achievable. Peer mentors that worked with the service were required to undergo Disclosure Barring Service checks and received supervision from a permanent member of staff within the service.
- Advocacy services were available for clients to use if required and were provided by the local council. We saw evidence within care records reviewed that staff had discussed access to advocacy with clients and there were leaflets within the reception area which contained details for the advocacy service.
- Feedback leaflets were available for clients to complete in the service's reception area. As part of the key performance indicators set out by local service commissioners, Sandwell alcohol service were planning to carry out a client survey in autumn 2016.

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

Access and discharge:

- The service worked towards the national target of clients receiving first treatment interventions with a waiting time of three weeks or less. During the period 1st January 2016 to 31st March 2016, 93% of all clients referred to Sandwell alcohol service met this target. Sandwell alcohol service achieved 100% against a further target of three weeks from the first offered intervention to subsequent follow up interventions.
- The service had agreed targets with commissioners from referral to assessment appointment which varied depending on the needs of the client. The service monitored compliance with this target on a quarterly basis. The target for referral to triage for clients that were either pregnant, involved with the criminal justice system or had been recently admitted to hospital was 24 hours. During the period 1st January to 31st March 2016 the service achieved a 100% compliance with this target.
- The target from referral to assessment for clients with parental responsibilities or clients with a significant mental or physical health need was 72 hrs. During the period 1st January to 31st March 2016 the service achieved a 99% compliance against this target. All other referrals to the service had a target from referral to triage of five days. During the period 1st January to 31st March 2016 the service achieved a 98% compliance rate against this target.
- Sandwell Alcohol Service offered a total of 12225 appointments for clients during the period of 1st April 2015 to 31st March 2016. The total number of appointments where clients did not attend was 2874 or 24%. The service manager reported that this was a decrease from 32% during the same period for 2014 to 2015.
- The national average for clients using alcohol services that achieved a positive closure following interventions offered was 58%. A positive closure was identified as either a client who had completed treatment and was alcohol free, or had completed treatment and was now

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classified as an occasional user of alcohol. For the period 1st April 2015 to 31st March 2016, the positive closure rate achieved by Sandwell alcohol service was above the national average at 72%.

- There were low numbers of clients re-presenting to the service in the 12 months following their positive closure after treatment and the total for the year 2015-2016 was nine. This represented less than 1% of the service's total caseload.
- The team was able to respond promptly to clients if they presented to the service in crisis. A two stage duty worker rota system was in place. This enabled staff to respond to emergencies and cover unexpected staff absence.
- The service had a did not attend policy in place to provide guidance for staff when clients disengaged from the service. This included attempted follow up contacts being made by either phone, text or letter at least three times before a review was held prior to discharging the client from the service. We saw evidence within case files of staff following the did not attend procedure.
- Clients that used the service told us that they were offered flexibility when choosing appointments. The service provided a 9am to 5pm service five days a week, with the opportunity for clients to book evening appointments on a Thursday. A Saturday morning service was run from 9am to 2pm and the service was also open during public holidays. Staff that we spoke with told us that they recognised the holiday season may be the times when need for the service was increased and had planned the availability times to meet this. The service also offered telephone interventions for clients that were unable to attend the location due to unforeseen circumstances.
- Clients that we spoke with said that appointments ran on time and we were not made aware of any occasions where client's appointments had been cancelled.

The facilities promote comfort, dignity and respect.

- Sandwell Alcohol Service had access to enough rooms across two floors in order to see clients and had an

arrangement to share rooms with the adjoining substance misuse team who shared the building. Of these rooms, two were meeting rooms large enough to conduct group work.

- Rooms were well labelled so it was clear to staff and clients which service was using them. Rooms were also sound proofed to protect confidentiality.
- Information about the service was displayed and posters had been jointly designed and agreed by both Sandwell Alcohol Service and the neighbouring substance misuse team. This was to maximise space in the shared building and so as not to confuse clients where services offered similar services or information. There were two receptionists on the reception at all times, one from each service.
- Information leaflets were available for clients in the reception area, including guidance on providing feedback on the service received and how to make a complaint.
- There were leaflets and information available to clients on a range of local initiatives. These included the peer support scheme run by the service and events run by local organisations including the West Midlands Fire Service and British Heart Foundation.
- Notices were available in reception informing clients of local drugs warnings. This included notifications of new types of substances in use in the area or an increase in their strength.

Meeting the needs of all people who use the service:

- There was access for people with reduced mobility at the service. A lift was available for clients wishing to access the first floor and disabled access bathrooms were also available if required.
- Information leaflets were available in a range of languages and an interpreting service was available if required. Staff members within the team also spoke a range of languages and were reflective of the local population demographic.

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Listening to and learning from concerns and complaints

- Clients that we spoke with said they were aware of the provider's complaints procedure and felt confident to use it if required.
- The service had received 32 compliments in the 12 months prior to our inspection and one complaint which had been partially upheld. We reviewed the services management of this complaint as part of our inspection. We saw that staff had investigated the complaint fully in line with the provider's policy and procedure. The investigating staff member had maintained a comprehensive audit trail and documented all actions taken, this included meeting with the complainant to explore the concerns raised. An apology was made by the service to the complainant and details for the services medical director were provided.
- Staff identified lessons to be learnt resulting from the complaint and made operational recommendations to improve practice and prevent a re-occurrence.

Are substance misuse services well-led?

Visions and Values:

- Staff were aware of the providers vision for the service which was "to achieve a society free from problem drug and alcohol use". The provider also had a set of values in place which was for the service to be "honest, transparent, innovative, holistic and trustworthy". Staff were able to give examples of how they demonstrated the vision and values through their clinical practice.
- Staff knew who the senior strategic managers were within the service and reported that they were visible and accessible. During our inspection we were able to meet with the medical director and the regional operations manager.

Good governance:

- Most staff were up to date with mandatory training and the average compliance rate for all staff across the service was 83%. Staff also had access to additional training to carry out their role, including motivational interviewing and assessment of the risk of domestic abuse.

- All staff had a nominated person within the service who provided supervision for them. We saw that supervision of staff occurred frequently and was recorded in personnel files. Qualified staff were supervised by the provider's medical director and were able to access profession specific group supervision and peer support groups. All staff in the service had received an annual appraisal in the twelve months prior to our inspection.
- All incidents that should be reported were reported and staff were able to discuss how the provider's incident reporting system worked. The service was in the process of transferring to a new electronic incident reporting system to improve their ability to audit reported incidents and complete trend analysis.
- Staff were provided with feedback from incidents on a provider wide basis through a quarterly lessons learned bulletin. Complaints were investigated fully and in line with the providers policies and procedures and recommendations made to improve practice.
- There was evidence of effective links with local safeguarding structures. A nominated safeguarding lead was in place and attended regular meetings with the local multi-agency safeguarding hub.
- Mental Capacity Act training was available for staff and 86% of staff had attended this. Staff showed awareness of the need to consider clients mental capacity to make decisions and knew where they could seek additional support with using the Mental Capacity Act.
- The service submitted quarterly reports on their performance to local commissioners and key performance indicators were in place. The service also submitted information to Public Health England using the national drug treatment monitoring system. The service had used performance reports to improve their practice. This included increasing the numbers of clients engaged in treatment, increasing the number of positive closures and decreasing the numbers of clients that did not attend appointments.
- The team manager felt they had sufficient authority to carry out their role and spoke of being well supported by staff within the service and senior strategic management.
- The service had the ability to submit items to the provider's risk register and we saw that the risk register was scored using a red, amber green system for levels of

Substance misuse services

risk. The provider identified mitigating control measures as well as requirements for further risk mitigation. There were no items on the providers risk register relating to the Sandwell service at the time of our inspection.

Leadership, morale and staff engagement:

- Sickness rates for the service in the year prior to our inspection were low at 4%.
- At the time of our inspection there were no grievance procedures being pursued within the service, and there were no allegations of bullying or harassment.
- All staff that we spoke with said that they felt able to raise concerns without fear of victimisation and felt they would be supported to do so if required. Staff were aware of the organisation's policy on raising concerns and were able to identify senior managers that they would approach for support.
- Morale within the service was very good. Staff told us they were well supported by their team leaders and the services registered manager. Staff said that they enjoyed working at the service and the team had an ethos of working together and helping each other when needed. A number of staff working at the service told us that they loved their job, others said that it was a strong team, supportive and considerate.

- Staff told us they had the opportunity to become involved in projects outside of their core job role. They felt able to seek advice on career progression opportunities and contribute towards the development of the service. We saw that staff had developed their roles to include outreach work in local temples and soup kitchens. The service was also working with the NHS to develop physical health awareness with clients.
- Staff were open and transparent and explained to clients using the service if things went wrong. The service had received 32 compliments and one complaint in the 12 months prior to our inspection and we reviewed this complaint during our visit. We saw that the service had acknowledged where mistakes had been made, offered an apology and provided information for further support if required.

Commitment to quality improvement and innovation:

- Sandwell alcohol service participated in the Blue Light project. The Blue Light project is Alcohol Concern's national initiative to develop alternative approaches and care pathways for treatment resistant drinkers who place a burden on public services. It is supported by Public Health England and 23 local authorities across the country.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

The provider should ensure that:

- Care plans are reviewed on a regular basis and that they are written in a language that demonstrates the involvement of clients.
- A client survey is commissioned to gain the views of the people who use the service.