Addaction RISE - Barnstaple

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:

- Addaction RISE-Barnstaple offered clients a range of treatment options for drug and alcohol misuse.
- Clinical staff made safe prescribing decisions following a comprehensive assessment of risk and client needs. They used National Institute of Health and Care Excellence guidance when prescribing medication, offering psychosocial interventions and undertaking community detoxification interventions.
- Clinical staff received training needed to complete their jobs. They engaged in supervision and received annual appraisals.
- Addaction RISE-Barnstaple reported and investigated incidents. Governance systems were in place to ensure that staff learnt from these.
- The service had clear access criteria and criteria for clients who needed to be seen urgently.
- Addaction RISE-Barnstaple locations were clean, well maintained and had the necessary equipment to undertake basic physical health checks.

Summary of findings

- Clients using the service reported that staff were respectful, polite and caring. Clients felt involved in decisions about the service and had the opportunity to provide feedback.
- Addaction RISE-Barnstaple offered a fortnightly friends and family group for those affected by someone's substance misuse.

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

- Although Addaction had identified that documentation to support prescribing decisions and client recovery was often missing from records or incomplete, they had not worked effectively with staff to ensure this was completed to an appropriate standard.
- Interview rooms were not sufficiently soundproofed.
- Records did not demonstrate client involvement in treatment through client signature or offering copies of treatment plans.

Summary of findings

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Location name here

Services we looked at:
Substance misuse services

Summary of this inspection

Our inspection team

The team that inspected the service comprised two CQC inspectors, one assistant CQC inspector, a pharmacist, and two specialist advisors, both with professional experience of working in 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 clients 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 clients' needs?

• Is it well led?

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

During the inspection visit, the inspection team:

- visited Addaction RISE-Barnstaple at locations in Barnstaple and Okehampton, looked at the quality of the physical environment, and observed how staff were caring for clients,
- spoke with the registered manager, contracts manager, medical lead and associate clinical lead pharmacist,
- spoke with eight other staff members employed by Addaction,
- spoke with seven clients who used the service,
- looked at seven client records,
- observed one community detoxification intervention,
- reviewed four staff files,
- looked at policies, procedures and other documents relating to the running of the service,
- spoke with the local commissioning manager.

Information about Addaction RISE - Barnstaple

RISE stands for 'Recovery and Integration Service' and is a partnership between Addaction and EDP Drug and Alcohol Services. RISE is commissioned by Devon County Council until April 2018 to provide adult community substance misuse services. Addaction is responsible for the overall performance of the contract. They are also the CQC registered activity provider for the regulated activities of diagnostic and screening procedures, and treatment of disease, disorder, or injury. Addaction holds the registration for three sites in Devon referred to, for the purposes of CQC as Addaction RISE.

Summary of this inspection

Addaction sub-contracts to EDP who manage premises, information technology and learning and development. Addaction employs all of the managers, administrators, clinical staff, family workers, life-skills workers and a volunteer co-ordinator. EDP employ team leaders, recovery workers, practice development leads and a peer mentor co-ordinator. Addaction reviews the performance of EDP in relation to their contractual requirements through quarterly meetings, which focus on premises, learning, and development and information technology. Addaction manages the performance of all RISE staff, through Addaction's policy and governance frameworks.

Addaction RISE -Barnstaple offers one to one support; group based psychosocial interventions, substitute prescribing, community detoxification and a needle exchange programme to anyone with drug or alcohol misuse concerns aged 18 years or older. Where needed, the service will support clients to access inpatient detoxification treatment and residential rehabilitation. Support and information is also available to friends and family members affected by someone's drug and alcohol use. At the time of the inspection Addaction RISE-Barnstaple was supporting 617 clients in structured treatment across two locations, Barnstaple and Okehampton.

This was the first CQC inspection of Addaction RISE-Barnstaple since its registration. Only regulated activities provided by Addaction were inspected.

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What people who use the service say

During the inspection we spoke with seven clients using the service. Clients generally told us that they felt safe using the service and were positive about the care they received. Clients felt they could speak openly with staff and described staff as respectful, polite and caring.

Clients reported that staff often appeared busy which made contacting them difficult and messages had not always been returned by staff. Clients we spoke with did not see group work as an obstacle to treatment but did report that they would have liked more one-to-one time with recovery workers.

We spoke with one family member who was supporting a community detoxification intervention. They described that staff had been supportive and reassuring whenever they had contacted them.

We spoke with the local commissioning manger. They believed that the service provided by Addaction RISE-Barnstaple was safe with robust clinical governance systems and strong medical lead. They felt that Addaction RISE-Barnstaple was open and transparent, and incidents were learnt from and feedback to staff. The identified that they were working with the service to improve the number and quality of detoxification interventions offered to clients.

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 locations visited were clean and well maintained.
- The locations visited had a clinic room and access to the necessary equipment to carry out basic physical health checks.
- Clinical staff had received mandatory training that included the safeguarding of children and adults.
- Clinical staff assessed risk, obtained information from GP's and followed National Institute for Health and Care Excellence guidelines prior to prescribing for clients.
- Addaction RISE-Barnstaple stored prescription stationary securely and logged prescriptions given to clients.
- Incidents were reported and investigated. Systems were present to feedback outcomes to staff.

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

- Documentation to support prescribing decisions and client recovery was often missing from records or incomplete. This included risk assessments, risk management plans and unexpected exit from treatment plans.

Are services effective?

We found the following areas of good practice:

- Clinical staff undertook a comprehensive assessment of clients' needs and provided prescribing rationales at initial and ongoing medical reviews.
- Clinical staff recorded prescribing decisions and plans in progress notes and GP summary letters.
- Staff used National Institute of Health and Care Excellence guidance when prescribing medication.
- Addaction RISE-Barnstaple offered a range of treatment options to clients experiencing drug and alcohol misuse.
- Clinical staff had access to managerial supervision, clinical supervision and annual appraisals.
- Addaction RISE-Barnstaple held regular meetings to discuss client care. Meetings followed an agenda and were recorded.
- Staff received Mental Capacity Act training and demonstrated good understanding and application to practice.

Summary of this inspection

- Addaction RISE had a standardised policy for the transfer of clients in and out of the service, which included the completion of a template for transfer.

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

- Recovery plans to support prescribing decisions and client recovery was often incomplete or did not meet standards of being specific, measurable, agreed upon, realistic and time-based.
- Prescribing plans and recovery plans were not integrated.
- Although clinical staff had access to regular supervision, this did not occur as frequently as detailed in the local policy.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients told us that staff were respectful, polite and caring. We observed positive interactions between staff and clients.
- Addaction RISE-Barnstaple offered a fortnightly friends and family group for those affected by someone's substance misuse.
- Clients told us they had opportunity to provide feedback and be involved in decisions about the service. Addaction RISE-Barnstaple provided comments boxes and cards in waiting areas.

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

- Records did not demonstrate that clients had signed treatment plans or that staff had offered them copies of treatment plans.
- We did not see details of advocacy services displayed at locations.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Addaction RISE-Barnstaple had clear criteria by which clients would be offered a service. This included criteria under which staff would see referrals urgently.
- Addaction RISE-Barnstaple was involved in initiatives aimed at engaging clients who found it difficult, or were reluctant to engage with substance misuse services.

Summary of this inspection

- Addaction RISE-Barnstaple did not have a waiting list.
- Locations visited had access and facilities for clients with disabilities, including wheelchair users.

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

- Not all rooms where staff saw clients were adequately soundproofed.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following issue that the service provider needs to improve:

- Whilst Addaction had identified that documentation to support prescribing decisions and client recovery was often missing from records or incomplete, they had not worked effectively with staff to ensure this was completed to an appropriate standard.

However, we also found areas of good practice:

- Staff were familiar with the service's values and the senior managers of both Addaction and EDP.
- Staff we spoke to felt good about their jobs and supported in their roles.
- Addaction RISE-Barnstaple had systems in place for staff to learn from incidents and complaints.

Detailed findings from this inspection

Mental Health Act responsibilities

The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health were to deteriorate, staff were aware of who to contact. Some of the nursing staff had been trained as registered mental health nurses which meant that they were aware of signs and symptoms of mental health problems.

Mental Capacity Act and Deprivation of Liberty Safeguards

Addaction staff had received Mental Capacity Act training as part of the local mandatory requirements. This was provided through e-learning and staff were required to be updated every three years.

Staff accessed and referred to policy guidance on the Mental Capacity Act as part Addaction's safeguarding adults policy.

Staff we spoke with demonstrated a good understanding of the Mental Capacity Act and its application to practice. Staff provided examples of where decisions were deferred if clients presented with high levels of intoxication. Staff were able to escalate and discuss concerns at the multi-disciplinary team meeting.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Administration staff operating a camera and buzzer system controlled entrance to the Barnstaple service. Clients proceeded to a first floor where a reception, waiting area, interview rooms and needle exchange were located. Staff only areas were on the first and second floors, accessed using number coded locks. A ground level group room, clinic and disabled bathroom were located directly opposite the service entrance, across a small covered courtyard. Emergency alarm points were in all client accessible rooms.
- Entrance to the Okehampton service was controlled by an intercom and staff attended to meet clients on arrival. The service was provided at ground level and included interview rooms, group room and a clinic room. Staff only areas were accessed using number coded locks. Emergency alarm points were in all client accessible rooms.
- Both locations had a clinic room and access to the necessary equipment to carry out basic physical health checks including weight, blood pressure, substance testing and physical examinations. We found that staff checked and calibrated equipment on a regular basis.
- Staff checked the clinic room temperature and fridge on a daily basis. Staff recorded these with no omissions. Vaccines for hepatitis A and B were in date and stored in the fridge. Staff used an approved cool box to transport vaccines to remote clinics. At the time of the inspection there were no vaccines stored at Okehampton. Face masks for resuscitation and emergency adrenaline (used to treat serious allergic reactions) were available and in date. Staff told us that they would call 999 in the event of a medical emergency.
- Addaction RISE-Barnstaple did not stock naloxone. Naloxone is an antidote for opiate overdose and can reverse the effects of an overdose and save clients' lives. National clinical guidance considers naloxone to be potentially lifesaving medication. However, the service was starting a naloxone scheme in January 2017.
- A registered waste collection company collected clinical waste regularly.
- All areas appeared clean and well maintained. Addaction RISE-Barnstaple contracted cleaning to an external service and there were no daily cleaning records for us to view. The contracted service undertook monthly cleaning audits and feedback to EDP, who held contractual responsibility of the management of premises. Staff reported that they held contact numbers for the cleaning provider and found them easy to contact and responsive to additional cleaning requests or emergencies.
- There were hand-sanitising stations at each location and posters advising staff and clients of correct hand washing techniques.
- Fire extinguishers and portable appliance testing stickers were visible and in date at the services visited.

Safe staffing

- Addaction and EDP had agreed the staffing requirements during the tendering process to reflect the number of clients in treatment. The manager monitored staffing needs and reviewed them at quarterly contract meetings.
- RISE had a range of staff employed by either Addaction or EDP. Addaction employed the service manager, two non-medical prescribers, two complex caseload nurses, two alcohol liaison nurses, one life skills worker, one family support worker, and three administrators. EDP employed team leaders and 14 whole time equivalent recovery workers in roles including criminal justice, re-settlement, and practice development.
- The service held shared care arrangements with local GPs. This was an agreement between Addaction

RISE-Barnstaple and the GP to provide treatment to the client at their own surgery. Clients were allocated a recovery worker who feedback client's progress so that the GP could make informed prescribing decisions.

- Staff sickness in the 12 months until September 2016 was 3%. Substantive staff turnover was 8%. Staff covered sickness locally or arrangements existed for staff to provide cover across the county. For example, Addaction employed a 'floating' administrator across the county.
- Addaction had no current vacancies. There was no reported use of bank or agency staff at the service. Staff planned cover for annual leave in advance
- At the time of inspection, the service was supporting 617 clients across two locations. The service manager held an overview of the caseloads of all staff. Non-medical prescribers worked to meet the treatment needs of up to 90 clients, providing medical review every three months. Clients were also allocated to a recovery worker, employed by EDP, who was responsible for risk assessment, recovery planning and psychosocial interventions. Caseloads were regularly reviewed during managerial supervision and team meetings.
- The service operated a duty system that professionals and clients could access if their allocated recovery worker was not available. Staff reported that clients requiring a prescribing appointment would be assessed on their level of risk and allocated promptly.
- Clinical staff received staff mandatory training in areas including safeguarding children and adults, health and safety, information governance and whistleblowing. The service held a training matrix demonstrating that clinical staff were up to date with mandatory training requirements.
- The service used volunteers and peer supporters to help support and run groups, including the recovery café, and provider reception cover. At the time of the inspection there were two volunteers and peer supporters at the service.

Assessing and managing risk to patients and staff

- During the inspection we reviewed seven clients care records.
- Addaction RISE-Barnstaple used an electronic risk assessment tool that looked at risk in a number of areas including neglect, violence, vulnerability, and suicide. Clinical staff completed an assessment of risk at initial and ongoing medical reviews and summarised this in client's progress notes and GP letters. Recovery workers also attended medical review and led in completing and updating the risk assessment tool. However, we saw that all electronic risk assessments were incomplete and not updated following medical reviews.
- During the inspection, we reviewed seven clients care records. Clinical staff recorded prescribing decisions and plans in progress notes and GP summary letters. However, supporting documentation such as risk management plans and plans for unexpected exit from treatment were missing from six of the records reviewed. This meant that staff had no agreed plan to follow if a client presented with risk behaviours or failed to attend an appointment.
- Staff described how they obtained a physical health history and record of prescribed medications from GPs prior to prescribing and at medical reviews. Staff also requested physical health checks such as blood tests and electrocardiograms from GPs that were included in client records. We saw that staff monitored a client's blood pressure and pulse during a community detoxification intervention. However, the client record did not demonstrate that baseline physical observations had been recorded when the client was first seen.
- Addaction RISE-Barnstaple provided staff with safeguarding training of both adults and children. Safeguarding training was provided electronically at level two and face-to-face at level three. The service held a training matrix demonstrating that clinical staff were up to date with safeguarding training requirements. Staff who we spoke with showed a good understanding of when and how to make a safeguarding referral. Staff accessed local safeguarding policies online and knew how to contact local leads. Staff described working in partnership with local social care agencies where safeguarding concerns had been identified.
- Staff assessed risks and followed National Institute for Health and Care Excellence (NICE) guidelines prior to providing prescriptions to clients. This included three months supervised consumption in a pharmacy before clients could take their medication home. Staff assessed the safe storage of medication in the client's home and issued safe storage boxes when required.
- Staff saw clients at service bases, outreach clinics or at client's homes. Lone working practices were supported by a policy and included an assessment of risk. Staff

adhered to this policy by carrying mobile phones, informing the duty worker of their movement and recording their whereabouts. We saw that staff had a lone working risk assessment prior to commencing a community detoxification intervention.

- Staff stored prescription stationary securely and logged prescriptions given to clients. Staff described good communication between Addaction RISE-Barnstaple and supplying community pharmacies. Addaction RISE-Barnstaple had weekly communication with the each pharmacy, and discussed any prescription changes or collection arrangements.
- Addaction RISE-Barnstaple did not provide separate facilities for clients with children in the building. Although clients were encouraged not to bring children to appointments, staff reported that children would not provide a barrier to treatment. Staff assessed individual risks and arranged appointments at alternative locations.

Track record on safety.

- Addaction RISE-Barnstaple reported that there had been no serious incidents requiring investigation at the service in the 12 months to September 2016. In the period April to November 2016 Addaction RISE-Barnstaple recorded four death notifications as critical incidents, two of which had been reported to CQC as the service users had been in receipt of a regulated activity.
- Addaction RISE-Barnstaple's manager gave an example of how training specifically around confidentiality had been implemented following an incident where information had been wrongly shared. The manager described how this had been recorded as an incident and discussed at a team meeting.

Reporting incidents and learning from when things go wrong

- Staff knew what to report and gave examples of the types of incidents to be reported. This included safeguarding concerns, attendances by emergency services, and occurrences of client harm or death. Staff recorded incidents on an electronic reporting system and on client's electronic record.
- All reported incidents were investigated by a manager. Resulting action points and learning was discussed at clinical meetings and recorded in minutes. All incidents were discussed at the Devon critical incident review group, with outcomes summarised to staff.
- Staff escalated and discussed incidents meeting a threshold at Addaction's monthly national critical incident review group (CIRG), with outcomes summarised to staff. Staff reported that client deaths were escalated be to CIRG.
- Staff received feedback from both local and national incidents. Staff met to discuss feedback at clinical meetings, operational meetings and supervision. Staff received summaries and had access to meeting minutes.
- Staff we spoke with reported that they received de-brief and support following serious incidents. This was recorded on a locally developed template. Addaction provided an employee assistance scheme that staff could access if they required any additional support.

Duty of candour

- Addaction RISE-Barnstaple followed Addaction's national duty of candour policy. Staff we spoke to commented that the team was open and transparent, which included apologising when things went wrong.

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)

- Recovery workers completed an electronic comprehensive assessment tool with clients following allocation. The assessment was strengths based and covered substance use, physical, mental and social health needs. Staff discussed completed assessments at weekly meetings where clients needing treatment were allocated to a member of the clinical team.
- Clinical staff undertook a comprehensive assessment of client's needs and provided prescribing rationale at initial and ongoing medical reviews. We saw that this included the client's historical and current substance

misuse, physical health, mental health and social needs. Staff recorded this in progress notes and summarised in GP letters. We found these to be detailed and up-to-date.

- In seven client records reviewed, we saw that clinical staff recorded prescribing decisions and plans in progress notes and GP summary letters. However, supporting documentation, such as recovery plans, was incomplete or did not meet National Treatment Agency for Substance Misuse standards of being specific, measurable, agreed upon, realistic and time-based in five of the records reviewed. The service manager told us that there were plans to integrate prescribing plans and recovery plans.
- Addaction RISE-Barnstaple was in the process of becoming paperless by February 2017. New clients referred to the service in the last three months had only an electronic record. Clients in the service for longer than this had an electronic record and a paper record. Staff accessed electronic records with individual passwords and paper records were stored securely in locked rooms.

Best practice in treatment and care

- Staff described using National Institute of Health and Care Excellence (NICE) guidance when prescribing medication. They also used the Drug Misuse and Dependence: UK guidelines on Clinical Management. We reviewed one care record of a client receiving a community detoxification. The client's detoxification plan was compliant with Addaction policy and national guidance, staff had recorded base line physical health monitoring and completed on going assessments.
- Addaction RISE-Barnstaple employed trained prescription administrators. We found that staff stored prescription stationary securely and prescriptions were logged and tracked as they were used.
- The service offered psychosocial interventions as recommended by National Institute of Health and Care Excellence (NICE) guidance. This included opportunistic brief interventions, cognitive behavioural approach interventions, motivational interviewing, and mutual aid interventions. Mutual aid describes activities where clients with similar experiences help each other to manage or overcome issues.
- Staff supported clients to access employment, housing and benefits assistance. If clients required support with more complex issues staff would refer them to social care or other welfare organisations.
- Staff considered physical healthcare needs as part of the initial and routine medical reviews for prescribing. Staff obtained a physical health history and record of prescribed medications from GPs prior to prescribing and at medical reviews. Staff recorded results of drug tests prior to medical review and recorded physical observations during detoxification interventions.
- Addaction RISE-Barnstaple offered community detoxification interventions and applications for inpatient detoxification as part of treatment plans for clients using alcohol or opiates. Staff assessed client's need and risk before commencing a community detoxification intervention. Staff regularly supervised clients during community visits or at service locations. Staff referred clients with complex needs for inpatient detoxification.
- Across the county, Addaction RISE provided 11 community detoxification interventions in the six months to November 2016. In the same period, the service made 29 applications to inpatient detoxification programmes for patients unable to participate in a community intervention
- Addaction RISE-Barnstaple supported clients wishing to apply for residential rehabilitation as part of their treatment plan. In the six months to November 2016, the service had supported six clients across the county in making successful applications.
- Staff offered clients blood borne virus testing for hepatitis and HIV. Addaction RISE-Barnstaple also offered hepatitis vaccinations.
- Staff routinely completed the Treatment Outcomes Profile to measure change and progress in key areas of the lives of their clients. Staff recorded this at the start of treatment, at three monthly intervals and at discharge. We also saw examples of staff completing the Alcohol Use Disorders Identification Test and the Severity of Alcohol Dependence Questionnaires, both indicated in National Institute of Health and Care Excellence guidance.
- The service manager had recently re-introduced audit activities to monitor the completion and quality of client

documentation including risk assessments, recovery plans and Treatment Outcome Profiles. Outcomes from audits were fed back to staff during managerial supervision.

Skilled staff to deliver care

- Staff received an individualised induction package that was overseen by service team leaders. The process of induction included the completion of mandatory training and shadowing of more specialised roles, for example; needle exchange.
- Staff had access to managerial and clinical supervision. Staff received managerial supervision from service managers or team leaders. This was scheduled to occur monthly or to a minimum of 10 sessions per year. Nurses received clinical supervision from the medical lead and non-medical prescribers accessed an additional bi-monthly group supervision. Supervision records were detailed and demonstrated regularity, although not always to the local standard of 10 sessions per year. This had been identified locally through the process of audit and had developed an action plan to address this.
- Staff received annual appraisals, reviewed after six months. As of September 2016, all non-medical staff had received their annual appraisal.
- All staff had access to monthly operational (team) meetings. If they could not attend, staff could read the minutes of team meetings when they returned.
- EDP led on the coordination and delivery of staff learning and development. This included reporting when staff do not attend and compiling the workforce development plan. Addaction was responsible for identifying training required, continuing professional development of clinical staff, authorising the annual plan and ensuring staff attendance.
- Staff had access to specialist training in motivational interviewing and cognitive behavioural approaches.
- Managers followed Addaction's human resources policy for the management of staff performance. Initially, they raised concerns in managerial supervision and escalated in line with policy thereafter.
- Addaction policy required all service managers and team leaders to have professional management qualifications. All managers were expected to meet the skills, qualifications and experience required of their job description. The service manager told us they would support staff to meet any additional training needs.

Multi-disciplinary and inter-agency team work

- Addaction RISE-Barnstaple held weekly clinical team meetings. The medical lead, nurses and recovery workers were amongst those who attended. We saw that meetings followed an agenda and staff took minutes. Discussions included actions arising from the last meeting, clients with safeguarding concerns, pregnant clients, and clients waiting for prescribing.
- Staff held case conferences for clients with complex needs. These were often organised because of discussions held at the clinical meetings. Staff reported that case conferences would commonly involve the client and involved professionals from external agencies.
- Addaction RISE-Barnstaple held weekly operational meetings following the clinical meeting. We saw that meetings followed an agenda and staff took minutes. Discussions included service user alerts, development opportunities, service updates and feedback from incidents, accidents and complaints.
- Addaction RISE-Barnstaple had systems in place to facilitate the handover of information between members of the team. Staff distributed meeting minutes throughout the team and recovery workers were required to attend medical review meetings with clients and clinical staff. However, the quality and content of information recorded by staff varied. For example, prescribing plans and recovery plans did not contain consistent information.
- Client care records demonstrated that Addaction RISE-Barnstaple maintained regular communication with a wide range of teams external to the service. This included GPs, pharmacists, social services, criminal justice and homeless services.

Good practice in applying the Mental Capacity Act

- Clinical staff had received Mental Capacity Act training as part of the local mandatory requirements. This was provided through e-learning and staff were required to be updated every three years.
- Staff accessed and referred to policy guidance on the Mental Capacity Act as part Addaction's safeguarding adults policy.
- Staff we spoke with demonstrated a good understanding of the Mental Capacity Act and its application to practice. Staff provided examples of

where decisions were deferred if clients presented with high levels of intoxication. Staff could escalate and discuss concerns at the multi-disciplinary team meeting.

Equality and human rights

- Equality and diversity was part of the staff's mandatory training. All clinical staff had completed this training.
- Addaction RISE-Barnstaple did not discriminate against clients based on a person's sex, gender, disability, sexual orientation, religion, belief, race or age. The service offered specific projects engaging women and signposted clients using alcohol aged over 50 years old to a local specialist service.
- Leaflets on display were written in English. However, staff at Addaction RISE-Barnstaple could access information in different languages and spot purchase translators and signers.

Management of transition arrangements, referral and discharge

- Addaction RISE-Barnstaple had a standardised policy for the transfer of clients in and out of the service that included the completion of a template for transfer. Clients accessing the service following release from prison were accompanied by a prison release pack containing current physical health and prescribing information.
- Addaction RISE-Barnstaple had pathways for accessing inpatient detoxification and residential rehabilitation placements.
- Staff supported clients to access employment, housing and benefits assistance. If clients required support with more complex issues staff referred them to social care or other welfare organisations.

Are substance misuse services caring?

Kindness, dignity, respect and support

- During the inspection, we observed staff interacting with clients and visitors to the service. We saw these interactions to be caring and respectful. Entries in client records demonstrated that staff understood the needs of clients and were knowledgeable in the treatment of substance misuse. We observed one community detoxification intervention. The staff member made the required health checks, provided information, and was supportive to the client.
- We spoke with seven clients using the services provided by Addaction RISE-Barnstaple. They described staff as respectful, polite, and caring. Clients felt that they could talk openly to staff about their substance use. Some clients reported that staff often appeared busy, which made contacting them difficult and messages were not always replied to.
- Staff maintained client confidentiality by using only the approved electronic records, storing paper records correctly and not discussing client information in public areas. Staff were aware of a lack of soundproofing in interview rooms and took steps to try to ensure confidentiality was maintained.

The involvement of clients in the care they receive

- Clients we spoke with reported that they had been given recovery plans to complete during group sessions. While clients did not see group work as an obstacle to treatment they would like to have had more one to one time with keyworkers. None of the records reviewed had recovery plans signed by a client or demonstrated that staff had offered them a copy.
- The Addaction RISE-Barnstaple service offered a weekly friends and family group for those affected by someone's substance misuse. We spoke with one family member who was supporting a community detoxification intervention. They described that staff had been supportive and reassuring whenever they had contacted them.
- Staff we spoke with were aware of advocacy services and described referring clients to local organisations. However, we did not see details of advocacy services displayed at the locations visited.
- Addaction RISE-Barnstaple provided comments boxes and cards in waiting areas. There were processes in place to log these comments and communicate them to staff. The service manager described plans to introduce a feedback board to inform clients of outcomes from comments made. Other initiatives included an annual client satisfaction survey and feedback from a local service user group.

Substance misuse services

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

Access and discharge

- Clients referred themselves to the service or professionals from other agencies referred them. Those wishing to self-refer could attend or telephone to speak to a duty worker, or drop-in to a recovery café for information. The needle exchange was accessible to clients who were not in treatment.
- Addaction RISE-Barnstaple was open to anyone with drug or alcohol misuse concerns who was aged 18 years or older. Young clients had their own service provided by a different organisation. The service also provided support to clients in the criminal justice system and those leaving prison.
- Addaction RISE-Barnstaple had a target to assess clients within one week of their referral. It then invited them to attend recovery induction groups (RIG). These aimed to provide clients with an introduction to services, treatment information and motivational activities. Attendance at two RIG sessions was mandatory before clients were allocated to a recovery worker or a prescribing appointment. Staff provided clients with a RIG information leaflet that detailed scheduled appointments and the potential consequences of non-attendance.
- Addaction RISE-Barnstaple had criteria under which some clients would receive urgent allocation to a recovery worker's caseload or a priority prescribing appointment. These included pregnancy, parental responsibility, prison release, or clients assessed as high risk.
- At the time of inspection, the service manager reported that there were no clients awaiting allocation to a recovery induction group, recovery worker's caseload or prescribing appointment.
- Addaction RISE-Barnstaple offered new start prescribing appointments to non-urgent clients within four weeks of referral. Addaction RISE-Barnstaple offered re-start prescribing appointments to non-urgent clients within two weeks of losing their prescription. For example, those that had missed appointments or failed to collect their prescribed substitute medication.
- Addaction RISE-Barnstaple had a policy for the management of clients that did not attend appointments. Staff described actions they would take depending on the level of client risk identified. This included contact through a pharmacy, a telephone call or letter, calling to a patient's home and liaison with the patient's GP.
- Addaction RISE-Barnstaple was able to offer clients flexibility in the times of their appointments. The Barnstaple location provided appointments every Wednesday evening. It also opened on Saturday mornings offering scheduled and drop-in appointments.
- In the year to September 2016 Addaction RISE-Barnstaple had 1,762-recorded episodes where clients 'did not attend' planned appointments. The service had 201 planned discharges, 189 unplanned discharges and 60 transfers to other services during this period.
- In the three months to November 2016, the three Addaction RISE services across Devon recorded 172 episodes where a client 'did not attend' for planned medical review. This made an overall 'did not attend' rate of 18% for a medical review.
- Addaction RISE-Barnstaple was involved in a number of initiatives aimed at engaging clients who found it difficult, or were reluctant, to engage with substance misuse services. This included the Blue Light Project, for clients with engagement challenges who frequently accessed medical services, and the development of pathways specifically for those with mental health difficulties.
- The service manager reported that appointments and activities were rarely cancelled and provided examples of how unexpected staff absences would be managed to prevent service disruption to clients.

The facilities promote recovery, comfort, dignity and confidentiality

- The locations visited had a range of rooms and equipment to support the treatment and care of patients. This included waiting areas, needle exchange, and interview, group and clinic rooms. Barnstaple held a regular recovery café in its group room or waiting area.
- We found sound proofing to be inadequate in both interview rooms at Barnstaple. Staff we spoke with

demonstrated an awareness of this and took efforts to inform clients and speak quietly during interviews. However, this still created a risk to client's privacy and confidentiality.
- We saw that information leaflets were available in all waiting areas. This included information on how to complain, mental and physical health difficulties, mutual aid groups, educational assistance, and local services.

Meeting the needs of all people who use the service

- Both locations had access and facilities for clients with disabilities, including wheelchair users. The Barnstaple service was located centrally and accessible by public transport. Staff held clinics in rural communities and were able to make home visits following an assessment of risk.
- Information leaflets on display were in English. Staff knew how to access information in other languages and there were Polish and Italian speaking staff at the Barnstaple service. Addaction RISE-Barnstaple subscribed to a service that provided information on treatments and medication in a range of formats for use with clients. During the inspection we saw examples of easy-read client comment cards in waiting room.
- Addaction RISE-Barnstaple used an external service to provide interpreters and signers for the deaf community. Staff reported that these could be easily accessed when needed.

Listening to and learning from concerns and complaints

- Addaction RISE-Barnstaple received six complaints in the year to September 2016. Of these, it upheld two. The locally held record complaint and feedback log detailed that complaints included those about recovery workers in the service. No complaints were referred to the Parliamentary and Health Service Ombudsman.
- Addaction RISE-Barnstaple displayed leaflets and posters about raising complaints or compliments at waiting areas and around the locations visited. This information was also available on the service's website and included process details and how to obtain independent advice. Six clients that we spoke with told us that they knew how to complain and felt confident to raise concerns with staff.
- Staff we spoke with were aware of the complaints process and reported that they would first try to resolve complaints informally before escalating them. Staff knew where to find complaints information and how to support clients through the process of complaining.
- There were processes in place to escalate, and feedback, the outcomes and learning from complaint investigations. Addaction RISE ran quality and clinical governance groups locally, regionally and nationally. All staff received feedback at the operational meeting and a copy of the learning bulletin that summarised learning and actions from the quality and clinical governance groups.

Are substance misuse services well-led?

Vision and values

- The Addaction RISE values of responsive, resourceful, reflective and respectful had been developed from the values of Addaction and EDP. Addaction RISE-Barnstaple displayed posters in the waiting area demonstrating how these three sets of values worked together.
- Staff we spoke with were familiar with the values of RISE and those of its parent organisations.
- The service manager described how team objectives had been developed to reflect the organisation's values and objectives. This included recovery focussed work and integrated working with local agencies.
- Staff we spoke with knew who the senior managers of both Addaction and EDP were. This included the associate director for the region, medical lead and contracts manager.

Good governance

- In our review of client records we found that documentation was not complete and did not robustly support prescribing and treatment activities. This included the work of recovery workers to formulate risk assessments, risk management plans and recovery plans.
- In November 2016, Addaction undertook an internal audit of service delivery and practice at Addaction RISE-Barnstaple. At the time of our inspection, the service manager told us that action plans to meet

identified areas of improvement were going to be developed. This included ensuring that client documentation was complete and recovery plans met required standards.
- Records demonstrated that clinical staff were up-to-date with mandatory training requirements.
- Staff had access to managerial and clinical supervision. While records did not demonstrate that supervisory practices met the local standard of 10 sessions per year, supervision records viewed during inspection were detailed and demonstrated regularity. Staff received annual appraisals that were reviewed every six months.
- Staff knew what to report and gave examples of the types of incidents to be reported. However, we found that Addaction RISE-Barnstaple had not been providing CQC with regular notifications as part of their registration process.
- Addaction RISE-Barnstaple had systems in place for staff to learn from incidents and complaints. The service manager had plan in place to demonstrate outcomes from client comments and feedback.
- Staff engaged in Addaction's audit programme. Addaction shared this learning locally and nationally across the organisation
- Staff received Mental Capacity Act training as part of the local mandatory requirements. Staff we spoke with demonstrated a good understanding of the Mental Capacity Act and its application to practice. Systems were in place to escalate and discuss concerns at clinical meetings
- Addaction RISE-Barnstaple used key performance indicators to measure the performance of the team. These were based on all aspect of service delivery and regularly reported to service commissioners.
- Team managers reported the ability to work with authority locally and received good support from their administrative staff.
- The service manager submitted items to the Addaction RISE risk register. Managers discussed these at Addaction RISE's monthly clinical and social governance group meetings.

Leadership, morale and staff engagement

- The service manager reported that there had not yet been a Addaction RISE-Barnstaple specific staff survey. However, there had been staff away days and staff had contributed to the content of these.
- Staff sickness in the 12 months until September 2016 was 3% Substantive staff turnover was 8%.
- The service manager reported that there were no current bullying or harassment cases.
- Addaction RISE-Barnstaple had a local whistle blowing policy that staff accessed online. Staff knew how to use the whistle-blowing process and felt able to raise concerns without fear or victimisation.
- Staff we spoke with consistently felt good about their jobs and felt supported in their roles. Staff reported that roles were sometimes stressful but overall this was manageable. One staff member described the challenges of providing the service in a larger rural location.
- Staff we spoke with demonstrated that they were open and transparent and would provide explanations to clients if things went wrong.
- Addaction staff we spoke to felt that they were able to give feedback and help to improve the service.

Commitment to quality improvement and innovation

- In November 2016, Addaction undertaken an internal audit of service delivery and practice at Addaction RISE-Barnstaple in order to monitor and improve client care and outcomes.
- Other engagement initiatives included setting up a Green Light Group for clients in the south of Devon. This group supports clients who have been prescribed opiates for a long time build the skills and confidence to start reduction.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure the confidentiality of clients can be maintained while receiving support.
- The provider must work with staff to ensure that all clients have a completed, accurate and up to date client record to support treatment decisions. This includes risk assessments, risk management plans, unexpected exit from treatment plans and recovery plans.

Action the provider SHOULD take to improve

- The provider should ensure that staff supervisory practices meet the minimum standard of locally agreed policy.
- The provider should ensure that treatment records demonstrate client involvement through signatures and the sharing of treatment and recovery plans.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Interview room was not soundproofed and conversations from one to one work could be heard from the adjoining area. This is a breach of regulation 10 (2) a

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Whilst Addaction had identified that documentation to support prescribing decisions and client recovery was often missing from records or incomplete, they had not worked effectively with staff to ensure this was completed to an appropriate standard. This is a breach of Regulation 17(2) (a) (c).