

# Winstone House - Horizon

## 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

### Ratings

#### Overall rating for this location

Requires improvement



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



### 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.

# Summary of findings

## Overall summary

Following this inspection, we issued a warning notice to the provider in relation to poor safeguarding procedures.

We rated Winstone House - Horizon as requires improvement because:


- Staff did not follow safeguarding policies and procedures. They did not refer vulnerable clients to the local authority safeguarding team as identified within the safeguarding policy and national guidance. There was routine disregard of standard operating safeguarding procedures. The service had not submitted any notifications to the CQC in relation to safeguarding concerns.
- Staff had not created recovery plans and risk management plans that included all risks and needs as identified in the clinical assessment and risk assessment. This was an issue that we flagged up at our last inspection. Although some improvements had been made, the recovery plans and risk management plans were still not as good as they should have been.
- The managers had not ensured that all staff had received appraisals within the last 12 months. The service had ensured that all staff would have completed appraisals by February 2019. This meant that all staff would have been appraised within a 14 month timeframe.

However:

- The facilities and environment were spacious and clean. There were enough rooms to see clients and hold group sessions.
- Staffing levels were sufficient to meet the needs of clients. All staff had completed mandatory training. Staff received regular supervision. Managers understood the service well and provided clinical leadership to staff.
- The service targeted vulnerable groups and offered specific support to meet their needs. This included clients who were homeless or pregnant. There was a plan to run a clinic for people with chronic obstructive pulmonary disease who used the service.
- There was a range of interventions to support recovery. There were interventions aimed at maintaining and improving clients' social networks, employment and educational opportunities. Family and community relationships were promoted. The service had a separate pathway for clients who had achieved abstinence. Support was specific to maintaining recovery.
- Staff demonstrated a compassionate approach to understanding clients' needs. Clients described feeling involved in their care and treatment decisions.
- The service was flexible to meet the needs of clients who had caring or employment commitments. Referrals were accepted and encouraged from a wide range of organisations. The service was responsive to feedback from patients, staff and external agencies.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Community-based substance misuse services</b>	Requires improvement 	See overall summary

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# Summary of findings

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Requires improvement 

# Winstone House - Horizon

**Services we looked at:**

Community-based substance misuse services

# Summary of this inspection

## Background to Winstone House - Horizon

Winstone House – Horizon provides community substance misuse services for the Blackpool area. The service is commissioned by the local authority as part of a wider service pathway. Winstone House – Horizon provides support for adult clients who have stabilised their substance misuse and require a psychosocial and clinical approach to their recovery, providing one to one keyworker sessions and access to group work. This includes support for clients with complex needs. The wider pathway includes two other services that provide:

- initial assessments and risk assessments of newly referred clients
- prescribing for detoxification and stabilisation
- support with abstinence
- volunteering opportunities
- employment and education options.

The wider parent organisation fed into the service and provided some group work. This included:

- dependency emotional attachment programme groups
- reduction and motivation programme groups
- pre- dependency emotional attachment programme groups.

The service was registered to provide the regulated activity of treatment for disease, disorder or injury. There was a registered manager in post.

The service had been registered since April 2017. CQC undertook a comprehensive inspection of the service in October 2017 and a focussed inspection in June 2018. The service was issued a requirement notice following the focussed inspection in relation to poor risk management plans and recovery plans. Risk management plans and recovery plans were not detailed or comprehensive. The following requirement notice was issued:

- Regulation 9 (3) (b) Health and Social Care Act (RA) Regulations 2014 Person-centred care

## Our inspection team

The team that inspected the service comprised two CQC inspectors and a CQC assistant inspector.

## Why we carried out this inspection

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

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

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

During the inspection visit, the inspection team:

- visited the location, looked at the quality of the environment and observed how staff were caring for clients;

# Summary of this inspection

- spoke with two clients who were using the service;
- spoke with the registered manager and integrated service manager;
- spoke with four other staff members; including a non-medical prescriber and recovery workers;
- attended and observed three meetings;
- spoke with one carer of a client using the service;
- looked at 20 care and treatment records of clients;
- carried out a specific check of the medication management and
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

Clients gave mostly positive feedback about the service. Clients expressed having good relationships with keyworkers who were approachable and easy to talk to. Clients felt that support was always available and that access to treatment was prompt and without delay.

Clients praised group sessions and that mutual support from peers was highly valuable. Clients felt having a recovery plan was helpful and that staff explained information and treatment options well.

# 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 rated safe as inadequate because:

- Staff did not follow safeguarding policies and procedures. They did not refer vulnerable clients to the local authority safeguarding team as identified within the safeguarding policy and national guidance. There was routine disregard of standard operating safeguarding procedures. The service had not submitted any safeguarding notifications to the CQC.
- Staff had not created recovery plans and risk management plans that included all risks and needs as identified in the clinical assessment and risk assessment. This was an issue that we flagged up at our last inspection. Although some improvements had been made, the recovery plans and risk management plans were still not as good as they should have been.

However:

- The facilities and environment were spacious and clean. Clinic rooms were well equipped with the necessary equipment to carry out physical examinations.
- Staffing levels were sufficient to meet the needs of clients. The service utilised skilled agency staff during times of recruitment shortages.
- All mandatory training had been completed by all staff.
- Chronic obstructive pulmonary disease clinics were being developed in partnership with other agencies. There was a plan to provide chronic obstructive pulmonary disease clinics within the service.

Inadequate



### Are services effective?

We rated effective as good because:

- Recovery plans had much improved. Information was more detailed and there was evidence of client input. With a few exceptions, recovery plans now included most of the clients' needs as identified in the assessment.
- There was a range of interventions to support recovery. This included employment support and psychological therapies.
- Staff received regular supervision and felt supported by senior staff members.

Good





# Summary of this inspection

- Discharge support was available for clients who no longer needed care and treatment from Winstone House. The service had a separate pathway for clients who had achieved abstinence. Support was specific to maintaining recovery.

However:

- Not all staff had received appraisals within the last 12 months. The service had ensured that all staff would have completed appraisals by February 2019. This meant that all staff would have been appraised within 14 months.

## Are services caring?

We rated caring as good because:

- Staff demonstrated a compassionate approach to understanding clients' needs. Staff showed positive and professional attitudes towards clients.
- Clients described feeling involved in their care and treatment decisions.
- There were interventions aimed at maintaining and improving clients' social networks, employment and educational opportunities. Clients were encouraged to attend community resources.

Good



## Are services responsive?

We rated responsive as good because:

- Referrals were accepted and encouraged from a wide range of organisations.
- The service was flexible to meet the needs of clients with caring or employment commitments. Evening appointments were regularly offered.
- Vulnerable groups were targeted and offered specific support to meet their needs. This included clients who were homeless or pregnant.
- There was a formal discharge pathway for clients who had achieved abstinence.
- The facilities were sufficient to promote recovery, comfort, dignity and confidentiality. There were enough rooms to see clients and hold group sessions.
- Family and community relationships were promoted. A family support worker delivered group and individual family and carer interventions. Staff were due to be trained in mediation skills.

Good



## Are services well-led?

We rated well-led as requires improvement because:

Requires improvement



# Summary of this inspection

- Although we found the service was largely well led, it did not meet legal requirements relating to safeguarding procedures, meaning we could not rate well-led higher than requires improvement.
- The governance structure did not identify that safeguarding processes were not being followed. This meant that the local authority was not able to investigate safeguarding concerns. The provider did not notify the care quality commission of safeguarding concerns as per guidance. There was routine disregard of standard operating safeguarding procedures.

However:

- The service was responsive to feedback from patients, staff and external agencies.
- Managers understood the service well and provided clinical leadership to staff. Managers were a visible presence and were approachable.
- The service reviewed incidents and analysed emerging themes. The service was working with other agencies to reduce the number of client deaths. Common themes had been identified and plans put in place to minimise risks.
- The service welcomed learning, continuous improvement and innovation. The service was involved in a number of projects designed to enhance the service and improve client care and outcomes.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

There was a Mental Capacity Act policy which staff were aware of and could refer to if necessary. Staff understood the Mental Capacity Act and all had received Mental Capacity Act training.






Clients were supported to make decisions independently. The service had not had an occasion when a client had lacked capacity and decisions were made in their best interests.

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based substance misuse services	Inadequate	Good	Good	Good	Requires improvement	Requires improvement
Overall	Inadequate	Good	Good	Good	Requires improvement	Requires improvement

# Community-based substance misuse services

Safe	Inadequate 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Requires improvement 

## Are community-based substance misuse services safe?

Inadequate 

### Safe and clean environment

The service had enough accessible rooms to see clients in and deliver group work. There were two clinic rooms, five smaller interview rooms, two large group rooms, one urine screening room and a specific room for doctor clinics. There was an integrated alarm system that alerted reception staff to which room required assistance. There was a stair lift for clients with mobility problems. The service completed regular building audits and health and safety risk assessments.

All client areas were clean, comfortable and well maintained. Each clinic room was cleaned and audited daily. All medical equipment had been recently checked with a visible sticker indicating the date.

Infection control principles were adhered to by staff. There were sinks in each clinic room and two in the urine screening room. There were clinical waste bins in each area requiring them.

### Safe staffing

There was enough staff to meet the needs of the clients and agency staff were used to fill any gaps in provision. The service employed the following staff disciplines:

- two nurses
- two care coordinators
- eight recovery practitioners
- one support worker

- one psychologist
- 17 volunteers
- counsellors (available daily)

There was always a doctor or a non-medical prescriber based on site each day and available for unplanned work. At the time of inspection two agency staff had been employed to fill two recovery practitioner vacancies.

Sickness, leave and vacancies were usually managed within the internal service. This included a duty cover system and utilising staff from the other pathways. Agency staff were being used to cover two vacant posts to ensure patient safety was maintained. The service ensured that two regular agency staff were employed to give consistency to clients.

There was a local procedure that ensured staff did not lone work whilst completing home visits. If home visits were required due to physical or mental ill health, these were conducted by the keyworker, accompanied by a non-medical prescriber.

### Mandatory training

Mandatory training compliance for the last 12 months was 100%. This included both online training and face to face training.

The service ensured training was completed by giving staff half a day of protected time to complete the required training.

### Assessing and managing risk to patients and staff

During the last focused inspection, we found all seven risk management plans were poorly completed. Risk management plans were vague and generic. For example,

# Community-based substance misuse services

one risk management plan stated only, “regular re-assessment of risk”. Others did not correspond to the risks identified in the risk assessment and were brief and lacked specific detail.

During this comprehensive inspection, we examined 20 risk assessments and risk management plans. All risk assessment had been completed and were up to date. We noted significant improvement in risk management plans. Ten risk management plans were detailed and contained personalised information. Others contained basic information and lacked specific detail. All risk management plans had improved since the last inspection. Staff had received training on how to complete risk management plans and good practice was being embedded into the service. Senior staff were conducting weekly audits to assess risk management plans and discussing them with staff where improvement or good practice was highlighted. The completed audits demonstrated that standards had improved. The service was improving the quality of risk management plans to ensure they included all assessed risks.

Clients were made aware of the risks of continued substance misuse and harm minimisation / safety planning was an integral part of keyworker sessions and group work. This was evident in case notes but not always reflected in recovery plans and risk management plans.

Clients were issued with Naloxone where appropriate. Naloxone is a drug to counteract the effects of overdose. All staff were trained in issuing Naloxone. Other venues and people had also been issued with Naloxone such as to friends, family, clients newly released from prison, soup kitchens and hostels.

Staff were able to respond promptly to clients whose risks had increased or were in need of extra support. Clients felt they could easily speak to their keyworkers on the telephone or in person when they needed to. There was a duty system in place that allowed staff to address any unexpected issues raised by clients in the absence of the keyworker. Staff were aware of how to make referrals to other agencies and regularly prompted clients to attend the GP or specialist medical care. Outreach workers were available to escort clients, who found it difficult to engage with services, to medical appointments.

The building had a no smoking policy. There were leaflets and posters promoting smoking cessation available in the

waiting area. Harm reduction advice was promoted by staff in relation to smoking. The service was aware a high percentage of clients with chronic obstructive pulmonary disease. The service was working in partnership with the local health trust to offer chronic obstructive pulmonary disease clinics within the service.

## Safeguarding

The service was not following their own policies and procedures in order to safeguarding adults. The service had not referred clients to the local authority safeguarding team in the last 6 months when it was clear they should do so. We found evidence of two serious safeguarding concerns that had not been referred to the local authority. This was not in line with the providers safeguarding policy or with national guidance. The service confirmed they had been dealing with all safeguarding concerns internally. There was evidence of some safeguarding action but this was not overseen or investigated by the local authority.

The service had not submitted any notifications to the CQC in relation to safeguarding referrals.

There was a safeguarding adult’s policy and a safeguarding children’s policy. Both incorporated statutory guidance and referral processes. Staff understood local children services processes and there was regular liaison with children services duty teams. Both policies lacked specific detail and timescales.

There had been no referrals made to children’s services as all children identified as at risk were already known to services. Staff regularly attending multiagency meetings in relation to child safeguarding. There was evidence of staff attending a range of child protection meetings. Clients with children were issued safe storage of medication boxes if prescribed a controlled medication.

Staff could give examples of how to protect clients from harassment and discrimination, including those with protected characteristics under the Equality Act. All staff had received training on safeguarding both adults and children, equality and diversity and bullying and harassment. There was a designated safeguarding lead who had oversight of all safeguarding activity. Staff explained they discussed all safeguarding concerns with the safeguarding lead.

Staff worked effectively within teams, across services and with other agencies to promote safety including systems

# Community-based substance misuse services

and practices in information sharing. The service worked closely with the local hospital and midwife services to ensure pregnant clients received all necessary care in one place. The service made appropriate referrals to mental health teams. Staff were attending discharge meetings for clients who had been admitted to the local mental health unit. Staff shared information with the probation service.

## Staff access to essential information

There was an electronic patient record system that staff could easily access. Staff described being able to access the electronic system and promptly locate records without difficulty.

## Medicines management

The service had numerous policies to support safe prescribing and medicines management. These included supervised consumption policy, withdrawal guidance and a prescribing guide.

Medications were prescribed by the doctor and completed prescriptions were transferred to another site, which provided part of the patient pathway. This was under the control of the prescribing administration team. Prescriptions were collected by each individual pharmacy and a copy of the prescription was stored on file for the purposes of auditing. Winstone House had an additional minimal supply of prescriptions sheets that were logged, accounted for and required countersignature. There was no medication stored at Winstone House apart from vaccines, adrenalin and Naloxone, a drug to counteract the effects of overdose. Medicines were checked regularly to ensure they were in date and stored correctly.

Clients attended regular medication reviews with the doctor or non-medical prescriber. During medication reviews, staff took account of changes to clients physical or mental health needs and potential impact on prescribing choices.

## Track record on safety

Staff had reported 24 client deaths in the last 12 months. This reflected the high risks amongst the people who misused substances in the Blackpool area.

The service had identified themes which included chronic illness such as chronic obstructive pulmonary disease and poor mental health. The service had plans to target clients

with dual diagnosis and offer increased support for specific needs. This included offering chronic obstructive pulmonary disease clinics within the substance misuse service and closer links with the mental health service.

## Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report. Staff described examples of incidents and explained how they are reported on the incident reporting form. The service had adopted a new electronic incident reporting system that was due to be in place by April 2019.

The service had reported 25 less serious incidents over the last six months. Themes for these included staff not correctly following the did not attend policy and record keeping errors. Feedback from incidents was shared with the staff team.

Staff were encouraged to report incidents as a way of reviewing and embedding lessons learnt.

Staff had a good understanding of the duty of candour and had access to a policy. The duty of candour is a legal duty on hospital, community and mental health services to inform and apologise to clients if there have been mistakes made in their care that have or could have potentially led to significant harm.

As a result of incident reporting, measures had been put in place to prevent future incidents. These included, a barrier between the reception area and the administration office to prevent clients entering the office and an audit of clients who had not attended the service for appointments.

## Are community-based substance misuse services effective?

(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

We examined 20 care records and all had comprehensive assessments that had been completed in a timely manner. Assessments were completed by staff in a different

# Community-based substance misuse services

pathway, and transferred to Winstone House once assessments and risk assessments had been completed. Assessments included information relating to physical health checks.

During the last focussed inspection, we found that recovery plans were not personalised. There was little evidence of client views recorded. Recovery plans were not holistic. Despite many issues being recorded in other documents, not all issues were addressed in the recovery plan. There was no clear plan regarding how to approach each issue and information was vague and lacked specific detail. Recovery plans were not recovery orientated and did not include client's strengths and goals. We saw no evidence of clients being offered a copy of their recovery plan.

However, during this comprehensive inspection, recovery plans were much improved. We examined 20 recovery plans and all were up to date. Eighteen were personalised, 15 were holistic and 16 were recovery orientated. All recovery plans had been signed and dated by the client and information included whether the client had accepted or declined to have a copy. Information within recovery plans was more detailed and specific goals had been identified. The service was improving the quality of recovery plans to ensure they were holistic and included client's strengths and all care needs.

Risk management plans had been developed for clients identified as at risk. Plans for unexpected exit from treatment were not detailed. However, the service had a structured disengagement policy. This meant that all clients who failed to attend appointments or answer telephone calls received a visit from the outreach team. Managers monitored compliance with this policy.

## Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. This included medication, support groups, psychological therapies, counselling, activities, training and work opportunities intended to help clients acquire living skills. Doctors and non-medical prescribers were available to offer substitute prescribing and other medical treatments. A full-time psychologist was available to provide talking therapies to clients who had suffered trauma or abuse. A range of activities were available to

support clients to develop interests such as short IT courses and art groups. Employment workers were available to support clients with career aspirations. Eleven clients had succeeded in gaining paid employment.

Blood borne virus testing was routinely offered. Testing was offered during the assessment process and at reviews.

Clients were supported to live healthier lives by a number of initiatives such as:

- Free dental provision (48 clients treated by mobile dentists)
- Pregnancy partnership (midwife attends the service to provide care to pregnant clients)
- Hepatitis C community clinic
- Joint working with primary care services.

Future planned initiatives included:

- Chronic obstructive pulmonary disease screening
- Sexual health clinic for cervical screening and contraception.

Technology was being utilised to improve client care. New oral drug screening equipment had been purchased that gave instant results. Electronic devices were due to be purchased for the waiting room. The purpose of the devices was to engage clients to give feedback and also for the provider to share information about the service with clients. It was hoped this would increase client feedback and information sharing.

## Monitoring and comparing treatment outcomes

Recovery plans were regularly reviewed with clients. Reviews were signed by clients and there was evidence of client's views being recorded.

The service recognised the value of accredited schemes, peer reviews and research projects. A new structured family support group had been accredited. The group ran for 12 sessions and had full attendance from all 18 carers and family members. The service was participating in a drug related death survey for the Home Office and an injection survey for Public Health England. A new rating scale (Warwick Edinburgh Mental Wellbeing Scale) had been introduced to demonstrate the effectiveness of treatment outcomes.

## Skilled staff to deliver care



# Community-based substance misuse services

All staff completed a comprehensive induction. An induction template was used to ensure staff completed all tasks identified. Agency staff completed the same induction process.

All staff had completed mandatory training. Mandatory training rates were 100% for all staff over the last 12 months. This included online training and face to face training.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. This included specialist training such as family mediation training and chronic obstructive pulmonary disease screening training.

There was a robust recruitment process for managers to follow. Staff underwent regular DBS checks. There was also a process in place relating to the recruitment of volunteers.

All staff received regular supervision from appropriate professionals. Management supervision rates for the last 12 months were 100%. A supervision tree had been introduced and staff had been trained to deliver supervision. Weekly clinical case management supervision had also been introduced. Each staff member had five client records audited to share good practice and check the quality of the care record.

Staff appraisals for the last 12 months were low at 40% compliance. All outstanding appraisals had been booked for February 2019. This meant that all staff had received an appraisal within the last 14 months.

There had been issues with poor staff performance which had been addressed promptly and effectively. Managers gave examples of how staff were supported to improve or had been disciplined due to poor practice.

Volunteers had been recruited and supported the running of the service. Volunteers supported administration duties and greeting clients as they entered the building. Volunteers were encouraged to develop their skills into peer support workers.

## Multi-disciplinary and inter-agency team work

Comprehensive assessments contained information gathered from the client and GP. There were strong links

with maternity services. Staff liaised with other services such as probation and children's services. The service was building stronger links mental health teams, such as attending inpatient discharge meetings.

There were two care coordinators in post. Staff were aware of the role of the care coordinator and could seek advice and guidance when needed.

Staff attended a variety of multi-disciplinary team meetings. These included rough sleeper meetings, resettlement meetings and detox meetings. There were monthly staff meetings and other meetings were held to discuss unplanned events. The service planned to hold weekly clinical review meetings for staff to seek advice and support from other practitioners for clients who were not making progress.

The service had effective shared care protocols in place for working with GPs, maternity services and pharmacies. The service was working towards greater integration with mental health services.

Recovery plans included information in relation to referring clients to other supporting services. The service was aligned with primary care neighbourhood hubs. This meant clients could be seen in GP practices and that substance misuse practitioners were aligned with GP's to improve closer liaison. The service regularly contacted children's services in relation to welfare concerns for client's children. The service referred clients to other third sector support services as needed.

The service had a specific pathway for clients who were ready for discharge. The freedom pathway supported clients who were abstinent and no longer needed the care offered by Winstone House. Clients would be discharged from Winstone House and transferred to the freedom building. Within freedom, support included a variety of short courses and more opportunities to develop life skills and employment opportunities. Clients were also referred to other organisation dependant on their needs.

## Good practice in applying the MCA

There was a Mental Capacity Act policy which staff were aware of and could refer to if necessary.

Clients were supported to make decisions independently. The service had not had an occasion when a client had lacked capacity and decisions were made in their best interests.



# Community-based substance misuse services

Staff understood the Mental Capacity Act and all had received Mental Capacity Act training. Staff were able to give examples of when the Mental Capacity Act might be used and the process to follow.

Consent to care and treatment and sharing information was recorded for each client.

## Are community-based substance misuse services caring?

Good 

### Kindness, privacy, dignity, respect, compassion and support

Staff attitudes and behaviours towards clients were respectful, warm and responsive. We observed staff listening and responding appropriately to clients concerns and feedback. Clients reported staff were polite, kind and helpful.

Staff supported clients to understand and manage their care, treatment or condition. Evidence within keyworker and group sessions demonstrated that staff educated clients in relation to substance misuse issues and other associated problems.

Staff directed clients to other services when appropriate and, if required, supported them to access those services. Clients were referred to other supporting agencies to meet their needs. This included support for social issues and medical needs. Staff escorted clients to medical appointments if they were unable to attend alone.

The service had clear confidentiality policies in place that are understood and adhered to by staff. Staff maintained the confidentiality of information about clients.

The service had a record that confidentiality policies and sharing of information had been explained and understood by clients.

### Involvement in care

Staff communicated with clients so that they understood their care and treatment, including finding effective ways to communicate with clients with communication difficulties. This included the use of interpreters for clients whose first language was not English.

The service empowered and supported access to appropriate advocacy for clients, their families and carers. Staff were very knowledgeable about local advocacy services. Staff were aware of many advocacy services for general advocacy and more specific advocacy issues.

Recovery plans and risk management plans were in place for all clients. Recovery plans and risk management plans mostly demonstrated client's preferences, recovery capital and goals. The service was improving the quality of risk management plans and recovery plans to ensure they were holistic and included client's strengths and all assessed risks and care needs.

Staff engaged with clients, their families and carers to develop responses that met their needs and ensured they had information to make informed decisions about their care. There was a structured carers group that educated and supported families and carers. Other groups were available for clients to support their recovery. Information shared during groups and individual sessions ensured that clients, families and carers made informed decisions.

Staff actively engaged clients in planning their care and treatment. All recovery plans were completed with clients. Clients were offered choices regarding treatment options. Clients described feeling they were involved in decisions regarding their care and treatment.

### Involvement of families and carers

Staff enabled families and carers to give feedback on the service they received. Families and carers could give feedback via feedback forms that were available in the waiting area. The service had plans to implement electronic devices for feedback. Families and carers could also give verbal feedback to individual staff members. The service held client meetings to discuss any proposed changes to the service. During the meeting clients were asked for their opinions on topics discussed.

Staff provided carers with information about how to access a carer's assessment. Staff were aware of local carers organisations who had been commissioned to provide carers assessments.

Staff told us they had recognised that a frequent and recurring theme for clients was the breakdown of family relationships as a result of their addiction. In response to this, the service planned to implement a training

# Community-based substance misuse services

programme and support package to provide staff with mediation skills. This would be particularly aimed at clients who have been involved with the criminal justice service and was due to be launched during January 2109.

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

Good 

## Access and discharge

Referrals into the service were received from clients as a self-referral, client relatives, GPs, police, other health professionals and other external agencies including housing and social care services. The service had alternative care pathways and referral systems in place for people whose needs could not be met by the service. This included referrals to mental health teams and social support organisations such as housing support.

Alternative treatment options were available for clients who had family or work commitments. This included evening prescribing services for clients in employment or with caring responsibilities. Clients were offered prescriber and keyworker sessions outside of working hours. Outreach support was available for clients who were homeless or struggled to engage with services or remember appointments. Substance misuse support was available for pregnant clients at the local hospital in partnership with midwives, obstetrics and anaesthetics. This meant that clients could see a variety of professionals within one setting. Professionals used a multidisciplinary approach to provide holistic care planning.

All referrals were processed by another pathway within the service. Clients were assessed promptly within two weeks of referral. Urgent referrals could be assessed within two days if needed.

Following a comprehensive assessment and other key documents being completed by the assessment pathway, clients were transferred to Winstone House for drug or alcohol treatment and support. Timescales were dependant on client need and engagement levels.

## Discharge and transfers of care

The recovery and risk management plans we examined mostly reflected the diverse and complex needs of clients. There were occasional instances of information in assessments and risk assessments that were not addressed within recovery and risk management plans. There were clear care pathways to other supporting services such as maternity, social care, housing and mental health services.

There was a formal discharge pathway for clients to work towards. When abstinent from substances, clients were transferred to the freedom pathway which operated from another location. Support was available in relation to psychological and social support. Clients were encouraged to become volunteers for other aspects of the service. The service had strong links with other third sector organisations for clients with complex needs. Staff referred clients for support during treatment and at point of discharge as needed. The service had employment support workers who were available to all clients at all stages of treatment and recovery. The aim was to embed occupational opportunities throughout the clients' journey.

Discharge was seen as a positive step. Clients attended graduations as a way of celebrating successful treatment and motivation.

Clients newly released from prison and in need of low dose substitute prescribing were due to be offered supported accommodation. This new initiative was a joint venture with a social housing organisation. The aim was to prevent clients from returning to drug use and reoffending due to poor housing and a lack of support.

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

There were sufficient rooms to see clients to support care and treatment and rooms large enough to facilitate group sessions. All rooms and facilities allowed privacy and dignity of clients to be respected. These included:

- two clinic rooms
- five interview rooms
- two group rooms
- one doctors room
- one client kitchen
- one urine screening room.

All patient information was kept confidential. There was a locked door leading to the second floor where staff office space was located.

# Community-based substance misuse services

There was an array of leaflets and information available in the open plan reception area. This included information on specific medications, local mutual aid groups, sexual health and smoking. Posters were also displayed such as physical health, first aid and the Samaritans. Leaflets could be requested in different languages if needed.

There was a volunteer meet and greet worker available in the reception and waiting area. The purpose was to welcome clients into the service and offer support if required.

## Patients'/service users' engagement with the wider community

Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community. The service recognised the importance of stable family support to maintain client's recovery. The service provided a structured carer support group to help families and carers to better understand addiction and how to support their loved one. Staff were due to be trained in mediation skills to support families during times of conflict.

The service encouraged clients to become involved in community activities to promote recovery and change. The service provided a range of short courses and signposted clients to other courses and activities. Short courses were available to clients from Winstone House including:

- domestic violence awareness
- IT skills
- art
- walking
- family recovery.

Work opportunities were provided to clients on an individual basis. Clients could be referred to an employment worker who would look at career options for clients. Clients had been successful in achieving jobs in retail and the health sector.

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

Vulnerable clients were identified and targeted using approaches appropriate to their needs. Outreach workers supported clients who were homeless, female staff delivered interventions specific to women's issues such as female criminality, domestic violence and sexual violence. The service linked with partner agencies who delivered health and wellbeing support to clients of the lesbian, gay,

bisexual and transgender community. Young people were seen in a designated young person's centre where they received clinical interventions relating to substance misuse.

The service did not have a waiting list. There was a duty system in place that allowed clients to be seen immediately should they present unexpectedly to the service. There was a prescriber on site each day to provide emergency prescriptions if needed.

Clients reported that care and treatment was rarely cancelled or delayed. Clients said appointments were not cancelled by staff and ran on time.

## Listening to and learning from concerns and complaints

There was a complaints policy and process for all staff and managers to follow. This was available electronically on in paper. A paper copy was available in the waiting area for clients, families and carers to access.

There had been five complaints and 69 compliments in the last 12 months.

Clients who raised concerns or complaints were treated fairly and without discrimination. Managers responded appropriately to complaints, made changes and gave apologies where necessary. Individual complaints were responded to in accordance with the complaints policy. There was evidence of lessons learnt shared with the team to improve the quality of the service.

## Are community-based substance misuse services well-led?

### Leadership

Managers provided clinical leadership to staff. The management structure allowed leaders to be effective in their roles. Leaders were assigned specific roles and understood the service. They could explain clearly how the teams were working to provide care and treatment.

Managers had the skills, knowledge and experience to perform their roles. Managers were encouraged to attend leadership training. Leaders were supported to develop new roles and skills.

# Community-based substance misuse services

The service had a clear definition of recovery and this was shared and understood by all staff. Staff were passionate about recovery and supporting clients to meet their full potential. There was a clear recovery pathway.

Managers were visible in the service and approachable for clients and staff. Staff reported that managers were always available and welcomed offering advice and support. Staff and managers were observed to be approachable towards clients. Clients appeared to discuss matters comfortably with staff of all grades.

## Vision and strategy

The service's values were:

- person centred
- accessible
- sustainable
- accountable.

The services vision and values were embedded into the service via the induction process and discussed during team meetings.

Staff and clients had the opportunity to contribute to discussions about the strategy for the service. We saw evidence of clients being consulted regarding possible changes to the service. Staff were consulted about changes during internal meetings.

## Culture

Staff described feeling respected, supported and valued. Staff described good working relationships with senior managers and with other partner agencies.

Staff demonstrated positive work attitudes, described manageable caseloads and an enjoyable work environment. Staff felt there had been higher work pressures in the past due to increased caseloads but that stress levels were now reduced. Staff described feeling proud to be part of such a hard-working team.

Staff success was recognised by staff annual awards and a Delphi day to celebrate staff success and revisit the services goals and values.

The service had not had any bullying and harassment cases in the last 12 months. There was policy in place for staff to follow. A human resource team was available to oversee the bullying or harassment process.

All staff said they could raise concerns about abusive behaviour towards clients without fear of the consequences. Staff said they were confident managers would be supportive of any issues raised and deal with problems professionally.

Staff morale and job satisfaction were monitored via the annual staff survey and within supervision sessions. The last staff survey reported that overall staff said their wellbeing was good and this was reflected in staff interviews. However, 76% of staff surveyed said they felt exhausted when they came home from work.

Staff reported that the service promoted equality and diversity in its work. Equality and diversity training was mandatory and all staff had completed it. Staff had access to specific policies on equality, diversity and human rights.

Internal staff teams worked well together and where there were difficulties managers dealt with them appropriately. Managers described occasions where difficulties between staff members had been dealt with correctly and in line with the organisations policy. There was a human resource team available for advice and support.

## Governance

The service had governance policies, procedures and protocols that were regularly reviewed. All policies were up to date and included a review date.

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

Staff had implemented recommendations from reviews of deaths, incidents and complaints at the service level. A review of deaths was underway in conjunction with commissioners and the local health trust. Themes had been identified such as high levels of chronic disease and poor mental health. Recommendations were being implemented which included improving liaison with mental health services and increased access to specific health care such as screening for chronic obstructive pulmonary disease.

The service managers undertook a number of regular audits which included:

# Community-based substance misuse services

- nursing and midwifery council audit
- disclosure and barring service audit
- training audit
- environmental audit
- health and safety
- Care Quality Commission monthly audit.

Staff participated in audits which included medicines, client record keeping and prescription audits. Staff acted on the results of record keeping audits and made amendments to records where necessary. Managers were assured that improvements to client records made and could demonstrate an improvement in the audit results.

The service submitted notifications of client deaths to the Care Quality Commission. The service did not submit safeguarding notifications to the Care Quality Commission as they are required to do so. The service submitted data to the national drug treatment monitoring system. The service collated data requested by commissioners. A new data administrator had been appointed to support the collation of data. The service did not submit notifications to external safeguarding teams such as the local authority for vulnerable adults. The service made regular internal referrals to psychology, counselling, employment support and outreach departments.

Staff understood the arrangements for working with most other teams, both within the provider and external, to meet the needs of clients. The service worked with a wide range of external partners. The service had internal pathways and departments that staff knew well and utilised. However, the service did not refer clients to the local authority safeguarding team when it was appropriate to do so.

There was a whistle blowing policy in place. Staff described feeling confident to raise concerns and felt any concerns would be acted upon.

## Management of risk, issues and performance

There were quality assurance management and performance frameworks in place that were integrated within the services policies and procedures. The service had systems and processes in place to manage risk and understand performance. The service collated key performance indicators that were discussed within team meetings, manager meetings and management supervision.

The risk register was maintained by the clinical lead who had responsibility for clinical risk. Information within the risk register fed into senior leadership meetings, governance meetings and managers meetings. Outcomes from these meetings fed into team meetings. Staff were aware of the risk register and could escalate concerns.

Concerns on the risk register included:

- client death
- client death or harm due to prescribing to clients using new psychoactive substances
- lack of staff recruitment.

Cost improvements were taking place. The service had overspent the annual budget and was looking for ways to make efficiency savings. Several costs were being analysed and considered. The service had plans in place to ensure they did not compromise client care.

## Information management

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. The client electronic recording system had been improved to support staff and promote efficacy. Staff could now easily locate client information and documents.

Managers had access to information to support them with their management role. This included information on the performance of the service, staffing and client care. There were a number of performance measures available to managers. Managers used this information to make improvements to the service where necessary. This included client outcomes.

All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it. Staff had access to computers and laptops that were password protected. There were enough computers and laptops to allow staff to access information quickly when needed.

There were information-sharing processes for staff to follow. There was an information sharing agreement included within client records. Clients signed an agreement to allow staff to contact third parties. This included confidentiality agreements in relation to the sharing of information and data.



# Community-based substance misuse services

There were joint-working arrangements with other services. This included a social housing association, sexual health provider and mental health trust.

## Engagement

Staff, clients and carers had access to up-to-date information about the work of the provider and the services they used. Staff had access to the intranet and electronic policies. Clients and carers had access to leaflets, a website and social media. Managers met with clients and carers to discuss changes and seek opinions.

Clients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Feedback was sought via comment cards, group feedback, the complaint process or an informal discussion. There were plans to introduce an electronic feedback system. It was hoped this would increase feedback and support easier analysis and information sharing. Senior managers were involved in the feedback processes.

Managers engaged with external stakeholders, such as the commissioners. There were regular meetings to discuss improvements and service developments.

## Learning, continuous improvement and innovation

The organisation encouraged creativity and innovation to ensure up to date evidence based practice was implemented and imbedded. The family worker was delivering an accredited family support group meeting. Employment workers had been employed to deliver employment opportunities to clients at all stages of the recovery pathway. The service was involved in partnership working with other agencies to introduce a housing scheme for clients newly released from prison. It had been identified that clients often relapse during the early stages of abstinence. A staff role had been appointed to support clients in early abstinent stages. A multidisciplinary approach was being used to prevent future deaths. The service was working with commissioners, the mental health trust and other organisations to promote the health and wellbeing of the most at-risk groups. The service was contributing to the drug related death audit for the home office, an injecting survey for Public Health England, and a postgraduate academic degree study on the alcohol treatment pathway.

The service assessed quality and sustainability impact of changes including financial. The service was aware of increasing funding cuts to their own service and others. Managers were considering more effective ways of working to lessen the impact on quality and safety.

# Outstanding practice and areas for improvement

## Outstanding practice

Clients often struggled to engage with primary care services such as dentistry. A dental day was successful in

treating 48 clients via a dental bus. This was a joint initiative with the British Dental Association. The dental day was a service that had been operating for a number of years and was embedded into the service.

## Areas for improvement

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

- The provider must ensure that staff always follow safeguarding processes in line with statutory guidance and internal policies and procedures.
- The provider must submit all safeguarding notifications to the Care Quality Commission.

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

- The provider should continue with improvements to the quality and consistency of risk management plans and recovery plans. Risk management plans and recovery plans should include all risks and needs as identified in risk assessments and assessments.
- The provider should ensure that all staff appraisals are completed in a timely manner.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents <b>The provider had not submitted any safeguarding notifications to the Care Quality Commission</b> Regulation 18 (2) (b)



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

Treatment of disease, disorder or injury

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**The provider had not referred safeguarding adult concerns to the local authority**

**The provider had not followed their own policies and procedures relating to safeguarding**

Regulation 13 (1) (2) (3)