Drug and Alcohol Wellbeing Service (DAWS)

Quality Report

32A Wardour Street
London
W1D 6QR
Tel:0207233 3553
Website:http://www.turning-point.co.uk

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

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

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

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

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

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The provider had made improvements since the previous inspection in September 2016. At our previous inspection, we found that the provider did not have appropriate fire safety arrangements in place, that medicines management wasn't as robust as it should have been and that staff hadn't received immediate life support training. At this inspection, we found that the provider had taken the appropriate action to improve the service.
- Staff had addressed outstanding actions from fire safety risk assessments and were aware of what action to take in an emergency. Medical equipment had been calibrated and the environment was clean and tidy. Handwashing facilities were available across all sites.

Summary of findings

- Medicines were stored in a secure, organised and tidy fashion at the appropriate temperature. The provider had updated its medicine policy to ensure an appropriate policy was in place for the storage of medicines. Medicines were prescribed in accordance with national guidance.
- Staff were skilled, experienced and knowledgeable about substance misuse and had a good understanding of clients' needs. The majority of staff had now completed immediate life support training.
- Clients were positive about staff and felt involved in the planning of their treatment.
- The provider had a good outreach and peer mentor programme for clients. A range of employment and education opportunities were available to clients.
- Staff held effective multi-disciplinary meetings and worked well in partnership with external local agencies.
- The provider monitored the length of time it took to assess clients. The majority of clients were assessed within five days of being referred. Client assessments were detailed and comprehensive.
- Staff described senior managers as visible and approachable. The provider had an effective governance framework. Complaints and incidents were investigated in a timely manner with learning and feedback given to staff

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

- Staff had not undertaken all the mandatory training required by the provider
- Risk assessment were not always consistent, some were informative and comprehensive whilst some did not reflect the client's current level of risk.
- Not all staff received supervision on a regular basis.
- Staff did not always have the time to undertake the training and development programme that was available due to increases in referral rates and higher caseloads without increased staffing levels.

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Background to Drug and Alcohol Wellbeing Service (DAWS)

The Drug and Alcohol Wellbeing Service provides advice, support and treatment for young people and adults with drug and alcohol problems within the London Boroughs of Hammersmith and Fulham, Kensington and Chelsea and the City of Westminster. It is commissioned jointly by the three boroughs.

The service came into being on 1 April 2016, replacing a range of substance misuse and recovery support organisations across the three boroughs. The service was previously known as the Three Boroughs Recovery and Wellbeing Network but recently changed its name to the Drug and Alcohol Wellbeing Service. Clients using those services were transferred to the new organisation. The service comprises a substance misuse recovery service run by Turning Point and Blenheim Community Drug Project This inspection only looked at the services provided by Turning Point.

The service had three main locations with one in each of the three boroughs, in addition to smaller satellite sites. The purpose of Turning Point's service is to support the recovery of those living with drug and alcohol problems within the three boroughs and to reach as many people in those communities as possible. To meet this objective the service undertakes outreach work in the local community, including hostels and also provides a Resolution Clinic outside working hours to support clients who need evening appointments because of work or family commitments. Services include brief interventions, one-to-one and group support, including 12-step programmes, peer support services and rehabilitation. The service was commissioned to see alcohol users and conduct community detoxes when required. However the majority of clients were referred to a separate provider for this treatment.

Staff also support clients to access other services, including physical and mental health services, as well as housing and welfare. At the time of our inspection the service was providing support to over 1,000 clients.

Inspectors previously visited the service in September 2016. We did not rate this service at our previous inspection. Following the September 2016 inspection we told the service it must take the following actions to improve the service:

- The provider must ensure that all necessary actions identified by fire safety assessments are completed within the stated time frame.
- The provider must ensure that all medicines are stored at an appropriate temperature and that an appropriate medicines policy is in place for the storage of medicines.
- The provider must ensure that all staff with immediate life support training are up to date with this training.

We issued requirement notices in relation to the following breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12 Safe care and treatment

Our inspection team

The team that inspected the service comprised of a lead CQC inspector (inspection lead), three other CQC inspectors, a CQC pharmacist inspector, a CQC assistant inspector and two specialist advisors who were nurses in addictions.

Summary of this inspection

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. We also inspected this service to follow up on required improvements that we identified at our previous inspection in September 2016.

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited each of the three sites where services are provided in each borough
- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with five clients
- spoke with the operations manager, quality manager, lead nurse, clinical director and two service managers
- spoke with 22 other staff members employed by the service provider, including consultant psychiatrists, nurses, wellbeing workers, support workers and a clinical psychologist
- spoke with three staff members who worked in the service but were employed by a different service provider, including a service manager, education and employment co-ordinator and family worker
- spoke with two peer support volunteers
- attended and observed one hand-over meeting and a multidisciplinary meeting
- looked at 18 care and treatment records, including medicines records, for clients
- observed medicines administration at lunchtime and three clinical reviews
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

During our inspection we spoke with five clients. Clients were positive about the service and about their interactions with staff. Clients spoke positively about wellbeing staff and found them easy to communicate with. Clients said staff were knowledgeable and they felt involved in the planning of their care and treatment. Clients said that the service informed them of any changes to the service on a regular basis.

Clients felt the environment was safe and comforting and enjoyed the drop in clinics and warm welcome breakfasts. Clients felt this helped them have structure to their life and to socialise with others and were happy with the opportunities to access support for education and employment. Clients were positive about the support they received to stay in contact with friends and families.

Clients at the Hammersmith and Fulham site did not like the new system in use for organising clinical reviews and felt waits had increased. They also felt the reception area at this site was small and cramped.

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 provider had taken action to improve the safety of the service. Staff had addressed actions from fire safety risk assessments.
- Medicines were stored at an appropriate temperature with a provider medicine policy in place for the storage of medicines.
- Medicines were stored securely across all locations.
- All but one member of staff had completed immediate life support training
- Staff had a good understanding of safeguarding.
- Clients had a physical health examination before medicines were prescribed. Staff communicated well with clients' GPs.
- The service had a duty system to ensure there were a sufficient number of staff available to meet clients' needs.
- Staff had a good understanding of the incident reporting process and received learning and feedback from incident investigations.

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

- Areas of mandatory training, including information governance and positive behaviour support training were not compliant with the service's 85% target.Areas of mandatory training, including information governance and positive behaviour support training were not compliant with the service's 85% target.
- Staff had not updated some risk assessments to reflect the client's current level of risk.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Medicines were prescribed in accordance with national guidance. All clients were offered testing for blood borne viruses and vaccines where appropriate.
- Client assessments and care plans were detailed and comprehensive.

Summary of this inspection

- Clients had access to a range of psychology groups and psychosocial interventions.
- Clients had access to a wide range of group programmes that supported them with reducing substance use, working towards detoxification or rehabilitation and to maintain abstinence.
- Clients who were recently referred or assessed attended a warm welcome group with other clients to introduce them to the service.
- The service had a peer mentor programme (A programme for clients that had experience of substance misuse who now helped other clients to recover) that worked and developed many peer led initiatives.
- Clients with low level of use of drugs and alcohol had access to specifically tailored cognitive based therapy sessions in evenings.
- Staff were experienced, knowledgeable and skilled in delivering substance misuse services.
- Staff worked well with partnership providers and external agencies and services.

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

- At the Hammersmith and Fulham site, the service had recently changed its format for clinical reviews and prescribing clinics. We observed clients who experienced longer waits and became agitated as a result of this change.
- Some staff did not receive supervision on a regular basis.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were positive about staff and found them approachable, polite and easy to contact.
- Clients felt involved in the planning of their care and were offered copies of their care plans.
- Staff demonstrated a skilled understanding of clients' needs and supported them through different pathways.
- Staff supported clients to maintain relationships with families and carers.
- Clients could provide feedback through user forums and feedback forms.

Are services responsive?

We do not currently rate standalone substance misuse services.

Summary of this inspection

We found the following areas of good practice:

- The service ensured the majority of new referrals to the service were assessed within five days.
- Staff developed detailed re-engagement plans with clients and had agreements with local services to identify those not engaging with wellbeing workers.
- Clients had access to an innovation fund to assist and develop their skills for employment or education.
- Clients who worked during the day or could not access the service had access to an evening clinic to receive support with their recovery.
- Clients knew how to make a complaint about the service and staff handled complaints in a timely manner.
- Information leaflets were available in a number of different languages for clients whose first language was not English and reflected the local demographics of the area.

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

- The reception area at the Hammersmith and Fulham site was small and visibly cramped.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Managers across the service were skilled, knowledgeable and experienced.
- Staff felt managers were visible and approachable.
- The provider published a monthly clinical newsletter to keep staff up to date with changes in policy and practice.
- Staff felt respected, valued and supported by managers.
- The provider had good governance systems in place to ensure the effectiveness of the service.
- The management team monitored caseload reports, safeguarding, care plans and risk assessments to ensure staff met clients' needs.

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

- Some staff did not have enough time to spend on their own career development.
- There was mixed feedback about the morale of the service due to increasing caseloads.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- At our previous inspection we identified that staff were not trained appropriately in the Mental Capacity Act, including its main principles. At this inspection we saw improvement. Eighty-eight percent of staff had undertaken training in the Mental Capacity Act. Staff had a good understanding of the MCA and knew the principles of the Act and how to support someone who may not have capacity to consent to treatment. Staff were aware of the need to obtain consent from clients regarding their treatment. Staff could refer to the provider's MCA policy or to senior managers for advice.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The entrances to each service were locked. Staff controlled access to the buildings via closed circuit television to allow them to identify clients. However at the Hammersmith and Fulham site, a fire exit door led on to the main street and could be used to exit the building. Staff left the latch on the door unlocked most of the day meaning clients would potentially be able to access the staff area of the building. We informed managers of this during our inspection. The managers addressed this by asking staff to use the front door as the only exit, so the side entrance could remain locked.
- Interview rooms across the three sites had an alarm to summon staff for assistance. Each site used closed circuit television in communal areas.
- Each site had a clinic room. All clinic rooms had an examination couch, blood pressure machine, and weighing scales. Equipment had been calibrated to ensure they gave accurate readings. The examination couches could be cleaned and had protective covers.
- At our previous inspection we identified that some staff were uncertain as to what procedures should be followed in an emergency physical health situation. At this inspection we observed that this had improved and staff knew the actions to take during an emergency. In the case of an emergency staff would immediately call for an ambulance. Staff also had access to Naloxone in an emergency grab bag, which in the case of a suspected opiate overdose, a nurse or doctor would administer while waiting for emergency services to arrive. Staff gave a detailed description of signs or symptoms they would look for if they had to consider the use of Naloxone.
- Each site had a first aid kit available to staff. All sites had fire safety wardens and trained first aiders. At our previous inspection we identified that several items in the first aid box at the Westminster site were out of date. At this inspection we observed that all items across all three sites were within date.
- Each site had mostly clean and well maintained areas. However at the Hammersmith site some areas of the building required maintenance or repair. This included a faulty access key to the staff area. Staff knew of this and had identified this as a risk with an estimated date for repair.
- All sites were visibly clean and cleaning records were up to date which demonstrated that the environment was regularly cleaned.
- At our previous inspection we identified that some of the soap dispensers at Hammersmith and Fulham and Westminster sites were empty. At this inspection hand washing gel was available to staff at all sites. Staff regularly disinfected medical equipment. Each site had hand washing posters located over sinks to ensure staff were aware of infection control principles.
- Staff disposed of needles and other sharp objects in sharps bins provided. The provider had a contract with a waste management company to dispose of used sharp bins and clinical waste. Staff gave clients injections and vaccinations at the service. Blood spillage kits were available.
- At our previous inspection we identified that four areas requiring action after a fire safety assessment had not been completed by staff, breaching a three month deadline imposed by the assessor. The independent assessor had identified each of these as areas of medium risk, including the need to ensure all fire exits were clearly marked. At this inspection we reviewed the most recent fire safety assessment undertaken in

October 2017 and observed that the service had completed the necessary actions. The service had appointed a health and safety officer who conducted monthly health and safety checks with detailed action plans. In relation to the fire safety assessment, some examples of actions undertaken included making sure fire exit signs were clearly visible, staff members with mobility issues had personal emergency evacuation plans, each site also had clear fire assembly point signs and fire extinguishers were within date.

Safe staffing

- The service operated as part of a partnership between Turning Point and a different local provider. Turning Point provided the clinical aspects of the service. Turning Point also employed the non-clinical staff, including service managers and staff, at the Westminster and Hammersmith and Fulham sites. At the Kensington and Chelsea site, the service manager and staff worked for Blenheim, a partnership provider sub-contracted by Turning Point.
- Each site had a service manager to oversee staff and operations. Three team co-ordinators supported the service manager at the Westminster site. At the Hammersmith and Fulham and Kensington sites, two team co-ordinators supported service managers, totalling seven across all services. Three doctors worked three days a week at each site to assess clients' needs and prescribe medicines as needed. The staff team also included six nurses including three non-medical prescribers (one NMP was an agency worker), 32 wellbeing workers and three support workers.
- To support staff across all services, there were two operations managers, one of whom worked for the provider, the other for the partnership provider. Additionally there was a peer and volunteer mentor manager, a community development manager, three administrative and performance staff, one administrative manager, a nurse manager, an outreach and brief intervention co-ordinator, two partnership and innovations managers, a clinical psychologist and assistant psychologist, a counselling co-ordinator, a service user involvement worker, one family and criminal justice manager, an education, training and employment (ETE) manager, three family workers, five education and training employment workers and 6.5 whole time equivalent (WTE) criminal justice workers.
- At the time of the inspection the service had a vacancy for a non-medical prescriber. An agency staff member currently filled this position. Before employing agency staff to work at the service, managers reviewed prospective staff members' CVs to ensure they had the relevant experience and interviewed them. There was one more vacancy for a support worker, which the service had not filled. However shortly after the inspection, the service informed us that both positions had been filled and staff were engaged with pre-employment processes.
- We reviewed staff recruitment records for permanent staff and found that the service had made appropriate checks to ensure their fitness to work with clients at the service including interviews, criminal disclosure and barring checks and written references.
- In the previous year the service had a turnover of 18.5% of staff and a sickness rate of 4.8%. In the same time frame, agency staff covered 2.6% of all shifts. Turnover had decreased since April 2017 and managers and staff we spoke with felt turnover had stabilised since this period.
- The service had a system to keep staff updated on client referrals and those who were waiting to be allocated. At the time of the inspection there were no clients on the waiting list.
- Wellbeing workers had a caseload of approximately 40-50 clients at the Westminster and Hammersmith and Fulham sites, and 30 clients at the Kensington and Chelsea site. Staff we spoke with felt caseloads were generally manageable but noted the increase since our previous inspection. Managers routinely followed a caseload review process during supervision and in team meetings. This risk based process reviewed clients' needs, for example, with monthly prescribing. In supervision, service managers reviewed caseloads, called client forecasting, to ensure clients did not get lost in the system. This system ensured managers distributed caseloads evenly and with the correct skill mix. Team co-ordinators also supported wellbeing staff with caseloads and acted as their first point of contact.
- Staff leave was managed to ensure there were sufficient staff across the service. When staff were on leave or ill, a duty worker and duty manager would cover caseloads. Duty staff would contact clients when the allocated

wellbeing worker was unavailable and notify them of the wellbeing worker's absence. Team co-ordinators would liaise with duty managers and duty workers to ensure their needs were met.

- The duty team consisted of a duty manager, a full time support worker and a member of wellbeing staff on a rota basis. Four different wellbeing workers each covered one or two days a week on the duty team. Additional responsibilities for duty workers included checking fridge and room temperatures, for example, for naloxone, and contacting clients for assessment. The duty manager supported the co-ordination of this and ensured a wellbeing worker was assigned to clients.
- During the week, staff were always able to speak with a staff member who could prescribe medicines. This would be either the consultant psychiatrist or nursing prescriber depending on the day of the week.
- Managers and staff were required to undertake mandatory training. Mandatory training modules included duty of care and handling of incidents, equality and diversity, fire safety, first aid, handling information, health and safety, infection control, introduction to governance, mental capacity act, positive behaviour support and safeguarding children and adults levels one and two. The majority of staff had completed all mandatory training modules, however only 67% of staff had completed introduction to governance training and only 70% of staff had completed positive behaviour support training which was below the providers target of 85%.
- At our previous inspection we identified that not all staff required to undertake immediate life support training had completed it. At this inspection all relevant staff had completed Immediate life support training. One member of staff's training had expired however they were booked in to the next training session. Until completion of their training, the member of staff was working alongside a nurse who had completed it

Assessing and managing risk to patients and staff

- Staff undertook a risk assessment for areas of potential risk when clients first accessed the service. This included areas of risk such as mental health, forensic history, substance misuse, education, social background and family history. The risk assessment indicated whether risks were current, historical or had never been a risk. Staff developed a risk management plan with actions and rationale.
- We reviewed the risk assessments and management plans of clients. The majority of risk assessments were detailed, comprehensive and updated on a regular basis. Staff updated clients' risk assessments every three months or on a more frequent basis depending on the risk. Each risk assessment we reviewed contained a comprehensive plan for managing the client's individual risks. However, staff had not updated two risk assessments to reflect the client's current risk.
- Staff saw clients on a fortnightly basis, or more frequently if they were at higher risk. Staff regularly reviewed and discussed client concerns in morning meetings and multi-disciplinary meetings.
- Clients had a medical assessment when they first attended the service. Staff took clients' weight, pulse and blood pressure prior to prescribing any medicines to ensure safety. Staff followed up clients' physical health by conducting further medical assessments every three months.
- Staff made efforts to communicate with GPs to obtain medical and drug histories prior to the prescribing of medicines. This meant that clinicians had access to medical information necessary to ensure that they prescribed medicines safely. The service conducted audits on communication with GPs to ensure staff sent discharge and similar letters.
- Staff undertook mandatory training in safeguarding of both adults and children at risk. Ninety-three per cent of staff had completed this training. The service had robust procedures in place to ensure staff raised and responded to safeguarding matters appropriately. Staff we spoke with knew the provider's safeguarding procedures and gave examples of safeguarding concerns they had dealt with. Staff knew when to raise a safeguarding alert with local authorities, for example, in instances of domestic violence and regularly liaised with the Multi-Agency Risk Assessment Conference (MARAC - for people in domestic violence relationships at risk of murder or serious harm). The service kept a

safeguarding register for all safeguarding cases. The psychologist reviewed the safeguarding register on a regular basis and gave examples of ongoing safeguarding cases they had supported staff with.

- The service had an organisational lone working policy for staff dated March 2015. This was due for review in March 2018. When staff undertook home visits or outreach work, they signed in and out of a folder to notify others where they were. Staff said home visits were rare, but when they did occur they would go in pairs and would phone managers when they arrived and left.
- The service did not dispense any medicines. When staff prescribed medicines for clients, clients collected these prescriptions and took them to a local pharmacy.
- The service provided holiday take away prescriptions depending on the situation and individual risk for each patient. Staff made a decision on an individual basis and could refer to the provider's policy.
- Medicines were stored securely across all locations. All medicines were in date apart from one Pabrinex found at Acorn Hall, which had expired in March 2017.We brought this to the attention of the provider who agreed to dispose of it immediately. At our previous inspection we identified that medicines were not stored in an organised or tidy way. At this inspection, across all three locations, we found that medicines were not stored in a dedicated cupboard and medicines were stored alongside other medical equipment. However the medicines were stored in an orderly and tidy fashion within a locked cupboard. The same staff members accessed both the medicines and the medical equipment (e.g. nurses and doctors). Controlled drugs (CD) were not stored at any of the locations.
- We found that the emergency medicines at each hub contained adrenaline used in case of anaphylaxis. This was in line with National Institute for Health and Care Excellence (NICE) guidance. The recommended dose for adults is 0.5mg every five minutes, if needed, according to pulse, blood pressure and respiratory function. The Hammersmith and Fulham site had 0.15mg doses of adrenaline instead of the standard 0.3mg. Upon discussion, the site replaced the 0.15 mg Epipen with 1mg ampoules. Nurses and doctors were responsible for administering this injection in case of emergency at all three sites. The service made efforts to provide naloxone to clients and we found that the batch number and expiry dates of the supplied medication were in line with the provider's protocol.
- At our previous inspection we identified that medicines were not stored at an appropriate temperature and that the provider did not have an appropriate policy for the storage of medicines. At this inspection we saw the provider had made improvements. The policy for storage of medicines was appropriate for use. We found that the clinical room temperatures where medicines were stored were just less than 25°C on the day of inspection. However we saw records where they were found to be over 25°C in the past three months (Acorn Hall).The chief pharmacist showed us evidence that they had contacted the medicines manufacturer to determine the safety and efficacy of these medicines, and this information had been used as the basis for a risk assessment which identified they were safe for use for 12 months, when stored below 30°C (six months if below 40°C).Because the service used these medicines outside of their licence, we saw evidence of client consent gained before they were administered. Each site had records of medicines fridge temperatures, which included minimum, current and maximum temperatures, as well as room temperatures. However, we found that on three separate occasions, staff had not logged both room and fridge temperatures on all three sites. The clinical impact of this was low as all temperatures seen were within the appropriate range.
- Staff knew how to escalate concerns about medicine related incidents, how managers would investigate them and how the service would implement the actions. Staff would enter an incident report on the electronic recording system and send this information to the Chief Pharmacist who would, for example, provide advice about the stability of the medicines stored.We saw evidence of advice from the Chief Pharmacist.
- Staff who administered medicines and offered advice to clients regarding prescription medicines had regular competency checks on medicines management to ensure that their practice was in line with current guidelines.

Track record on safety

- The service reported 15 serious incidents requiring investigation in the previous year. The service had a low threshold for what it categorised as a serious incident. The majority of serious incidents related to staff not allowing patients to enter the service due to turning up intoxicated or under the influence of substances.

Reporting incidents and learning from when things go wrong

- Staff described how they had or would, report incidents and what constituted an incident. These included medicine errors and verbal or physical abuse from clients. The service recorded all incidents on an electronic recording system to develop actions and record investigations. Staff had a clear understanding of how to report an incident on the electronic recording system.
- Staff were open and transparent, and gave clients and families a full explanation if and when things went wrong. For example, we saw a report about an incorrect prescription. Staff notified and apologised to the client for the error.
- The service provided feedback from investigations of incidents and staff described examples of learning from incidents. Staff discussed learning from incidents in three different forums. This included the business meeting, multi-disciplinary team meeting and mini meetings amongst staff to discuss outcomes from managers meetings and what could have been done differently. Staff gave an example of learning from an incident involving dispensing issues regarding a local pharmacy. The service now notifies all pharmacies following a newly issued prescription to ensure there are no repeats of the incident.
- Staff said they received debriefing following incidents and had access to occupational health and counselling services if needed. Staff gave an example of support they received after a recent client death, where they discussed the sad event in both team meetings and supervision. The psychologist also chaired complex care reviews and gave reflective practice on certain cases.
- Staff we spoke with understood the duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify clients, or other relevant persons, of certain notifiable safety incidents and provide reasonable support to that person.

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

Assessment of needs and planning of care

- We looked at 18 care and treatment records of clients using the service. Staff undertook a detailed assessment of each client. This included information on the client's GP if they had one, recorded contact information for the client and their family members, consent to share information and current and historical substance misuse history.
- Care plans were detailed, comprehensive and updated every three months, if not more frequently, depending on the client's needs. Care plans supported clients to build on strengths and work towards their goals in a recovery focused format. Care plans highlighted attendance at group programmes and service user groups with documented recovery sessions with the client's allocated wellbeing worker. All care plans included clients' views or had a description of reasons why clients had chosen not to disclose their views. Additionally, we saw evidence of liaison with social services to improve clients' social circumstances.
- We observed a consultation between a client and a wellbeing worker. The wellbeing worker spoke to the client about their care plan and gave the client support in an informative and empathetic manner.
- Staff used a validated opiate withdrawal scale known as the Clinical Opiate Withdrawal Scale (COWS) during assessments. Clients' alcohol dependency was assessed using the Severity of Addiction Questionnaire (SADQ) in accordance with national guidance. This meant staff could assess and monitor clients withdrawal symptoms over time.
- Staff had readily available access to client information on an electronic system. Information was stored securely and maintained client confidentiality.

Best practice in treatment and care

- Staff prescribed medicines recommended by national guidance (Methadone and buprenorphine for the management of opioid dependence, National Institute for Health and Clinical Excellence (NICE), 2007; DH, 2007; NICE, 2011). The service had recently updated the opiate prescribing policy to comply with newly released national guidance.
- Staff conducted electrocardiograms (ECGs). Some clinicians were not confident in interpreting the results. When this was the case there was evidence of them being referred to a third party organisation to be clinically interpreted. Clients who were taking more than 100mls of methadone, or clients with pre-existing cardiac conditions were routinely offered ECGs. This was confirmed by records.
- Prior to treatment, staff offered clients blood borne virus testing for hepatitis and HIV. If a client tested positive for hepatitis, a nurse administered the Hepatitis B vaccine under a validated patient group direction (PGD).The service offered psychological therapies and psychosocial interventions to clients. The psychologist worked across three sites and provided National Institute for Health and Care Excellence (NICE) recommended psychological therapies, including Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), behavioural couples' therapy, mindfulness and motivational enhancement.
- Clients had access to group programmes that supported them with reducing substance use, working towards detoxification or rehabilitation and to support and maintain abstinence. This included engagement groups, preparation/stabilisation groups, introduction to recovery, treatment completion and advanced recovery and detoxification support. Groups ran from four to 12 weeks depending on the group.
- The service operated a care co-ordination model. This meant that all clients had an allocated worker, but also accessed support from other staff members who did not hold caseloads, for example, family workers, peer mentors, community development co-ordinators and criminal justice workers. Clients had access to a wide range of different support systems.
- At the Hammersmith and Fulham site, the provider had recently changed the format for its clinical review and prescribing clinics. The new system involved booking simultaneous appointments for up to four clients at a time, previously they were seen consecutively. Staff anticipated clients would have to wait longer in reception as a result, which could cause altercations and build tension. We observed some clients were becoming agitated and arguing with staff about appointment times not being respected. Staff told us assessing clients under these circumstances could be challenging and potentially increased the risk of clinical error, impacting on the quality of care for clients. During our inspection, managers at the service reviewed this process and made a decision to reduce the number of clients attending each clinic and added an extra wellbeing worker to support the running of the clinics.
- The service was commissioned to see alcohol users and conduct community detoxes when required. However the majority of clients were referred to a separate provider for this treatment. Treatment and support included key working sessions with a harm reduction focus and signposting to other relevant agencies, for example, mental health, housing, employment, benefits and primary care services. Staff supported clients requiring alcohol detoxification to access the services of the Change, Grow, Live provider.
- At our previous inspection, we identified that some clients were prescribed diamorphine. We observed that the drug was dispensed daily (as recommended by national guidelines) to only two out of seven clients. The other five clients visited twice a week to pick up medication instead of the daily recommendation. At this inspection, we observed that diamorphine was dispensed by pharmacies in the community on a daily basis. Staff informed us that the service had inherited some clients on diamorphine from a different service and they were in the process of being switched to other substitution medication. Clients still prescribed diamorphine received a medical review every three months or more frequently if necessary. The service now ensured doctors observed clients injecting with oral fluid swabs, backed up with urine testing. The psychologist at the service was setting up a specific motivational group for clients on diamorphine to encourage them to look at coming off the prescription in the future.
- The provider ensured that they trained relevant staff (doctors, nurses, wellbeing workers) on providing

Naloxone to clients. Naloxone is an emergency medicine that is used to reverse overdoses of heroin and other opioids (e.g. methadone, morphine). The main life-threatening effect of heroin and other opioids is their ability to cause respiratory depression. Naloxone blocks this effect and reverses the breathing difficulties when used correctly. New regulations came into force on 1 October 2015, which widened the availability of naloxone. Staff also did outreach work in local hostels in an attempt to ensure that naloxone was available for use there.

- Staff recorded client outcomes, using the Treatment Outcome Profile (TOPS). This recorded client outcomes from when clients entered treatment and every three months following this. A final outcome measurement was undertaken when the service discharged clients.
- Staff undertook clinical audits regarding clinical practice in relation to treatment outcomes and key milestones, prescribing, infection control, safeguarding and safety checks of clinical equipment. Managers shared results through monthly clinical newsletters, team meetings and business meetings.
- Each site had a warm welcome group for recently referred and recently assessed clients. The duty manager led this group and was supported by peer mentors. Throughout the day different groups were available to clients and staff provided snacks and hot and cold drinks.
- The service had a peer mentor manager and worked to develop peer led initiatives. Initiatives developed by the peer mentor manager included a Saturday social club, welcome to treatment groups that provided information about treatment options and SMART recovery meetings facilitated by peer mentors. Peer mentors also ran a chem smart group that specifically focused on issues in the chemsex community. Chemsex involves people taking drugs just prior to having sex. Female peer mentors had also consulted with female clients and developed a women's group.
- Peer mentors ran a level two award through a national open college network in employability skills that took place over eight weeks. This skilled up clients to undertake a peer volunteer role within the service and included safeguarding, confidentiality, and inter-personality skills. Peer mentors conducted an introduction to group work training session to help support wellbeing workers with structured group work programmes including goal setting, substance misuse awareness and recovery and integration.
- For clients who had low level use of drugs and alcohol, the service offered CBT based sessions. This ran in the evenings as the majority of the clients were in full time employment. Staff informed us that referrals were increasing for this type of group. Staff, supported by peer mentors ran a three borough group work programme to for clients who needed this type of support.

Skilled staff to deliver care

- The service had access to a full range of disciplines to care for the client group. This included doctors, psychologists, nurses, education workers, outreach workers and therapists.
- The service employed three doctors who worked three days at each site. The doctors were specialists in addictions and had experience working with the client groups. The service's medical director supervised the doctors every six to eight weeks.
- The service had skilled and experienced staff across all sites. Managers in the service had extensive experience in substance misuse services. Team co-ordinators and wellbeing workers had previously worked in other substance misuse services.
- Staff had supervision on average every six to eight weeks. Staff also had access to monthly clinical group supervision sessions known as complex case reviews. In individual supervision sessions, records we reviewed demonstrated staff had the opportunity to discuss a range of relevant topics. Signed supervision records demonstrated that staff had agreed the contents of the documents. Staff we spoke with felt supervision sessions were useful and helped them manage their workloads. Information provided by the service showed that 75% of staff had received supervision within the allotted timescale. The service had developed an action plan to bring this percentage up after conducting a risk and assurance audit in October 2017. The action plan also highlighted appraisals, as only 79% of staff had received an appraisal in the last year.

- At the time of our inspection many staff were in the process of, or had received, specialist training in a variety of areas. Three members of staff were working through competency assessments and self-assessments, which were reviewed by managers and informed training plans. The provider had recently supported two nurses to train as a non-medical prescriber.
- The service addressed poor staff performance promptly and effectively. Managers were supported by the human resource department to address staff under-performance.

Multidisciplinary and inter-agency team work

- The service held multidisciplinary team meetings twice a month. During our inspection we observed one of these meetings. Staff used these meetings to discuss medical updates, incidents, client involvement, outreach work, family work as well as health and safety. The meeting we observed was productive and the team worked well together. Staff recorded actions and outcomes of the meeting. The teams also discussed performance, compliments and complaints, partnerships and care pathways, policy review and internal quality assessments.
- Staff held effective daily morning handover meetings to discuss incidents, prescription management, health and safety, safeguarding, client concerns, assessments and environmental concerns.
- Staff worked in partnership with other local providers and shared case management for some clients. The service worked with a substance use team, staffed by social workers to support clients reintegrate into the community after detoxification and rehabilitation.
- Managers attended a borough managers meeting that included managers from the Change, Grow, Live provider and Blenheim. This meeting was used to discuss drug clinics, dual diagnosis working and outreach in the community.
- Staff regularly met with local hostel managers and attended a health action group every two months. This group included local hostel managers, alcohol services and various other service providers. The meeting was co-ordinated by the homeless rough sleepers' commissioner and discussed themes around collaborative working regarding homeless outreach and substance misuse. Criminal justice leads met with probation services and the police at integrated offender management meetings.
- The serviced tasked doctors at each site to develop relationships with local mental health services and were in the process of developing quarterly case management meetings. Doctors at local training hospitals received training at the service on substance misuse.
- The service had developed links with local hepatology providers. A nurse from the local hepatology service visited and saw clients at the service regarding physical health issues.

Good practice in applying the MCA

- At our previous inspection we identified that staff were not trained appropriately in the Mental Capacity Act, including its main principles. At this inspection we saw improvement. Eighty-eight per cent of staff had undertaken training in the Mental Capacity Act. Staff had a good understanding of the MCA and knew the principles of the act and how to support someone who may not have capacity to consent to treatment. Staff were aware of the need to obtain consent from clients regarding their treatment. Staff could refer to the provider's MCA policy or to senior managers for advice.

Are substance misuse services caring?

Kindness, dignity, respect and support

- During our inspection we observed staff interactions with clients which showed they were discreet, respectful and responsive, providing clients with help, emotional support and advice at the time they needed it.
- Clients we spoke with were positive about staff and the service. Clients told us staff were approachable, polite and easy to get in touch with. They said wellbeing staff had explored a range of treatment options with them and communicated any future changes to the service. Clients told us that staff had asked them for their consent to share information with other agencies and

that the environment felt safe and comforting. One client we spoke to felt waiting times for appointments at the Hammersmith and Fulham site were long which could lead to a crowded reception area.

- Staff understood the needs of clients, for example, they worked sensitively with sex workers and clients with domestic violence issues. They also showed a good understanding of criminal justice and liaised with probation officers when appropriate, for example, in relation to people coming from court on an Alcohol treatment requirement or drug rehabilitation requirement.
- We observed a clinical review during our inspection with an agitated client who was beginning to experience withdrawal symptoms. Staff demonstrated patience, compassion, empathy and understanding. Staff assessed the client in the heightened state of arousal and gave a detailed assessment to the client of their physical health and relevant risks associated with their treatment. The staff member was knowledgeable and experienced in regards to prescribing for substance misuse.

The involvement of people in the care they receive

- Staff supported clients to maintain relationships with families and carers. For example, one client told us of the support they received to visit and contact their relatives when their mother was ill in hospital which raised their spirits.
- Clients we spoke to had copies of their care plans and felt involved in the development of their recovery goals and objectives. Care plans we reviewed demonstrated that clients had signed for received copies of their care plans.
- Client feedback forms were located at reception. Staff gave examples of changes they had made as a result of feedback, for example, providing hot and cold drinks at reception.

Are substance misuse services responsive to people's needs?

(for example, to feedback?)

Access and discharge

- People living in the three local boroughs could refer themselves to the service or they were referred by external professionals or the partnership provider. Self-referrals and prison referrals accounted for nearly 50% of all referrals.
- Administrators added new referrals to the service system and then sent this to managers. Staff picked up emails locally, took people's names and added this to a referral database. Duty workers then contacted clients to advise them of drop in times at the service.
- At our previous inspection we identified that the provider should ensure it audits the length of time it takes for newly referred clients to have an assessment in order to ensure it was meeting its target of assessing clients within five days. At this inspection, we found the service monitored waiting times for assessments across each site. The average waiting time was 3.34 days.
- Staff offered clients an appointment after referral. The provider's policy stated that if clients failed to cancel, staff would send a letter to inform them of the missed appointment. If they still did not hear from the client staff called the client and made another appointment.
- In the previous year the service received 2051 referrals. Staff assessed 1099 clients (54%) following referral. Staff said this figure was a result of clients failing to attend their first offered appointment. Previously, the service contacted the referrer when the client failed to attend three appointments and closed the referral. The service had recently begun to call all non-attenders outside of 9-5 working hours to gain an understanding of why they failed to engage, in order to explore what could be done differently.
- If existing clients did not engage with the service, staff referred to the client's re-engagement plan. Staff developed this with clients and the plan included named individuals and homeless charities that might help with re-engagement.
- The service kept free appointment slots each day to ensure that if they received an emergency referral they were able to immediately respond. If new or returning clients wanted access to treatment, the service had drop in sessions where the duty team met them and could conduct a brief intervention assessment.

The facilities promote recovery, comfort, dignity and confidentiality

- Reception areas had magazines and leaflets for clients to use whilst waiting for an appointment. The reception areas at the Westminster site and Kensington and Chelsea site were large, bright and spacious. However the reception area at the Hammersmith and Fulham site was noticeably smaller and cramped. During the inspection we observed that some clients stood whilst waiting for their appointment with wellbeing workers.
- Each site had a number of interview rooms and group rooms. Each site had a clinic room which staff used for medical assessments, vaccinations and blood tests. Interview rooms had adequate sound proofing between the rooms to ensure clients could speak with staff in confidentiality.
- A range of information was available for clients in reception areas on alcohol, heroin, crack cocaine, cannabis, blood borne viruses, charities and mental health support.

Meeting the needs of all people who use the service

- The service was open seven days a week to ensure clients who had work or care responsibilities could access the service. During the week, working hours began at 10am, finishing at 8am.
- Each site catered to a diverse population. The service monitored the client demographics through quarterly submissions to the National Drug Treatment Monitoring system. The most recent quarterly report indicated that black and minority ethnic (BME) clients made up nearly 50% of all clients and females accounted for 25% of the total.
- The Grenfell fire had affected the local population and, as a result, the service met with local commissioners and mental health trusts as part of a local response team. The provider had seconded a member of staff to work in partnership with the local response team to assess needs as a result of the fire. The service had prepared for the possible long term effects of the fire and offered a night service at a local church for clients.
- The Westminster site did not have appropriate access for clients with mobility issues due to a steep and narrow staircase. To counteract this staff met clients with disabilities in their own homes or asked them to visit a more accessible satellite hub for appointments.
- A community development manager worked with small to medium enterprise services to assist and develop client skills. Clients could apply to an innovation fund to meet some costs.
- The service used an interpreter when the client's first language was not English. Members of staff across all sites came from differing backgrounds and knew a range of different languages. When needed, the service accessed an interpreting service to explain services, support assessments, treatments and interventions.
- Information leaflets and signs in reception areas were available in different languages for clients whose first language was not English.
- The service offered a resolution clinic to those in work or unable to access daytime services. Clients met with a member of staff to develop a care plan, recovery sessions and support with employment, education or training.
- Each of the provider's sites acted as a community hub open seven days a week. Different groups were available, including Alcoholics Anonymous, Narcotics Anonymous, recovery social clubs, Lesbian, Gay, Bisexual, Transgender (LGBT) services and sexual health services.

Listening to and learning from concerns and complaints

- The service had received nine formal complaints in the previous 12 months. Four of these were partially upheld, three were currently ongoing and two were not upheld. The service also addressed complaints on an informal basis.
- Clients knew how to complain about the service. Complaints leaflets and client feedback forms were available in reception areas if clients wished to make a complaint.

- More recent complaints related to upcoming changes with clients moving from injectable diamorphine and methadone to oral. Staff dealt with this by inviting clients in for one to one meetings to discuss their concerns.
- Staff handled complaints in a timely and appropriate manner. We reviewed complaints clients had raised. The service kept records of the complaint as well as the progress and outcomes of investigations.
- Staff told us about improvements they made as a result of a complaint. Managers reviewed initial complaints at manager meetings across the three sites. Managers fed back and discussed outcomes with staff at clinical governance meetings.

Are substance misuse services well-led?

Leadership

- The service managers had the skills, knowledge and experience to perform their roles. All three managers had an extensive background working with the client group. The provider gave managers time to attend additional training in leadership and management as part of the provider's management competency framework. Managers we spoke with were able to clearly describe how the service operated and how they ensured clients received a high quality service.
- The service had senior operations managers, partnership managers and outreach managers to support service managers with the operational aspects of the service. A clinical director, nursing manager and quality manager supported clinical staff.
- Staff described managers as being visible and approachable, working with an open door policy. During our inspection we observed that managers interacted with both staff and clients on a regular basis.
- The service had a quality and innovations manager who developed the training needs analysis for staff. The manager also supported staff with continuous learning and development. However staff we spoke to said there was little time to spend on their own development due to their current workloads.

Vision and Strategy

- Service managers and staff were familiar with the provider's vision and values and understood how this applied to their work. Senior managers published a monthly clinical update to staff to explain changes and developments in the service. Staff worked to provide integrated support for the recovery and wellbeing of clients and the wider community.
- Staff we spoke with felt they had the opportunity to contribute to future developments about the service. They gave suggestions and feedback to managers who fed back to senior managers within the organisation.
- Managers and staff understood how to deliver high quality care within budgets available. Operational managers met with commissioners on a quarterly basis to review budget performance targets. The main challenges around budgets related to staffing, in particular when staff went on long term sick leave.

Culture

- Staff told us they felt respected, supported and valued by their managers and the provider. Staff told us that managers acted as a bridge between them and senior managers and supported them with concerns they raised about the effectiveness of the service. The majority of staff we spoke to were positive about working for the provider.
- Most staff we spoke with felt comfortable raising concerns and said they could speak with service managers and borough managers. The service conducted an anonymous staff survey last year. As a result, the service looked at how improvements could be made. All staff we spoke with knew how to use the provider's whistleblowing process if they needed to.
- We received mixed feedback on staff morale. The majority of staff were positive. However, some staff raised issues regarding the changes in commissioning, sickness amongst staff and emotionally draining nature of the job. Staff had access to support for their own physical and emotional needs though an external occupation health service. Staff on long term sick leave also had access to an employee assistance programme.
- Staff appraisals included ongoing personal reviews that staff could discuss with line managers regarding their career development and how they could get support.

- Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Managers and staff members came from diverse backgrounds. Staff told us they were aware of the opportunities within the organisation for them to advance their career.
- At the time of the inspection, the staff sickness level for the year was 4.8%, which was average for the provider. Staff we spoke with felt sickness had improved recently, however they said sick leave increased workloads and impacted on caseloads as recruitment of agency staff to cover could take a long time.
- The provider recognised staff success within the service, for example, through staff awards. Externally, the peer mentor scheme had recently won the approved provider standard from the Mentoring and Befriending Council, awarded to models of best practice.

Governance

- The provider had appropriate governance systems in place to ensure services were managed safely and effectively. Staff carried our regular health and safety reviews of the environment and managers ensured there were sufficient staff on duty each day to meet client needs. The provider worked in partnership with Blenheim to run the service. As a result staff across both providers used Turning Point policies, shared safeguarding registers and uploaded incident records to the same system. Staff we spoke with felt this was a positive and beneficial relationship.
- Service managers signed off incident reports and forwarded these to the operations manager who had the authority to rate the incidents as low, medium or high risk. Staff escalated incidents rated as medium or high risk to senior managers who conducted a quarterly review. The senior clinical governance team reviewed incidents and gave feedback on how staff handled incidents through multi-disciplinary meetings and complex care reviews. Team meetings included a standard agenda item for learning from incidents and complaints.
- The service had a number of meetings to review its performance and operational effectiveness. This included weekly staff meetings, monthly performance meetings, quarterly clinical governance meetings, mortality review meetings, monthly managers meetings and quarterly regional managers meetings that all fed into the senior governance framework.
- Managers had access to a tracker to ensure staff completed paperwork appropriately and received supervision on a regular basis. Managers reviewed the paperwork tracker with staff in supervision. The quality manager and performance team compiled weekly caseload reports to review staff performance.
- The service used key performance indicators (KPIs) to monitor how the service was working and to set targets for managers to meet. Examples of targets included numbers of referrals, numbers of assessments, successful treatment completions and completion of care plans. Local managers then used this information to complete a quarterly performance summary for commissioners
- Staff undertook a number of local clinical audits. The audits included prescription management, case files and safeguarding. The service used audits to identify areas for improvement and actions were developed and taken in response to findings.

Management of risk, issues and performance

- Staff told us they were able to escalate concerns through their managers when this was necessary.
- The provider had business continuity and contingency plans, for example, for loss of power or a flu outbreak.

Information Management

- The provider ensured staff completed training in information governance and understood how to maintain the confidentiality of client records.
- Managers had access to information to support them with their management role. For example, they could review compliance with training, caseload reviews and incidents. A performance manager and analyst supported managers with access to data to review staff performance. Staff had access to information for staff through an accessible format.
- Staff knew the circumstances in which they were required to make notifications to external bodies, for example the Care Quality Commission.

Substance misuse services

Engagement

- Staff had access to information about the work of the provider through monthly clinical newsletters, intranet bulletins and through the provider's website.
- Clients had the opportunity to give feedback on the service they received and were encouraged by staff. Clients could give feedback via feedback forms at reception and service user involvement forums.
- Senior managers engaged with commissioners on a regular basis. As the service was a partnership agreement across three boroughs, the provider held quarterly contract meetings with borough commissioners to discuss targets and performance.
- Staff had nominated staff representatives to hold meetings with the service to discuss themes and concerns. This was fed back to a staff forum and to managers through clinical governance meetings.
- Staff had the opportunity to visit a manager's surgery twice a month in a confidential space. Staff we spoke to felt senior managers were open and had a visible presence.

Learning, Continuous improvement and innovation

- The service offered a foundation programme for training to staff. This covered modules such as care planning, risk assessments, person centred care, motivational interviewing and harm reduction.

Outstanding practice and areas for improvement

Outstanding practice

- The service was developing a road to wellbeing digital access map that underpinned a wellbeing approach. The map provided information about regular opportunities in the local areas for activities that were low cost or free.
- Through our review of team meeting minutes and interviews with partnership staff we observed that staff worked well in partnership with a number of local teams and external agencies.
- The provider had a large and well run peer mentor scheme. The scheme had recently received an award as a model of best practice.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure staff are up to date with mandatory training requirements
- The provider should ensure risk assessments are updated to reflect each client's current level of risk
- The provider should ensure all staff receive supervision on a regular basis
- The provider should ensure staff have appropriate time for training and professional development.