

# Swanswell Newbury

## Quality Report

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

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

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

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

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

### Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Risks were comprehensively assessed and the service had a strong focus on safeguarding adults and children from abuse. The comprehensive assessment they completed on first admission covered a wide range of health and social factors as well as drug use. The risk assessment and management plans completed from these were comprehensively documented. Access to the service was open which gave clients freedom around when they attended for assessment.
- The service used National Institute for Health and Care Excellence (NICE) guidance to focus their practice. Policies were created based on this guidance. We found good evidence of use of recognised tools and therapeutic techniques when working with clients. There was access to Naloxone and staff offered testing and vaccinations against blood borne viruses.
- There was good medical cover from a local GP surgery. Staff liaised with the clients GP on admission to the service to ensure prescribing was conducted in a safe way.

# Summary of findings

- Staff were experienced and qualified. They received mandatory and specialist training relevant to their role and they were supervised regularly by management. Auditing of care records fed into supervision sessions to ensure risk assessment and recovery plans were up to date.
- Incidents and complaints were dealt with effectively and the outcomes of these were fed back to staff and clients. The service fulfilled its duty of candour.
- Staff were caring and treated clients with dignity and respect. There was support available to families and carers.
- Staff were proactive in engaging clients in the service. Clients that did not attend were followed up to ensure that they were safe. Staff were flexible in where and when they saw clients. There was a range of information available to clients.

- The service was well led with good governance that allowed the management to have oversight of issues within the service. This ensured that they assessed their practice for effectiveness.

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

- There was a high staff turnover rate that impacted on caseloads of staff that remained working.
- Naloxone was not locked in the cupboard it was being stored in. The needle exchange room was not locked when not in use.
- There was not always evidence of a comprehensive physical health assessment. There was no record of calibration of the physical monitoring equipment.

# Summary of findings

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# Swanswell Newbury

**Services we looked at**

Substance misuse services

# Summary of this inspection

## Background to Swanswell Newbury

Swanswell is a national drug and alcohol charity. Swanswell became the provider of community based drug and alcohol services in West Berkshire on 1st April 2015. The recovery focussed service provides the population of West Berkshire with psychosocial and pharmacological interventions for people experiencing drug and alcohol problems. They are registered for the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

The service, commissioned by West Berkshire council, had not been previously inspected by Care Quality Commission.

## Our inspection team

The team that inspected the service comprised of CQC inspector David Harvey (inspection lead), one other CQC inspector, two specialist advisors with experience

working in substance misuse services and an expert by experience. 'An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.'

## Why we carried out this inspection

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

## How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's 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 the location, looked at the quality of the physical environment and observed how staff were caring for clients
- observed a home detox appointment and one to one key worker sessions
- spoke with eight clients
- spoke with the registered manager and the team leader
- spoke with the director for the service
- spoke with the medical director and a prescribing doctor
- spoke with three recovery workers, a nurse and a care quality senior practitioner

# Summary of this inspection

- received feedback about the service from the commissioner
- attended and observed a multidisciplinary meeting
- collected feedback using comment cards from 14 clients
- looked at 12 care and treatment records and completed a specific check of the prescription pads
- undertook a focus group with five staff members
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with clients and got feedback about the service through comment cards. All feedback was positive with clients saying that the service was friendly and positive. Clients found staff very helpful, supportive and caring. Clients felt educated from the service and found that they

had learned more about themselves from accessing the service. Despite not always hearing what they wanted to hear about their recovery, clients stated that they always felt listened to. Staff had helped clients change their lives.

# 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 environment was visibly clean, the environment was risk assessed and staff had alarms for one to one working. Staff adhered to the services infection control procedures.
- Staff comprehensively reviewed client risks and documented assessments and management plans in the electronic care record. There was a strong focus on safeguarding adults and children from abuse and we found that priority was given to attend safeguarding meetings and supporting clients involved. Staff were proactive in engaging clients with the service.
- Staffing shortfalls were mitigated through the use of agency staff. There was a low sickness rate. Medical cover was provided through a service level agreement with a local GP practice. There was also a non-medical prescriber who was a nurse trained in prescribing medication. Medical reviews were conducted at regular intervals.
- Incidents were reported and investigated effectively. Outcomes of investigations were fed back to staff and clients. The service fulfilled its duty of candour.

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

- There was a high staff turnover rate that impacted on caseloads of staff that remained working.
- Naloxone was not locked in the cupboard in which it was being stored in the needle exchange room. The needle exchange room was not locked when not in use.
- We found that there was no record of calibration of the physical monitoring equipment. Calibration ensures that monitoring equipment produces accurate recordings.

### Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There was comprehensive assessment of needs on first contact with the service. Records were comprehensively completed and the recovery plans were client focused and holistic. Staff sought clients consent to treatment and their consent to share information.

# Summary of this inspection

- The services policies were based on National Institute for Health and Care Excellence (NICE) guidance and had recently been updated. Staff used recognised tools to aid their assessment of drug and alcohol problems. There was evidence of recognised therapeutic techniques to decrease ambivalence in clients.
- Staff tested for blood borne viruses and offered Naloxone to all opiate users accessing the service for treatment or needle exchange.
- Staff were experienced and qualified and had access to specialist training. They were provided with regular monthly supervision.
- There was good inter-agency working with links with the local authority and the local NHS trust to ensure that clients were supported effectively.
- Staff were knowledgeable in the Mental Capacity Act and adhered to its principles.

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

- We found that there was not always evidence of a comprehensive physical health assessment.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff treated clients with dignity and respect. They were compassionate and understood individual need. Clients reported that staff were friendly and positive.
- Clients were involved in recovery planning and were able to take away their newly created plans. There was support provided to families and carers.
- Clients were consulted on what changes they would like to see within the service. Clients were invited to join interview panels when recruiting new staff.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Clients were able to access the service freely due to its open access assessment function. There was good liaison with the clients GP when they accessed the service.



# Summary of this inspection

- Staff were proactive in finding ways to engage clients in the service by being responsive to individual need. They were able to see people at different times of the day and week and at different sites. There was good disabled access.
- There were a range of rooms and equipment available to clients. There was a variety of therapeutic groups and activities. There was a wide range of information for clients and leaflets for them to take away.
- Complaints were dealt with effectively and outcomes were fed back to clients and staff.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- There was excellent oversight of mandatory training and supervision. The auditing ensured that care records were complete and updated regularly to ensure that essential areas of practice were being carried out. There was a robust incident and complaints process that was utilised effectively.
- The service used key performance indicators to assess its performance and fed these back to the commissioners monthly.
- The service was well led and there was strong leadership from the registered manager. Morale was good amongst the staff. Staff were supported with daily meetings.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

Capacity to consent and sharing of information was discussed and recorded on the first assessment when possible. Staff stated that they presumed capacity until they had a concern. In the event of someone being intoxicated on assessment another appointment was

booked for this to be discussed. The experience of staff had been around situational capacity when a client had attended an appointment intoxicated. Staff were clear in supporting clients to make decisions. Staff discussed capacity issues in the complex case discussions.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

- Swanswell Newbury was set over three floors of a terraced building. There were a variety of interview rooms available for the staff to provide group and one to one work with clients accessing the service. Staff utilised personal alarms to call for assistance in the event of an incident within the service. There was a plan in place for the service to update the alarm system to 'pinpoint' which is an alarm system that pinpoints which area of the building assistance is needed.
- Staff within the service risk assessed the environment monthly in order to identify risks and mitigate against any new risks. There was an annual fire risk assessment completed and an annual environmental impact assessment. The staff had taken care to assess the environment to ensure a friendly welcome to the service, for example the consideration of where the reception desk was placed to create more of a friendly setting visible to people entering the service.
- There was a visible cleanliness throughout the building and there was clear guidance for staff to report environment issues and who to contact to address them. There was a contractor to undertake small jobs within the building. The landlord was able to address larger issues with the building. For example repairs to the roof following a lightning strike.
- There were separate clinic rooms and urine testing rooms. The urine testing room was for clients accessing the service to have their urine screened in following use of the toilet to produce the urine sample. The clinic and urine rooms had a good standard of cleanliness and there was access to BP monitoring equipment, alcohol breathalyser, examination couch and scales. We found

that there was no record of calibration of the physical monitoring equipment. Calibration ensures that monitoring equipment produces accurate recordings. Fridge temperatures were checked twice daily. There were clinical waste bins in appropriate locations. Staff adhered to infection control principles such as hand washing and disposal of clinical waste. There was no emergency medical equipment such as a defibrillator on site. Staff told us that they would call the emergency services in the event of an emergency medical situation.

- The service provided needle exchange to ensure that injecting drugs users had the opportunity to have access to clean injecting equipment. There was a wide variety of injecting equipment available. The equipment was in a room off reception and we found that the cupboards were not locked.
- Staff reported that the temperature control of the building was often an issue as it could get very hot and very cold.

### Safe staffing

- Swanswell employed a total of 12 substantive staff. There was an agency admin worker in place and due to an unsuccessful recruitment campaign an agency nurse who was also a non-medical prescriber. The staffing levels were set according to the budget but the service was able to bring in agency members of staff to mitigate the risk of going below the set staffing numbers.
- Information submitted prior to the inspection showed that there had been a total of five staff leavers in the previous 12 months up to 30th July 2016 making a 41% turnover of substantive staff. Staff sickness levels for the same period were low with a total of 1.36%.
- There was a strategy to cover sickness and annual leave. There were no more than 30% of the team on annual leave at any one time. Staff ensured there was cover of

# Substance misuse services

the duty system, reception and doctor's clinics. This meant there was always a member of staff available for clients to access support from. Staff also prioritised child protection meetings where possible. When this was not possible they would provide written representation.

- Staff felt that there were too few of them for the demand of the service. As a result when a member of staff left the service there was an increase on the remaining staffs caseload. Due to the relative low numbers of staff that held a caseload within the service there was an increased pressure on work load. Caseloads for the service were consistently above 50 clients for recovery workers. Caseloads were reviewed regularly within supervision and managed according to risks. There was a designated staff member that took on clients who were obliged to access the service through order from the courts.
- Medical cover was provided by a core group of GP's from a local surgery. The doctors provided three medical clinics per week in order to commence and review prescribing for clients requiring substitute prescribing. Substitute prescribing is the practice of using effective substitution medications such as methadone or buprenorphine in the treatment of opiate addiction.
- Staff received mandatory training through face to face and e-learning. The training matrix submitted by the service showed that all staff had received relevant mandatory training to undertake role. Training was required within time frames of starting at the service and then updates required at specified intervals thereafter.

## Assessing and managing risk to clients and staff

- Staff were trained in risk assessment and we found that there was a strong focus on risk within the service. Staff were knowledgeable of client risks and ensured that risks were assessed and documented. This created a risk aware atmosphere within the team.
- On initial assessment into the service there was comprehensive risk assessment including drug and alcohol use and physical health status. There was ongoing risk assessment for clients accessing the service and this was clearly recorded in the client's electronic record along with a management plan for the risks identified. We reviewed a total of 12 care records and found that all clients had a comprehensive risk

assessment and risk management plan. All assessments and management plans were in date and there was inclusion of a plan for unexpected exit from treatment. Staff monitored risk of drug use through ongoing urine and mouth swab testing, engagement in key worker sessions and group work. New risks were discussed amongst the team daily.

- For clients accessing substitute prescribing there was a comprehensive assessment of risk with consideration of safety around how the prescription was collected. For example there would be an initial period of a client taking their medication under supervision from a pharmacist. Before a change could be made to this there was consideration of the risks of taking the medication away from the pharmacy; if there were risks with children or vulnerable people at home clients were kept on supervised consumption at the pharmacy. Staff provided clients with lock boxes to store their prescriptions if it was agreed that they could take medication away from the pharmacy.
- Doctors reviewed clients on substitute prescribing in clinics every 12 weeks. This ensured that they were able to review risks around drug and alcohol use. If there was an increase in risks such as a relapse into injecting drug use then treatment would return to the initial stage of supervised consumption to ensure safety.
- All staff received safeguarding training from Swanswell via an e-learning module. The local authority provided biannual safeguarding adults and safeguarding children training to all staff. Staff had a robust understanding of abuse that needed to be escalated as a safeguarding alert. Throughout the inspection we found consideration of how staff safeguarded adults and children from abuse. There was daily discussion amongst the team around new safeguarding issues and staff always prioritised cases where there was a safeguarding alert. Links with the local authority were strong and the service had recently agreed to become part of the Multi Agency Safeguarding Hub for Children (MASH) due to the large proportion of their clients that had children. Staff prioritised attendance at the safeguarding children meetings in order to ensure that they were part of the wider care package offered to the parents. There was liaison with the local authority to cross check data for clients who have children known to the service.

# Substance misuse services

- Staff were transparent with service users when they felt there was a safeguarding alert that needed to be made. Prior to any alert being made there were discussions with management and there was the opportunity to discuss over the phone with the local authority to see if it was an appropriate referral.
- The service planned for unexpected exit from treatment. Staff used maps that allowed a client to inform them of how they would like to be contacted should they exit treatment. Staff triggered the engagement policy when clients did not attend their appointment. The policy guided staff on steps to follow to contact clients. Strategies such as messages left with the pharmacy and GP surgeries were used. For clients receiving substitute prescribing that were difficult to engage, staff would arrange for them to collect their prescription from the service rather than sending it straight to the pharmacy. This ensured that clients were reviewed by staff every two weeks.
- For clients that would not engage with the service then staff were required to demonstrate to management that they had looked at barriers to engagement and maximised engagement opportunities. Staff only discharged clients once they had exhausted opportunities for engagement.
- The service had a lone working protocol. Staff were safe in their approach to lone working by ensuring that the first of any visit was completed in pairs with any further visits risk assessed as to whether it was appropriate to go alone. There was a book for staff to sign in and out of.
- Staff stored medicines such as vaccinations against Blood Borne Viruses (BBV) safely as required. Naloxone was kept in a filing cabinet but was not locked away. This was reported to the registered manager at the time of the inspection who stated that the Naloxone should be locked in the cabinet. The registered manager said that there would be a review to see if it was appropriate to have emergency Naloxone available to staff and the needle exchange equipment locked away.
- We found that there was a sturdy protocol to ensure safe storage of prescription pads with a robust order and destruction process.

## Track record on safety

- The service had not had any serious incidents requiring investigation in the previous 12 months prior to the inspection.

## Reporting incidents and learning from when things go wrong

- The service had recently changed over to a new electronic reporting system for incidents. Since the implementation incident reporting had increased, management felt this was due to extra training and increased focus on reporting incidents.
- Staff were knowledgeable about what to report and used the electronic system not only for incidents but for complaints, concerns and compliments. The highest number of incident reports were related to pharmacy issues such as prescriptions not being with the pharmacist.
- Management encouraged staff to be a high reporting service in order for them to use the information as a way to develop the service and to catch information to show what they have done to improve. Incidents considered low and medium risk were reviewed by the team leader who created a learning plan to feedback in the team meetings or in the morning meeting daily. Learning from incidents was a standing agenda in the team meetings.
- Staff reported that they felt well supported following reporting an incident. De-brief was conducted in the morning check-in meeting and issues discussed in supervision.

## Duty of candour

- The service had a duty of candour policy in place. We found evidence of the service fulfilling its duty of candour by responding openly to a complaint made to the service.

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

## Assessment of needs and planning of care

- The service provided a tiered arrangement for clients accessing the service. Clients that were not requiring a medical alcohol detox, substitute prescribing or were not considered high risk were treated initially in tier two which was a general open access support. Duty workers

# Substance misuse services

saw all tier two clients in order to educate them in ways to abstain or control their drinking or drug taking. Tier two clients could also access groups. For clients requiring more intensive support and prescribing then they were escalated to tier three which provided one to one key worker support and prescribing services for alcohol detoxification and opiate addiction.

- Staff completed a comprehensive assessment of needs for everyone that entered the service. Staff assessed drug and alcohol use via an interactive assessment to capture information to understand the client's needs. Staff were able to assess over several appointments if necessary and concentrated on risks such as social issues, benefits and housing, mental health issues, offending history and safeguarding issues. There was also a focus on positive recovery orientated themes such as support networks and personal goals.
- We found that care records were personalised to the individual accessing treatment. The progress notes were clearly written and told the reader about the clients situation. The recovery plans, risk assessments and progress notes provided a clear picture of the individual's situation and treatment. Staff completed holistic recovery orientated plans using the records system while utilising maps. Maps are tools used with clients to explore recovery and increase motivation to change.
- Consent to treatment and sharing information was gained on admission into the service. Staff were clear on client confidentiality and that they would need to share information without consent if they felt there was a risk or safeguarding issue.
- Staff used Treatment Outcomes Profile (TOP) as directed by the National Treatment Agency. TOP measures change and progress in key areas of the lives of people being treated in drug and alcohol services. TOP consists of 20 simple questions focusing on the areas that can make a real difference to clients' lives - substance use, injecting risk behaviour, crime and health and quality of life. Staff updated these at regular intervals.
- All records were stored safely on the electronic records system named Halo.
- The service had robust clinical policies that were based on National Institute for Health and Care Excellence (NICE) guidance and on
- Psychosocial interventions were offered both individually and in groups. There was a plan in place to recruit volunteer counsellors for clients to access one to one counselling. Staff used motivational interviewing techniques in conjunction with maps. Motivational interviewing The service had developed packs of maps so that clients could pick and choose which ones were most appropriate to the situation. For example there was a pack called 'are you ready for substitute prescribing'. Maps were used regularly to help clients set goals.
- We found that there was not always comprehensive assessment of physical health conditions. This was due to recovery workers not being trained in monitoring physical health conditions and due to the recent vacancy for a nurse. This meant that staff could have missed out vital health issues. There was a reliance on the medical and nursing staff to review physical health. There was however regular 12 weekly physical health checks for clients receiving substitute prescribing.
- However, for clients undergoing a medical detox from alcohol there was comprehensive physical assessment with careful consideration of the risks of alcohol withdrawal. The registered nurse for the service lead on alcohol detox with daily assessment of physical condition in the clients own home. For clients at risk of serious physical problems from alcohol detox or for those where a home detox was not appropriate the service utilised a local mental health unit for inpatient detox.
- The nurse within the service offered a weekly BBV screening clinic and vaccination against BBV's such as Hepatitis B. There was a fast track inoculation for Hepatitis B to ensure that clients were protected quickly. Staff completed blood spot testing for Hepatitis C and were able to test for Human Immunodeficiency Virus (HIV). Screening for BBV's was an essential part of the assessment but staff said that they were respectful when clients declined the tests.

## Best practice in treatment and care

# Substance misuse services

- All clients accessing the service for treatment or needle exchange were offered Naloxone. All the team were trained in teaching clients on how to administer Naloxone in the event of opiate overdose.
- Staff used tools such as the Alcohol Use Disorders Identification Test (AUDIT) and the Severity of Alcohol Dependency Questionnaire (SADQ). These tools were deployed by the World Health Organisation (WHO) to pick up signs of alcohol dependency and if they are at risk of alcohol abuse problems. We found that there was good use of these tools for the clients accessing the service for support with their alcohol intake but they were not used consistently for those clients accessing the service for opiate dependence. Use of these tools for opiate dependent clients was in Swanswell policy and the medical director felt that it was best practice to use them.
- Staff participated in clinical audits and audits of the records. Staff received regular feedback around completion of essential areas such as risk assessments, contact with clients and care planning. This ensured that clients were seen regularly and safely. The Care Quality Team had recently conducted a BBV audit aimed at identifying the amount of clients offered BBV vaccinations at first contact. The outcomes identified that 89% of clients were offered testing and vaccination at first appointment with an uptake of 48% for testing and 41% for vaccination. There had been improvement in the uptake due to training staff in BBV testing. The service was considering an opt out of testing and vaccination system in this area in the future rather than an opt in one that they were working with at the time.
- Staff were able to access specialist training and all staff had completed a conflict management course that was adapted to the needs of the team. Nurses working within the service had the opportunity to access the non-medical prescribing course. Management stated that staff were able to access any relevant training.
- All staff were supported with monthly supervision. There was clinical supervision in order for staff to discuss cases and to review the risk on their caseloads. The following month there was performance supervision that concentrated on personal development, service values and what was going well for the staff member. The non-medical prescriber was supervised by the medical director. There was monthly peer supervision in a group that was not attended by management.

## Multidisciplinary and inter-agency team work

### Skilled staff to deliver care

- There was a daily check-in meeting for staff to discuss new risks, safeguarding issues and to ensure that the essential areas of the service were covered. Team meetings were conducted weekly. There were complex-case reviews chaired by the nurse for staff to discuss issues with clients such as safeguarding issues and physical and mental health needs. There was a safeguarding children meeting so the team could review all cases that had safeguarding involvement.
- A partnership agreement had been created with a local NHS trust. A form had been agreed for referral to the local mental health team and for the mental health team to refer to Swanswell. This was created due to challenges in accessing appropriate mental health support for clients with substance misuse problems. There were good links with the local authority.
- Swanswell had a shared care protocol for clients stable on their substitute prescribing. This meant that the GP would take over prescribing and monitoring of the clients recovery. An audit of shared care showed that some service users were not being seen regularly by the GP so staff brought them back into treatment to ensure safety, stabilisation and regularity of contact.
- There were good links with local recovery communities such as Alcoholics Anonymous, Cocaine Anonymous and Self-Management and Recovery Training (SMART) groups so clients could access support in other areas.
- Staff within the service were experienced and qualified to do their role. The team was made up of a manager, team leader, nurse, recovery workers and admin staff. A service level agreement meant that there was medical cover provided by a local GP service.
- Swanswell had an induction policy to ensure that all new staff had a full induction into the service. All new staff were given core training with time scales to complete. There was a learning and management system that held policies for staff to read and links to e-learning modules. Following reading the policy staff were required to complete a related quiz.

## Good practice in applying the MCA



# Substance misuse services

- Staff received Mental Capacity Act training via an e-learning module and management audited adherence. We found that all staff showed good knowledge of the Mental Capacity Act.
- Capacity to consent and sharing of information was discussed and recorded on the first assessment when possible. Staff stated that they presumed capacity until they had a concern. In the event of someone being intoxicated on assessment, staff booked another appointment for this to be discussed. The experience of staff had been around situational capacity when a client had attended an appointment intoxicated. Staff were clear in supporting clients to make decisions. Staff discussed capacity issues in the complex case discussions.

## Equality and human rights

- Equality training was provided by a Swanswell e-learning module.

## Management of transition arrangements, referral and discharge

- The service accepted referrals from external agencies. However, the main route into the service was through self-referral. The service had an 'open access' policy meaning that clients and potential clients could attend for support within opening hours.

## Are substance misuse services caring?

### Kindness, dignity, respect and support

- Staff treated clients with dignity and respect. We observed people receiving care and found that the staff members were knowledgeable of the client's needs. Staff were compassionate and listened to the client and gave them time to talk through anxieties as well as focusing on goals. Family members were engaged in home visits and were offered support. Staff were knowledgeable about the risks of medical treatment, the side effects and withdrawals that the client may experience. Appointments were friendly and engaging and done in language that the client could understand.
- We spoke with clients and received feedback about the service through comment cards. All feedback was positive with clients saying that the service was friendly and positive. Clients found staff very helpful, supportive

and caring. Clients felt educated by the service and found that they had learned more about themselves from accessing the service. Despite not always hearing what they wanted to hear about their recovery clients stated that they always felt listened to. Staff had helped clients change their lives.

- Staff were careful to protect confidentiality but were open with clients when they had to breach confidentiality.

### The involvement of clients in the care they receive

- Clients were involved in creating their own recovery plans. On access to the service staff were always careful to find out what the clients expectations and goals were and then they would see how they could facilitate them. Staff used maps with the clients to aid goal setting. Maps could also be taken away so that the client had a copy of that plan with them. Staff talked about what interventions were offered such as individual work and group work. Staff used client strengths to build upon for example they built a client's interest in photography in order for them to use it as a tool for recovery and engage them in future courses.
- Staff included families in clients care when possible and had good links with external stakeholders that were involved with clients care. The service provided family and carers support for those supporting someone with a drug or alcohol problem.
- Advocacy was provided by an independent local service. There was a separate domestic abuse advocate in place that held a drop in within the service.
- Clients were consulted about the running of the service through surveys. We found clients were asked about extending opening hours and about having clinics at certain GP surgeries. Clients were able to feedback about the service through the 'tell us what you think about the service' survey. Clients were consulted in the recruitment of staff and invited onto interview panels.

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

### Access and discharge



# Substance misuse services

- The service offered an open access service that allowed clients to come in for immediate support and assessment. This meant that there was no delay in planning treatment and support for clients. For clients wishing to access substitute prescribing then the next available doctor's appointment was booked and staff took both a mouth swab and urine sample to confirm the presence of opiates. There was a non-medical prescriber available to prescribe alcohol detox medication and to oversee detox. Staff told us that they always liaised with GP's for medical history and current medications before prescribing. The service liaised with the GP to prescribe alcohol medication such as Acamprosate.
- The service had a total caseload of 367 with an average of 50 clients per recovery worker. There was an average of 113 clients seen per week. Clients were seen at a variety of locations such as in their own homes and in GP surgeries.
- There were a total of 1375 clients that did not attend their appointment (DNA) at the service between 1 July 2015 and 30 June 2016. The staff were proactive in following up clients that did not attend to ensure their safety. Staff triggered the engagement policy when clients did not attend their appointment. The policy guided staff on steps to follow to contact clients. Strategies such as messages left with the pharmacy and GP surgeries were used.
- There were a total of substance misuse service users discharged from the service in the 12 months as at 27 July 2016.
- Staff always tried to maximise engagement within the service. Although clinics were set on certain days they said that there was no reason for a client not to be able to access the service. As a result they would try and be as adaptable as possible with home visits and telephone appointments as well as later opening hours.
- Staff liaised with criminal justice services to assess clients that were being recommended for a court drug or alcohol order. Telephone assessments were completed and recommendations made based upon these in order for the courts to have information about

treatment suitability and availability. Staff liaised with prisons so that clients that were being released from prison could access assessment and treatment upon release.

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

- There were a range of rooms for one to one appointments and group work. There was a well-equipped clinic room and a room where urine could be screened. Consulting rooms were adequately sound proofed. There were rooms for doctors to see patients individually. The service had separate male and female toilets.
- There was a kitchen on the first floor for clients and staff to use, staff said that this was a good room to informally speak with clients. The kitchen was also used for supported cooking activities. The service had recently secured a cooking group with West Berkshire Education who provided a group on cooking skills and budgeting.
- The reception area was bright and welcoming with a seating area and receptionist. There was information displayed on the walls and a table with a wide range of leaflets informing clients about local services as well as information educating on risks of drug and alcohol use and on how to make a complaint. There was information on treatments, rights and responsibilities.
- Activities and group based programmes were facilitated on a range of subjects and themes such as life skills, pottery and theatre. Treatment focussed group work was Cognitive Behavioural Therapy (CBT) based. Staff were open minded to new ideas and activities when it came to group work.

## **Meeting the needs of all clients**

- Swanswell was accessible for the disabled. There were consulting rooms on the ground floor and there was an adapted bathroom for disabled people.
- Satellite services were offered in GP surgeries so that clients could be seen closer to their own home. However, they were required to attend the main site for group work. The building was used for the SMART recovery group who were an external stakeholder. Staff signposted to other external services such as Alcoholics Anonymous and Cocaine Anonymous for additional recovery support.

# Substance misuse services

- The service was open on all bank holidays other than Christmas Day when they offered a telephone service. They were not able to offer groups at weekends at the time of the inspection.
- We found evidence that the service had responded to language needs. As a result they had arranged for a translator to come to the service and for the leaflets to be given in a different language.

## Listening to and learning from concerns and complaints

- Three formal complaints were made in the last 12 months, as at the time of reporting. Two (67%) of these were partly upheld. Of the three complaints received, none had been referred to the Parliamentary and Health Service Ombudsman (PHSO). Clients were given information on how to complain and we found that clients felt that they would feel comfortable to complain if they needed. There was a feedback box in reception area for clients to give their view.
- We found a robust complaints system in place and there was a complaints policy available to staff. All complaints, concerns and compliments were recorded on the Datix system. Concerns were aimed to be resolved within three days, a log of these was kept on Datix. Complaints were initially aimed to be resolved quickly at a local level but if this was not possible then formal complaints were investigated by management. Complaints were acknowledged within two working days and complainants were offered a meeting face to face to discuss the complaint. Management looked to resolve the complaint within 28 working days. Complaints were followed up with an action plan on Datix and complainants were written to with the outcome.
- Staff were fed back complaint outcomes through the weekly team meetings.

## Are substance misuse services well-led?

### Vision and values

- Staff were aware of the vision and values of the service. Immediate management were visible around the service and staff regularly met with the director of the service.

### Good governance

- Staff received mandatory training and were supervised regularly. There was oversight of both of these functions by the management to ensure that staff were fully supported. We found that there was robust oversight of client care through auditing of records. These fed into the supervision sessions so that staff knew when recovery plans and risk assessments required an update. This ensured that clients were reviewed regularly to maximise safety in their treatment.
- Management collated Key Performance Indicators on a monthly basis to monitor numbers in treatment, successful completions of treatments, clients screened for BBV, referrals to sexual health services and safeguarding referrals among others. This fed into the performance monitoring contract with the commissioner with whom they held regular meetings to monitor their effectiveness.
- The monthly contract review meetings with the commissioner gave assurance that the service was performing to the quality standards outlined in the contract. This also gave the opportunity for discussion around any emerging issues that could impact on service delivery.
- There had been a recruitment drive to employ a registered nurse that was also a non-medical prescriber but this had been unsuccessful so the post was filled with an agency member of staff. As a result the service had offered more money with the opportunity for a nurse to access a non-medical prescribing course paid for by Swanswell.
- Swanswell were above the national average for successful completions for alcohol and remained within the top quartile for opiate successful completions but were below the national average for all drug successful completions. In order to respond to this Swanswell were doing intensive work with clients prescribed opiate substitute therapy in order to conduct three way reviews to look at appropriate reduction regimes and identify any additional support needs.
- The robust incidents and complaints process overseen by the Care Quality Team ensured that action plans were put in place. These fed into the clinical governance meeting across all services to ensure that there was

# Substance misuse services

significant shared learning. An organisational lessons learnt bulletin was regularly disseminated throughout the team. There was an atmosphere of transparency within the service.

- The Medical Director for the service had updated policies and procedures to ensure best practice. The medical director also held the role of the Caldicott Guardian.

## **Leadership, morale and staff engagement**

- The service had challenges due to staff turnover. The service was a small team which meant that staff were impacted on with increased pressure and caseloads when someone left. Staff had left due to more money being offered at other services within the area. Despite this there were very low sickness rates. There was strong leadership from the sites management.

- Despite the challenges faced there were positive relationships between team members, they worked well together and reportedly knew each-other's strengths. Morale within the team was good and the staff felt that they were happy.
- Staff reported that they felt comfortable in raising complaints to immediate management. They were aware of the whistleblowing policy. Staff were open to clients and management when things went wrong within the service. This ensured that they fulfilled their duty of candour.
- Staff were provided with daily check-ins and weekly meetings that gave them the opportunity to feedback on the service and make changes.

## **Commitment to quality improvement and innovation**

- Participation in innovation was hindered due to the capacity of the service. Despite this staff and management were open to new ideas and were willing to look at options to facilitate change.

# Outstanding practice and areas for improvement

## Outstanding practice

- Staff within the service had a strong focus on risk. The relationship with the local authority ensured that there was robust safeguarding arrangements that ensured that adults and children were safeguarded from abuse. The oversight of the

safeguarding process ensured that there was a priority to attend meetings and to share information and learning related to safeguarding issues with clients in the service. There was outstanding knowledge of risk and safeguarding within the team.

## Areas for improvement

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

- The provider should ensure that clients receive a physical health assessment when entering the service. We found that there was not always comprehensive assessment of physical health conditions. This was due to recovery workers not being trained in monitoring physical health conditions and due to the recent vacancy for a nurse. This meant that staff could have missed out vital health issues. There was a reliance on the medical and nursing staff to review physical health.
- The provider should assess the access to the needle exchange room as we found that it was left open

allowing anyone to enter. The service provided needle exchange to ensure that injecting drugs users had the opportunity to have access to clean injecting equipment. There was a wide variety of injecting equipment available. The equipment was in a room off reception and we found that the cupboards were not locked.

- The provider should ensure that physical monitoring equipment is regularly calibrated. We found that there was no record of calibration of the physical monitoring equipment. Calibration ensures that monitoring equipment produces accurate recordings.

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.

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.