

# Addaction Redcar and Cleveland

## Quality Report

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

### Ratings

#### Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



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

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

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

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

# Summary of findings

## Overall summary

We rated Addaction Redcar and Cleveland Service as requires improvement because:

- There were areas of improvement required to manage safety in the service. Not all clients had an individual risk assessment. Risk assessments were not consistently fully completed to evidence that all risks had been considered. Where risk assessments had been completed it was not clear how staff planned to manage identified risks effectively.
- The service was not consistently well led. There was no system for local risks to be identified, recorded, monitored and managed in a comprehensive way which could be viewed by staff, management and senior management. Risks could only be escalated by the service manager. The provider did not ensure that systems and processes, such as clinical audit, were adequate to ensure electronic care records, including care plans, risk management plans and recovery plans, were complete, accurate, and contemporaneous. Issues had been identified by the provider and an improvement plan was in place but this had failed to improve records by the time of our inspection.

However:

- The service was providing effective care. The service had a multidisciplinary team of competent,

knowledgeable staff who worked well together and supported each other to provide effective care and treatment to clients. Staff were well supported by management with regular supervision and support with training provided where learning and development needs and goals were identified.

- Staff were caring. Feedback from clients was consistently positive about staff attitudes and behaviours. Clients said staff understood and managed their care and treatment in a personalised way and all clients knew their recovery coordinator who acted as a point of contact for the service. The service had access to a range of interventions to support clients and those close to them. This included clients' social networks, employment and education opportunities.
- The service was providing care in a way that was responsive to people's needs. All locations had accessible client areas including clinic rooms and interview rooms. There were no waiting lists, and staff were able to see clients at short notice if required. Staff were flexible with appointment times and locations where clients could be seen and appointments were rarely cancelled. Clients were clear about the complaints process and were confident enough to raise issues if required.

# Summary of findings

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Requires improvement 

# Addaction Redcar and Cleveland

Services we looked at:

Substance misuse services

# Summary of this inspection

## Background to Addaction Redcar and Cleveland

Addaction Redcar and Cleveland is a community specialist substance misuse service for people in Redcar and Cleveland. The service provides care and treatment to young people aged 13 – 17 years, and adults.

These services are provided for people with drugs and/or alcohol related issues. They provide care, treatment and support, both pharmacological and psychosocial, and help with social and other needs so that people can reintegrate into their communities.

The service delivers care and treatment from four main bases:

- High Street, Redcar
- Normandy Road, South Bank, Middlesbrough
- Hillside Medical Practice, Skelton
- High Street, Loftus

The service is commissioned by Public Health England and the two main routes into the service are self-referral or via primary care.

Addaction is a registered charity in accordance with the Charities Act 1993.

The service is registered to provide one regulated activity:

- Treatment of disease, disorder and injury

There was a registered manager in post at the time of our inspection. The service did not store controlled drugs therefore, did not require a controlled drugs accountable officer.

The services were previously provided by Lifeline until it went into receivership in June 2017. Change Grow Live (CGL) then provided the services until they were transferred to Addaction on April 1st 2018. This is the first time the service has been inspected as the new entity.

At the time of our inspection a new manager had been appointed and was going through a period of induction. In the interim the contract manager from a neighbouring Addaction service was providing managerial support.

## Our inspection team

The team that inspected the service comprised three CQC inspectors and a nurse specialist advisor with experience of working in substance misuse services. However, not all of these were present for the full duration of the inspection.

## Why we carried out this inspection

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

## How we carried out this inspection

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

- Is it safe?
- Is it effective?

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

# Summary of this inspection

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

During the inspection visit, the inspection team;

- visited four sites, looked at the quality of the service environment and observed how staff were caring for clients
- spoke with 14 clients who were using the service
- spoke with the registered manager and three team leaders
- spoke with 18 other staff members; including clinical leads, administrators, receptionists, nurse medical prescribers, nurses, peer mentors, recovery coordinators, group facilitators, and volunteers
- received feedback about the service from the commissioner
- attended and observed two hand-over meetings and two client meetings
- looked at 17 care and treatment records of clients
- carried out a specific check of the medication management at two sites
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with 14 people who were using the service during our inspection. All the comments we heard about the service and staff were positive. Clients told us that the staff were kind and friendly and that they had good access to their recovery worker when needed. Clients said that staff listened well, helped them address root causes to their problems, and involved them in their treatment. Clients described the staff as “knowledgeable”, “like a friend” and “considerate and caring”.

Clients were positive about the service locations and told us that they were always clean and tidy. Clients told us that it was very rare for appointments to be cancelled and that they were always kept informed by the service if this happened. The majority of clients told us that there was nothing about the service that they would change or improve.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as **requires improvement** because:

- Not all clients had a risk management plan and some risk management plans did not fully detail how staff in the service planned to safely manage the identified risks.
- The staff toilets and staff kitchen area at South Bank were in a poor state of maintenance, decoration and comfort.

However:

- Sufficient skilled staff were in place to deliver safe care and treatment to clients.
- Overall compliance of mandatory training at the time of our inspection was 90%.
- Staff understood how to protect clients from abuse and the service worked well with other agencies to do so.
- Staff reported and recorded incidents appropriately. The manager investigated incidents and shared lessons learned with staff through meetings.

Requires improvement



### Are services effective?

We rated effective as **good** because:

- The service ensured staff were competent for their roles. Staff received regular supervision with managers to provide support, identify areas of learning and development and receive feedback on performance.
- The multidisciplinary team of staff worked well together and supported each other to provide good care and treatment. This included working across teams and where appropriate joined up working with other supporting services such as mental health services for the benefit of the clients' recovery.
- The service provided a range of care and intervention treatments which followed national guidance and best practice.
- Staff had a good understanding of the Mental Capacity Act.

However:

- The service identified numerous issues in the quality of care records following an audit in July 2018. An improvement plan was in place however, to date the quality of recording had not been rectified.
- Not all staff had an annual appraisal.

Good



# Summary of this inspection

## Are services caring?

We rated effective caring as **good** because:

- Staff treated clients in a kind, caring and compassionate manner. Clients and those close to them were provided with practical and emotional support appropriately including access to mutual aid groups.
- All clients had a named recovery coordinator who acted as a point of contact for the service.
- Staff supported clients to understand and manage their care and treatment in a personalised way that suited the service user's needs. Staff directed clients to other services when appropriate and, if needed, supported them to access those services.
- The service offered interventions aimed at maintaining and improving clients' social networks, employment and education opportunities and provided support for people to attend community resources.

However:

- The provider did not seek feedback from clients directly for example using an annual survey, to inform them further about the service they provided with a view to service improvements.

Good



## Are services responsive?

We rated responsive as **good** because:

- The service had a range of client accessible areas including clinic rooms and interview rooms.
- There was no waiting list and staff were able to see clients at short notice if necessary.
- Staff were able to make reasonable adjustments to support clients in attending appointments, including disabled access, access to extended opening times and access to translation and interpreting services.
- Clients over the age of 18 and under 25 years were able to access the children's and young people's service if this was identified as more appropriate.
- Staff ensured that clients and carers were able to raise complaints. Information in relation to raising a complaint was displayed in all locations. Complaints were reviewed in line with the provider's policy. Clients told us that they felt confident to make complaints if it was needed.

Good



## Are services well-led?

We rated well-led as **requires improvement** because:

Requires improvement



# Summary of this inspection

- The systems and processes in place, such as clinical audit, were not sufficient to ensure electronic care records, including care plans, risk management plans and recovery plans, were complete, accurate, and contemporaneous.
- There was no comprehensive system to record, monitor or manage local service risk for example using a local risk register. This meant that managers did not have oversight of risks and staff were unable to raise risks directly or see if risks identified had been addressed appropriately.
- Managers did not have access to all information required to support them with their roles and with a view to improving services. This included information regarding the quality of care of clients and appraisals.
- The provider did not have a regular feedback mechanism to survey staff directly with a view to improving service delivery.

However:

- Staff told us they felt respected, supported, valued and felt positive and proud to work for the provider. Staff worked well together and used multidisciplinary team meetings to discuss their caseloads and get support if needed.
- Managers had the right skills and abilities to run the service. Staff told us that the leadership and management of the service encouraged an open, supportive and honest culture.
- The provider recognised staff success with its national awards. The positive impact of the National team of the year award for the children's and young person's team was clear amongst all service staff.
- Staff were clear about their understanding of whistleblowing and told us that they felt able to raise concerns without fear of retribution.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff demonstrated a good understanding of the Mental Capacity Act. Clients were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interest, recognising the importance of the person's wishes, feelings, culture and history.

Staff ensured clients consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner.

Training in the Mental Capacity Act was mandatory for all staff and compliance was 80%.

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

# Substance misuse services

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

## Are substance misuse services safe?

Requires improvement 

### Safe and clean environment

#### Safety of the facility layout

Each of the four sites inspected had accessible rooms for people with mobility issues. Client rooms were not fitted with alarms however, portable alarms were available for staff to use and where risks were increased, two staff members attended client meetings.

#### Maintenance, cleanliness and infection control

Areas that people using the service had access to were clean, comfortable and well-maintained. Staff had checklists to ensure all areas of the service were cleaned which we saw were followed and completed. Equipment was calibrated and maintained appropriately.

However, staff areas at the South Bank premises were not as well maintained, decorated or furnished for example we found insecure toilet locks, paint missing from wall areas where the toilet had been changed and a lack of adequate seating in the staff kitchen.

Staff adhered to infection control principles, including hand washing and there was clear signage for good hand washing displayed throughout buildings. Clinical waste was disposed of appropriately.

Health and safety related tests, including the control of substances hazardous to health, fire, gas and electrical wiring, personal appliance testing, legionella and water temperatures were up to date. Fire wardens and first aiders were trained appropriately and known to staff.

### Safe staffing

#### Staffing levels and mix

The service had enough skilled staff to meet the needs of clients and had contingency plans to manage unforeseen staff shortages. The service had three teams based on localities and a young person's team which covered all three areas. A team leader led each team and was defined as follows:

- East Cleveland team (Loftus and Skelton sites)
- West Cleveland team (South Bank)
- Central team (Redcar)
- Young person team

At the time of our inspection there were 31 whole time equivalent staff. Most staff operated within one of these four teams, although some nurses worked between teams and sites where clinics were provided only on certain weekdays. This ensured a safe and effective coverage of skills according to the service provision.

The number and type of staff required, matched this number on all shifts and where there was sickness, leave, vacant posts for example, there were cover arrangements in place to ensure client safety. The service did not use bank or agency staff although if required Addaction had a contract with a national agency.

Since Addaction took over management of the service on 1 April 2018, a total of nine staff left the service. Some were not replaced by Addaction as part of the process for the contract change of a new and reduced staffing cohort. This pattern had settled and at the time of the inspection, there was only one vacant post which was advertised and expected to be filled.

#### Mandatory training

# Substance misuse services

Overall compliance of mandatory training at the time of our inspection was 90% across the four teams. Mandatory training included safeguarding of children and adults, equality and diversity, health and safety, mental health, mental capacity and infection control. Qualified nurses in addition completed training in immunisations and vaccinations, mental health clustering and medicine management.

Basic life support training was up to date for eligible staff. Trained staff included all five nurses together with an additional member of staff from each team to ensure there was a qualified member of staff on the premises during clinic times, if required.

Staff had completed mandatory health and safety awareness training and there was a clear procedure locally for lone working which staff understood. As the children's and young person's team staff worked primarily in the community visiting client homes and schools, they had introduced an additional system. This consisted of a phone application called 'Look out Call' which team members rang before every visit and then called again once finished. When staff failed to call back at the correct time, a system was in place to check safety and then raise an alarm with the teams' responder.

## Assessing and managing risk to clients and staff

### Assessment of client risk

We reviewed 17 care records. Staff told us that they undertook a risk assessment of all clients during their first appointment with recovery coordinators and that these were regularly updated during 12 weekly client reviews, or sooner, to reflect any changes.

However, care records did not provide evidence that staff were assessing and managing client risk consistently and appropriately. In 14 out of 17 records viewed, risk assessments contained limited information and it was not clear that all areas of risk were considered for each client. Most focused on drugs and alcohol and not wider risks for the clients. However, there was some consideration of child safeguarding issues.

Four records did not include a risk management plan despite risks being identified by staff, although two of these clients had been in the service less than a month. Of the

remaining risk management plans reviewed, three were of a good standard. However, ten were brief and did not fully detail how staff in the service planned to safely manage the identified risks.

### Management of client risk

Clients were made aware of the risks of continued substance misuse. Staff regularly discussed harm minimisation with clients and planned for their safety. However, we found this was not always evidenced in records. The service provided lockable safe storage boxes to clients to store substances and prescriptions safely.

The service had regular multidisciplinary team meetings, attended by all staff in work that day. In this meeting staff reviewed new cases and discussed current safeguarding or risk issues that the team needed to be aware of.

Staff could recognise and respond to warning signs and deterioration in clients' health. If there were concerns, staff encouraged clients to visit their GP or their local walk-in centre. If necessary staff accompanied clients to their GP or if there was a sudden deterioration, staff rang the emergency services.

Staff adhered to best practice in implementing a smoke-free policy on the premises.

### Use of restrictive interventions

Although the provider did not use physical interventions, staff had received basic training in managing aggressive behaviour. When a client behaved in an aggressive manner, they were asked to leave the building to ensure the safety of others in line with the providers policy and procedure for managing incidents. If appropriate, the police were called to the premises to assist. Prior to the client's return, a team leader and recovery coordinator discussed and agreed the standards of behaviour expected with the client when in the service.

### Safeguarding

Staff had good awareness of how to identify adults and children at risk of, or suffering significant harm, the types of abuse, and safeguarding processes. Staff could give examples of how to protect clients from harassment and discrimination, as well as the types of abuse and the signs to look out for. The director of nursing was the

# Substance misuse services

safeguarding lead for the organisation and, team leaders were local leads. Staff discussed potential issues with team leaders and knew how to make a safeguarding referral directly when appropriate.

Staff discussed safeguarding cases and concerns in daily morning team meetings, to inform and update the staff team. Safeguarding cases were also reviewed as part of staff supervision. Case discussions held were logged by the service centrally and the clients' care records were updated accordingly. Staff received mandatory training in the safeguarding of children and vulnerable adults and compliance was 100% at the time of our inspection.

Staff worked effectively within teams, and with other services or agencies such as police, probation and social care to share information in relation to concerns about the safety of individual clients or their carers and families.

## Staff access to essential information

The service used an electronic system to maintain client records. Most staff were positive about the system which was introduced on 1 April 2018. However, two staff spoke of difficulties in adapting to the new system and thought it was more difficult to navigate around than the previous one. Staff had access to the electronic system on all sites and if visits were made off site, they updated the records once they returned. Staff in the new young person's team had been issued with laptops as their work was on an outreach basis mostly in homes and schools. Staff reported good internet access to records and that any technical issues were quickly resolved.

The system was protected and available only to staff through secure login details and passwords.

## Medicines management

Staff had access to policies and procedures relating to the management of medicines which had recently been reviewed. Training related to medicines and medicines management was provided regularly through staff meetings and staff had regular clinical supervision. Clients were given information on the treatments available and consent was obtained.

Medicines were prescribed every three months by non-medical prescribers. Prescriptions were stored securely at the centre and recovery navigators handed these to clients following completed checks on compliance, tolerance and general health and wellbeing.

Appointments could be made with the prescriber in the interim if needed. There were processes in place to prevent clients passing on their medication to a third-party for illicit purposes and to ensure medication was used safely. These included supervised consumption of medication by the pharmacist to ensure the medication was taken by the person it was prescribed for and as prescribed.

Staff assessed clients' suitability to take their medication at home. When necessary clients were given a lockable box in which to store their medicine as a safety measure. This was because some medicine such as methadone can cause accidental poisoning if taken by other people, especially children.

The clinical lead reviewed all clients and their medication monthly in the children's' and young persons' service, together with their recovery coordinator.

Prescribers reviewed the effects of medicines on clients' physical health regularly and in line with National Institute for Health and Care Excellence (NICE) guidance, especially when the client was prescribed a high dose medication.

## Track record on safety

The service had not had any serious incidents or adverse events in the 12 months prior to the inspection.

## Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. The service used an electronic incident reporting system called Ulysses to which all staff had access. Once staff recorded an incident, it was reviewed by a manager prior to an investigation being started. The system was used consistently throughout all the sites we inspected and incidents could be viewed by the executive team.

Staff were clear about their roles and responsibilities for reporting incidents. Staff were informed of recent incidents and any immediate learning in daily morning meetings, with further reviews taking place during monthly team meetings. These reviews included an open discussion to identify further learning points as well as good practice. Staff described a debrief process either through the flash meetings or individual supervision as appropriate. A flash meeting is a short, focussed meeting to discuss any progress or developments.

# Substance misuse services

Staff understood the duty of candour. They described an open and transparent culture, and if something went wrong clients were given a full explanation and an apology. The provider had a policy called 'Being Open Duty of Candour Policy' which staff could refer to on their intranet.

An example of learning was given by staff, whereby clients from an abusive or violent relationship would have appointments arranged to avoid conflicts and keep clients safe. This was discussed and planned in flash and team meetings and had been used by several staff on different occasions.

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

Good 

### Assessment of needs and planning of care

We looked at 17 care records during our inspection. We saw evidence that staff carried out comprehensive assessments on clients in a timely manner and these included a plan for unexpected exit from treatment.

However, most records did not evidence that care was person-centred and holistic or that all relevant information relating to the client's care and treatment had been captured. For example, in ten records it was unclear what the client's motivation to change was, five had no recovery plan, and eight had limited recovery plans with some goals in place but how and when these were to be achieved was not clear.

Reviews took place regularly, however staff did not record details of progress with client goals and targets in recovery plans. There was also no evidence of adjustments being made to targets to reflect progress or changes made to targets due to personal circumstances. We observed staff were discussing issues and supporting clients well, however this was not clearly documented in care plans or risk management plans.

An internal audit carried out by the service in July 2018, had identified issues with records not being completed in sufficient detail and/or with goals that were not fully in line

with SMART principles (specific, measurable, achievable, realistic and timely). The service was working on an improvement plan to address this. However, the issues remained in the records evidenced during this inspection.

### Best practice in treatment and care

The service provided a range of care and treatment interventions suitable for the client group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. This included medication and a range of psychosocial interventions both individually and in group sessions. Groups provided by the service included relapse prevention, self-esteem, mixed and women only peer led mutual aid groups, brief treatment for alcohol group, relapse prevention and wellbeing. There were also groups focusing on training and work opportunities intended to help clients acquire living skills and gain confidence to engage better in the local community.

Care records showed clients were offered blood borne virus testing as part of their admission and during their medical reviews. Nursing staff also provided Hepatitis B vaccinations when necessary in line with national guidance to provide clients at risk with protection from the virus.

Staff supported clients to live healthier lives by dealing with issues relating to substance misuse, referring clients and encouraging clients to visit their GP's for physical health issues such as managing cardiovascular risks and screening for cancer. However, there was no emphasis on smoking cessation schemes and healthy eating advice for clients. Staff told us that smoking cessation clinics had previously been successful and there were plans to restart these in future although there was no confirmed timescale.

Staff used technology to support clients effectively such as text messaging for appointment times, on a one to one basis, if necessary, to ensure appointments were not missed.

### Monitoring and comparing treatment outcomes

Staff regularly reviewed care and recovery during appointments with clients and this was recorded in client care plans. Clients receiving medication were reviewed every twelve weeks by a nurse and recovery navigator present to ensure a coordinated approach. Appointments

# Substance misuse services

in between this twelve-week period were scheduled with the recovery coordinator to monitor ongoing progress; however, if necessary an appointment could be requested with the nurse.

Staff monitored treatment outcomes using the treatment outcome profiles for clients, which is a national outcome monitoring tool for clients receiving care from substance misuse services. Data from the treatment outcome profiles were submitted to the National Drug Treatment Monitoring System.

The clinical lead and a recovery worker reviewed care and recovery for clients in the Children's and young person's service every four weeks.

The provider was part of a variety of accreditation schemes. These included Investors in People silver, ISO900 for quality management systems, ISO1400 for environmental management and an accreditation in volunteering. Nationally the organisation was also involved in a variety of research initiatives to feedback and develop practice.

## Skilled staff to deliver care

The service ensured that robust recruitment processes were followed and employed staff from a range of professional disciplines to effectively support clients. Staff included team leaders, non-medical nurse prescribers, recovery coordinators, a community engagement officer, a data analyst, administration support, peer support workers and volunteers.

All staff including volunteers, received a comprehensive induction at the start of their employment. This included an introduction to their team and working environments, health and safety, provider background, terms and conditions of employment, information governance and other employment policies.

The service provided mandatory training, and had systems in place to monitor staff compliance with this. It also had a system in place to ensure all staff held an up to date Disclosure and Barring service check, which was renewed every two years. At the time of our inspection all staff held up to date certificates.

Managers used supervision meetings to identify the learning and development needs of staff and provided them with opportunities to enhance their skills and knowledge. Staff had access to specialist training for their

specific role. Examples of specialist training undertaken by staff included harm minimisation, motivational interviewing, prescription training, dose optimisation, needle exchange and supervision.

All staff received regular supervision in accordance with the provider's policy of ten times a year for front line staff and six times a year for administrative staff. Appraisals took place annually and therefore not all staff had had an appraisal since Addaction took over on 1 April 2018. However, the supervision completed was comprehensive, with the same elements as appraisal and included goals and objectives and feedback on performance. The appraisal system was being started by remaining staff at the time of our inspection. Staff told us they were fully supported with regular supervision with all training needs identified and met, relevant to their role or potential roles.

There was a process in place to manage poor staff performance however, there were no examples to review at the time of our inspection. Managers told us they were confident in addressing issues should a situation arise.

## Multidisciplinary and interagency team work

The service ensured multidisciplinary input into people's comprehensive assessments from, for example, community mental health teams, GPs, maternity services, children and family services, social workers and criminal justice. For example, there was a monthly meeting with local mental health services to discuss joint caseloads and review meetings dates for clients were shared so staff from both services could attend with appropriate consents in place.

Clients knew the names of their recovery coordinators and the name of their coordinators were identified within records, for example at the end of written assessments. However, it was not immediately apparent when opening a record who the key staff contact was, as the system did not have a specific area where this was highlighted.

The service had regular multidisciplinary team meetings, referred to as daily flash meetings, whereby staff reviewed new cases, current safeguarding and risk issues that the team needed to be aware of. Management also ensured that staff had enough support to manage their caseload and work commitments for the day. Further case management discussions occurred in staff one to one meetings.

# Substance misuse services

Recovery plans included clear care pathways to other supporting services. Staff worked with local health services, social care and other agencies to plan integrated and coordinated pathways of care to meet the needs of different groups. These included young person's mental health services, a carers service, a vulnerable adults service, a local domestic violence charity and an abstinence based alcohol service.

The service discharged people when specialist care was no longer necessary or assisted with transfers out of area or into the prison system. Staff worked with relevant supporting services to ensure the timely transfer of information to ensure the continuity of clients' care and treatment.

## Good practice in applying the Mental Capacity Act

The provider had a safeguarding adults' policy which covered the Mental Capacity Act. Staff were aware of this and could refer to it easily on the organisation's intranet. Staff received training in the Mental Capacity Act. At the time of our inspection, 80% of staff had completed this training.

Staff demonstrated a good understanding of the Mental Capacity Act. Clients were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interest, recognising the importance of the person's wishes, feelings, culture and history. For example, staff were able to describe situations where clients in an intoxicated state were managed and supported to make decisions including by delaying appointments until clients had regained capacity.

Staff ensured clients consented to care and treatment, that this was assessed, recorded and reviewed in a timely manner.

## Are substance misuse services caring?

Good 

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

During our observations of group and individual interventions, we saw staff speaking and interacting with clients in a respectful and caring manner. Staff attitudes

and behaviours towards clients demonstrated compassion, dignity and respect and clients were provided with relevant, responsive, practical and emotional support, as appropriate.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes without fear of the consequences. They said managers and team leaders encouraged a culture of openness and transparency to help improve care and treatment for clients.

Staff supported clients to understand and manage their care and treatment in a personalised way that suited their needs and preferences. Staff had good knowledge of other local support available to clients and we saw they directed clients when appropriate and, if needed, supported them to access those services.

The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff mandatory training included a safeguarding information course which emphasised the need to maintain clients' confidentiality and other issues associated with data protection.

Staff maintained the confidentiality of information about clients and noted in care records that confidentiality policies had been explained and understood by people who use the service.

## Involvement in care

### Involvement of clients

Staff communicated well with clients so they understood their care and treatment. This included finding effective ways to converse with clients with communication difficulties and ensuring the appropriate support was available such as translation, easy read, signer and braille services.

The service empowered and supported clients, their families and carers to access appropriate advocacy. Staff had good links with a range of advocacies including the citizens advice bureau, carers together, transformation challenge for vulnerable adults and two local food bank schemes.

Not all clients within the service had recovery plans or risk management plans in place. We looked at 17 clients' care records of which four had no management plans and eight had no or limited goals in place. However, the interactions

# Substance misuse services

we saw between staff and clients showed that they knew and understood clients well, and involved them in the choices about their care and treatment. When prompted staff were able to provide additional information regarding goals and plans which were not documented in records.

Staff engaged with clients, and where appropriate their families and carers to develop responses that met their needs and gave them information to make informed decisions about their care. Clients were given treatment choices and when a treatment regime was found to be incompatible with the client, alternatives were offered. Client's felt involved in the planning of their care and treatment.

## Involvement of families and carers

Staff enabled families and carers to give feedback on the service they received. This included direct feedback to staff, using the complaints process, using comment cards and boxes in client waiting rooms or attending service user forums. The service was also planning a local client, family and carer survey to measure their service delivery as this was not being provided nationally by Addaction this year.

Clients could involve their families' friends and carers in treatment if they wished. Staff supported and encouraged clients to maintain or re-establish relationships with loved ones as a key part of their recovery and abstinence. Staff provided carers with information about how to access a carer's assessment by referring them to the local carers advocacy service who would support carers through the process.

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

Good 

## Access, waiting times and discharge

At the time of the inspection the service did not have a waiting list. There was open access to the service for those wanting to engage and address their issues. This was most frequently by clients' self-referrals; however other routes included referrals from family members, GP's, mental health services or other relevant organisations.

Clients were offered an appointment for their first assessment within two to five days. However, if the referral was considered urgent or high risk, a duty worker was available to process assessments on the day of referral. Following this, the service aimed for a prescribing appointment to be arranged within two weeks allowing for the GP summary to be received. The service ensured that there were some nurse prescribing appointments available to facilitate this. Emergency appointments were also available for urgent referrals, for example unscheduled prison releases. Staff were achieving these targets.

The service had alternative care pathways and referral systems in place for people whose needs could not be met by the service. This included local mental health services and a local abstinence based alcohol service. There were also other established pathways for referrals such as with housing, probation, prison services, domestic violence and the local social services team.

Staff ensured alternative treatment options were offered if a person was not able to comply with specific treatment requirements. This included booking a client's appointments for the service away from their locality to ensure privacy and at times safety, or flexible appointment times if clients were in employment. There were also appointments fortnightly in Redcar on Thursday nights and Saturday mornings.

## Discharge and transfers of care

Recovery and risk management plan templates included fields for capturing details about the diverse and complex needs of clients. However, staff were not routinely recording all of this data. Out of the 17 care records we looked at, only six contained information in relation to the diverse or complex needs of the client and the pathways to other supporting services e.g. maternity, social, housing or mental health services.

The service clearly documented acceptance and referral criteria which had been agreed with relevant services and key stakeholders. Staff told us this process had improved recently following joint working with key services and ensured most referrals were accepted.

The service planned for clients' discharge, including good liaison with care managers/co-ordinators. Post treatment, recovery support with one to one meetings was available for clients. Clients were also encouraged to become a group mentor and attend groups.

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Staff supported clients during referrals and transfers between services. For example, staff told us that they would accompany clients to GP appointments on request, or they would arrange for transport to appointments. Staff also gave examples of when they had signposted, or had taken clients, to other services that could potentially enhance their treatment outcomes and meet their needs.

There were referral and transfer forms which contained standard clinical headings which complied with the transfer of care standards.

## **Facilities that promote comfort, dignity and privacy**

All four services we inspected had client rooms which were clean, tidy and fit for purpose. The environment was friendly and welcoming, although waiting areas were small. There were hand washing facilities, an examination couch, blood pressure monitors and scales within each of the clinic rooms. Chairs and furnishings used for venepuncture complied with infection control prevention measures as they were wipeable.

Rooms used for one to ones between staff and clients were adequately soundproofed to ensure clients' dignity and confidentiality were maintained.

## **Clients engagement with the wider community**

Staff supported clients to maintain contact with their families and carers. Clients commented that staff were considerate with appointments where there were family responsibilities and always happy to listen to the clients' news regarding their children.

Staff encouraged clients to develop and maintain relationships with people that mattered to them, both within the services and the wider community. All care records viewed named a key relationship.

Clients were encouraged to access local community groups and activities. These included mutual aid groups such as alcoholics anonymous, narcotics anonymous as well as the mutual aid groups within the service. Within the young persons' service young people were encouraged to join their local community gym.

When appropriate, staff ensured that clients had access to education and work opportunities. Several clients spoke of courses attended and their future aims for study and employment. The service worked with a national mental health charity locally to provide a national vocational

qualification (NVQ) level 2 accredited course in peer mentoring. There was also a good relationship with a local adult educational service that provided open learning in a wide variety of courses. An example of this was Maths and English course which ran over a four-month period alternating each week between the Redcar and South Bank premises. Eleven clients had enrolled on open learning courses in total.

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

Staff demonstrated an understanding of the potential issues faced by clients, including those from groups such as the lesbian, gay, bi-sexual and transgender community, and the black minority ethnic community, as well as older people, people experiencing domestic abuse and sex workers. Staff offered support and signposted clients to local support groups as appropriate. All staff undertook mandatory training in equality and diversity.

The service provided information in a variety of formats to meet the needs of people who used the service. Written information was available in different languages, braille, easy-read and large font on request. Staff could also arrange for an interpreter or signer to attend the service if required.

Whilst the young people's team primarily focussed on people under the age of 18, they also provided services for people up to age 25 where their approach was more beneficial than the adult service's approach. This service was primarily outreach so clients were seen at a place of their choice such as their school, college or home. Staff also reviewed clients every four weeks which was more frequently than the adult service which had 12 weekly reviews.

None of the people who used the service that spoke with us said that their appointments had been cancelled or were delayed. They also told us that when they were late for an appointment they informed the service as soon as possible and were either accommodated the same day or within a short period.

## **Listening to and learning from concerns and complaints**

Clients knew how to complain about the service and were comfortable doing so. The service had comment cards and boxes in reception areas together with posters which

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clearly explained the complaints process either internally or externally through the Care Quality Commission. An online complaints form was also available through the provider's website.

Staff protected clients who raised concerns or complaints from discrimination and harassment. Where possible, complaints were handled without the need for formal procedures through discussion and mediation between the associated parties. Formal procedures were started if these initial attempts to resolve the issue were unsuccessful. Staff we spoke with knew how to deal with complaints and said they actively encouraged clients to raise concerns and make suggestions, in order to drive service improvement.

Complaints records demonstrated that individual complaints had been managed and responded to in accordance with the service's complaint policy. Since 1 April 2018, 14 complaints had been made. Two of these were upheld, and related to the same issue and one, which was unrelated was partially upheld. No complaints had to be reported to the ombudsman and there was no identifiable trends or themes within the complaints data.

Managers had responded to the complaints appropriately and these were discussed at flash and team meetings to maximise lessons learned from each. A flash meeting is a short, focussed meeting to discuss any progress or developments. An example involved a complaint regarding the change in service model from the previous provider to Addaction and emphasised the need for staff to be clear in the information provided to clients to ensure understanding.

## Are substance misuse services well-led?

Requires improvement 

### Leadership

Leaders had the skills, knowledge and experience to perform their roles. Within Addaction Redcar and Cleveland Service there was a service manager and four team leaders providing the operational leadership over three geographical areas and the young person's team. Clinical leadership for the four teams was through the clinical lead.

The organisation has a clear definition of recovery which was shared and understood by the staff. Staff told us that recovery was individual to each client and it was defined by the client's own aims, wishes and expectations throughout treatment.

Leaders had a good understanding of the services they managed. This included the changing cultures from two previous providers who delivered the service to Addaction on the 1 April 2018 and the impact this had had on the service and staff. Managers knew their roles well and the interface between operational and clinical leadership. Managers had a clear understanding of the key areas for improvement in the service and had plans in place to address these.

Staff described a good working relationship with the registered manager, service manager and team leaders who were very visible within the service. Staff told us that the management team were approachable and responsive to feedback and suggestions for improvement. Clients described good access to staff, though did not recall opportunities for engaging with senior leaders from Addaction.

### Vision and strategy

The providers values were compassion, determination and professionalism and within these categories there were examples such as treats everyone with dignity and respect, shows initiative and creativity in solving problems, and is open honest and transparent.

Staff knew and understood the values of the team and organisation and what their role was in achieving them. Staff remarked that this commenced with the recruitment of staff with similar values and followed through to job descriptions and objective setting within appraisals to ensure values remained consistent within teams. All staff had a job description which reflected the provider's values. Our observations of staff behaviour showed that staff worked within the provider's values.

All staff attended monthly team meetings and quarterly service meetings. Within meetings there was an opportunity for staff to raise any suggestions or queries about the service or changes in strategy. Staff could explain how they were working to deliver high quality care within the budgets available.

### Culture

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Staff felt respected, valued and supported. Staff told us that their work was at times stressful but that this was manageable. Morale was reported as low when the provider changed in April 2018, but had significantly improved since then. All staff described a positive culture with teams working well together.

Staff felt positive and proud working for the provider and their team. Staff told us that Addaction had good policies which supported them better than previous organisations and staff were more confident to be part of the organisation's future direction. Staff appraisals included conversations about career development and how it could be supported.

Staff had access to support for their own physical and emotional health needs through an employee assistance programme. Support and understanding was also reported to be good at local levels for example with sickness and family issues.

There had been no cases of bullying, harassment and discrimination lodged since the service's contract had begun on 1 April 2018.

Managers monitored morale, job satisfaction and sense of empowerment, through talking with staff, supervision, team meetings and feedback. Staff spoke of an open culture and were happy to raise any issues directly with more senior staff, although they were all aware of the formal routes. There was also a new emphasis on compliments and positive feedback within the service which was being recorded and relayed to staff in team meetings.

The provider also recognised staff success within the service through staff awards. This year both individual staff members and a team were nominated from Redcar and Cleveland. The Young Person's Team was successful in winning the national team award for its progress and success in the short time it had been established. This national recognition had been very well received by all staff within the local service.

## Governance

Governance policies, procedures and protocols were regularly reviewed. There were effective systems and procedures to ensure that the service was safe and clean. There was a clear framework of what must be discussed at a local, regional or national level in team meetings to

ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Data and notifications were submitted to external bodies and internal departments as required.

There were enough staff that were trained and regularly supervised. Staff confirmed an open culture so were confident to raise issues directly with management and were aware of the whistleblowing procedure, if required. There was good evidence that all staff knew how to report incidents and that incidents were investigated and lessons learnt. Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the clients. Staff described positive and improved working relationships with mental health services, the police, the local authority, and external third sector organisations to ensure all clients' needs were met.

However, we identified gaps relating to documenting clients care and treatment. Most records were not person-centred, holistic or contained other information relating to the client's care and treatment. In ten records, it was unclear what the client's motivation to change was, five had no recovery plans at all and eight had limited recovery plans with some goals in place but how and when these were to be achieved was not clear. Risk assessments contained limited information and it was not clear that all areas of risk were considered for each client. Four clients did not have risk management plans despite risks being identified by staff and other risk management plans reviewed were brief and did not fully detail how staff in the service planned to safely manage the identified risks. Issues were identified in an audit in July 2018 and a case management tool was being used. This monitored the timely review of records but the quality of information documented in care plans, risk management plans and recovery plans was not included as part of the services audit process and were not checked on a regular basis to ensure all information was present, up to date, and goals followed smart principles.

## Management of risk, issues and performance

The provider had a central risk register to which service managers had access to, in order to escalate the service's risks. However, there was no local risk register so staff could not raise service risks directly and senior managers could not routinely check risks within service locations and ensure these were being escalated and managed appropriately. Risks had been identified with two buildings

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being used by the service and entered on an internal environmental risk register to ensure they were managed and monitored. However, none of these risks were listed on the corporate risk register.

The service had an up to date plan providing guidance for managers and staff on how to respond to an emergency such as adverse weather or a loss of systems or premises.

Cost improvements were taking place and had been managed well to ensure client care had not been compromised.

## Information management

The service used systems to collect data from facilities and directorates that were not over-burdensome for frontline staff.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. The client information system was new to staff from 1 April 2018, many had adapted well to it and found it straightforward to use, however others found it more difficult than the previous system.

Staff completed treatment outcome profiles for clients. This is a national outcome monitoring tool for clients receiving care from substance misuse services. Data from treatment outcome profiles was submitted to the National Drug Treatment Monitoring System.

Team managers had access to most information to support them with their management role. This included information on the performance of the service, and staffing. Information was in an accessible format, and was timely, accurate and identified areas for improvement in the majority of areas. However, we found information held in client records was not always present or accurate and not all staff had appraisals therefore, management were not privy to all essential information. Managers were able to request additional information from the services data analyst to further analyse performance in specific areas when required.

Information governance systems included confidentiality of client records. Staff documented when service confidentiality agreements, which included the sharing of data and information, were explained to clients.

All information needed to deliver care was stored securely and available to staff, in an accessible form, when they needed it.

## Engagement

Staff had access to the provider's internal network and shared computer drives which contained up to date information, and the policies and procedures needed to guide their work. Team meetings, supervision and senior management visits were also used as a method of sharing information from within the organisation. The people who used the service received information on noticeboards and during discussions with their recovery co-ordinators. Clients and carers had opportunities to feedback into the service through feedback forms and suggestion boxes, directly to staff or via the complaints process. However, there had not been a staff or client survey for Addaction since 1 April and neither were scheduled at the time of the inspection.

Staff had the opportunity to meet and give feedback with members of the provider's senior leadership team as they visited the service.

The service manager and registered manager engaged with external stakeholders such as commissioners, the police, GP's, social services, probation and prison services to gather feedback. They were also involved with local charitable organisations. These links were enhanced as the service had a community engagement officer primarily looking at educational, volunteering and vocational opportunities for clients.

## Learning, continuous improvement and innovation

The service contributed to local drug and alcohol review processes for drug and alcohol related deaths. They liaised with the drugs related deaths officer for the region to identify trends and patterns of previous occurrences with a view to making changes to improve care and treatment for clients.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure that robust systems and processes are in place to ensure all information about clients, including risk assessments, risk management plans and recovery plans are recorded in care records appropriately and that staff receive regular feedback on lessons learned from quality assurance reviews of care records to help them improve. The provider must also ensure that there is a risk register in place, which is fully accessible to all staff, so that risks identified are recorded, monitored and managed appropriately.
- The provider must ensure that all clients have a risk management plan in place which addresses all identified client risks.

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

- The provider should ensure all staff receive an annual appraisal.
- The provider should ensure staff toilets and kitchen area at South Bank are improved to a reasonable standard of maintenance, decoration and comfort.
- The provider should ensure staff evidence the care and treatment being delivered within records. This includes recovery plans which should detail client goals together with SMART objectives as to how these are achieved, so these can be reviewed for progress.
- The provider should consider providing clients with smoking cessation and healthy living opportunities and interventions to improve client care.
- The provider should consider supplying staff and clients with more regular opportunities to provide feedback on how to improve its services

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>i) The provider had not ensured the service had a local risk register or system whereby staff could raise risks independently to more senior management. Without a central log of risks, it was difficult for these to be managed and monitored by staff and management.</p> <p>ii) The provider did not ensure that systems and processes, such as clinical audit, were in place and effective to ensure electronic care records, including care plans, risk management plans and recovery plans, were complete, accurate, and contemporaneous.</p> <p><b>This was a breach of regulation 17(1)(2)(a)(b)</b></p>

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Not all clients had a completed risk management plan and some risk management plans did not fully detail how staff in the service planned to safely manage the identified risks.</p> <p><b>This was a breach of regulation 12(1)(2)(a)(b)</b></p>