

# Addaction - Grantham

## 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:

- The provider had low levels of staff sickness and no staff vacancies. Staff had completed mandatory training in safeguarding children and young people and safeguarding adults. The service did not use bank or agency workers.
- Staff received feedback and learning from incidents at weekly case management meetings. Minutes of these meetings were disseminated to all staff by email. Staff said they were supported by their line manager following incidents and were able to access the company employee assistance programme if required.
- Staff received supervision every four to six weeks. Records of supervision were kept in staff files. Staff had received an annual appraisal. Staff said they were able to access specialist training to enable them to develop their skills.
- Clients we spoke with told us that staff were interested in their wellbeing and were respectful, polite and compassionate. We observed staff interacting with clients in a caring manner.

# Summary of findings

- The service had a key performance indicator (KPI) for waiting times. The time frame from referral to treatment was three weeks and they had a 100% compliance rate for this target in the 12 months preceding this inspection. The service operated extended hours one evening a week to assist clients who worked full time or could not attend day time appointments.
- Clients knew how to complain. Information about making a complaint was displayed in the waiting area, along with a suggestions box. Staff knew how to handle complaints appropriately.
- Staff said they enjoyed their roles and that the team was supportive. We saw positive interactions between staff members. Staff said they all worked well together as a team and there was mutual support for each other. There were opportunities for staff to undertake further training to develop their role.

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

- Interview rooms were fitted with alarms. However, the alarm system did not identify where the alarm had been activated. This meant staff were at increased risk as response times were longer as staff had no indication of where help was required.
- However, staff were unsure of how they would support clients to access independent advocacy services.
- Staff had not updated four out of the five risk assessments within the 12 week timeframe set by the service.
- Staff did not record on the recovery plan or in case notes to show if clients were offered a copy of their recovery plan.

# Summary of findings

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# Addaction - Grantham

**Services we looked at**

Substance misuse services

# Summary of this inspection

## Background to Addaction - Grantham

Addaction Grantham is an adult community substance misuse service provided by Addaction. The organisation Addaction was set up in 1967 and has 120 services across England and Scotland. Addaction provides services for adults, young people, families and communities nationally. Addaction Grantham registered with the CQC on 11 September 2012 for the treatment of disease, disorder or injury and for diagnostic and screening procedures. Addaction Grantham has a registered manager, Andrew Beaver. At the time of our inspection, the service had 397 clients in treatment. CQC had

previously inspected the service in December 2013 against the previous outcome measures. The service was meeting all the requirements against the following standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services
- Supporting workers
- Assessing and monitoring the quality of service provision

## Our inspection team

The team that inspected the service comprised CQC inspector Michelle Edwards (inspection lead), and two other CQC inspectors.

## 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, asked other organisations for information.

During the inspection visit, the inspection team:

- looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with seven clients
- spoke with the registered manager and the service manager
- interviewed four other staff members, including recovery workers, an administrator and a non-medical prescriber
- collected feedback using comment cards from ten clients
- reviewed at 6 care and treatment records

# Summary of this inspection

- looked at eight staff files
- looked at policies, procedures and other documents relating to the running of the service.

## What people who use the service say

- Clients we spoke with were positive about the care they receive. They all told us that they felt safe while using the service and that staff treated them with respect and had a caring attitude.
- Two clients said that appointment times were flexible and they really enjoyed the breakfast club.
- Clients said the team were great and the environment was clean and accessible.

# 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 also found the following issues that the service provider needs to improve:

- Interview rooms were fitted with alarms. However, the alarm system did not identify where the alarm had been activated. This meant staff were at increased risk as response times were longer as staff had no indication of where help was required.
- Staff had not updated risk assessments within the 12 week timeframe set by the service.

However we found the following areas of good practice:

- The service was fully established to care for the number of clients and their level of need. There were no vacancies and staff sickness was low. The service did not use bank or agency staff.
- Safeguarding training compliance rates were 100%. Staff knew how and when to refer clients. There were flow charts visible in interview rooms as reminders of how to refer for safeguarding.
- Staff discussed caseloads in weekly meetings and in supervision. The service held weekly meetings to discuss incident reporting and feedback, new referrals, complex cases, safeguarding and clients who had not attended for their appointments.
- The service had a lone worker policy and operated use of a code word when conducting outreach visits although two staff usually conducted these.
- Staff told us what would constitute an incident and how to report it using Addaction's electronic incident reporting system. There was evidence of feedback from incidents being shared in supervision records.
- Staff discussed risks identified for individual clients at the weekly case management meeting and actions agreed and shared.

### Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

# Summary of this inspection

- Staff kept paper records securely in a locked cabinet in the office. There was evidence in client records that staff worked with other agencies to implement social inclusion with clients, and support them to find work.
- Staff completed a clinical health assessment for each client who was engaging in treatment. The assessment included discussion around substance use, medication, family history, sexual health and blood borne virus (BBV) status.
- Staff worked in conjunction with a range of services including probation, police, housing, pharmacy, and community mental health teams (CMHT).
- Staff had completed the mandatory training in the Mental Capacity Act 2005 (MCA) and were able to tell us how they would apply this knowledge to their work. The service had an Mental Capacity Act (MCA) policy which staff referred to. If they were unsure they said they would ask the operations manager or team leader for advice.
- Staff received supervision every four to six weeks. Records of supervision were kept in staff files. Managers ensured that staff had annual appraisals.

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

- Staff did not record on the recovery plan or in case notes to show if clients were offered a copy of their recovery plan.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff speaking with clients and interacting with clients in a respectful and caring manner.
- Clients we spoke with told us that staff were interested in their wellbeing and that staff were respectful, polite and compassionate.
- Clients said that they could include their family, friends, and carers in their care if they wished and staff supported this.
- There was a suggestion box in the reception area where clients could give feedback about the service. Suggestions were discussed at the weekly team meeting.

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



# Summary of this inspection

- Staff were unsure of how they would support clients to access independent advocacy services, However the service displayed advocacy information within the reception and waiting room area for clients.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had a key performance indicator (KPI) for waiting times from referral to treatment of three weeks. The service had a 100% compliance rate for meeting this target over in the 12 months preceding this inspection.
- The service operated extended hours one evening a week to assist clients who worked full time or could not attend day time appointments. Clients told us that their appointments were on time and rarely cancelled and staff informed them of any changes to appointments.
- The service had a full range of rooms and equipment to support treatment. This included one to one rooms, a group room, a needle exchange room and a disabled access toilet which was used for urine testing. The service had a fully equipped clinic room. The rooms where clients were seen were adequately sound proofed and privacy screens were in place.
- Clients knew how to complain. Information about making a complaint was displayed in the waiting area, along with a suggestions box. Staff knew how to handle complaints appropriate.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were passionate about their work and described the organisation's vision and values.
- Staff had completed mandatory training in safeguarding children and young people and safeguarding adults.
- Staff had participated in audits, for example infection control, health and safety and patient files. Action plans had been developed following audits being undertaken.
- Staff had received an annual appraisal and had supervision every four to six weeks which was recorded in their staff file.
- Sickness levels were low and staff said they felt valued and morale was high. Staff said there were opportunities for further training to develop their role.

# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards

- The service provided online Mental Capacity Act training for staff which had been completed by all of the staff.
- Recovery workers would request a client return at a later date if they presented as lacking capacity due to intoxication. Staff would call a health professional if immediate assistance was required.
- Staff were able to tell us how they would apply Mental Capacity Act knowledge to their work.

# Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are substance misuse services safe?

### Safe and clean environment

- Interview rooms were fitted with alarms. However, the alarm system did not identify where the alarm had been activated. This meant staff were at increased risk as response times were longer as staff had no indication of where help was required.
- All areas were clean, well maintained and cleaning records were up to date.
- The clinic room was clean and tidy and had equipment to carry out physical examinations. Equipment was well maintained. Portable appliance testing stickers were visible and in date. Staff recorded clinic room fridge temperature daily and were aware what to do if the fridge temperature went out of range. Staff had access to emergency naloxone (used to reverse the effects of opioids), which was in date and stored safely.
- Staff adhered to infection control principles. The service displayed hand washing posters at each sink within the service. Hand sanitizer was available in all areas including the clinic room and reception area.

### Safe staffing

- The service consisted of a service manager, a team manager, one team leader, nine key workers, three nurses and three project administrators. The service was fully staffed with no vacancies.
- The provider does not use bank or agency workers.
- The service reported a total staff sickness rate of three percent in the 12 months preceding this inspection 12

months and a turnover rate of 23%. The team manager said the turnover was due to staff being moved into the team when they were merged with another provider and choosing to move to other jobs.

- The average caseload was 45 per recovery worker which was in line with the service policy and there were no clients on the waiting list.
- Caseloads were discussed in weekly meetings and in supervision. The service held weekly meetings to discuss incident reporting and feedback, new referrals, complex cases, safeguarding and clients who had not attended for their appointments.
- Staff had completed mandatory training for example, in safeguarding, incident reporting, infection control and needle exchange.
- Staff had rapid access by phone to a doctor for advice if required, during opening hours.

### Assessing and managing risk to clients and staff

- Six care records were reviewed during the inspection. The records showed that staff had completed five out of six clients had a risk assessment. Risk assessments were comprehensive and included risk to self, risk to others, personal safety, neglect, child care, physical and mental health and relationships. Risk assessments included what process to follow for a client who unexpectedly exits treatment. However, staff had not updated four out of the five risks as assessments within the 12 week timeframe set by the service.
- Safeguarding training compliance rates were 100%. Staff knew how and when to refer clients. There were flow charts visible in interview rooms as reminders of how to refer for safeguarding.

# Substance misuse services

- The service had a lone worker policy and operated use of a code word when conducting outreach visits although two staff usually conducted these.

## Track record on safety

- The service reported no serious incidents within the last 12 months.

## Reporting incidents and learning from when things go wrong

- Staff told us what would constitute an incident and how to report it using an electronic incident reporting system.
- Staff received feedback and learning from incidents at weekly case management meetings. Minutes of these meetings were disseminated to all staff by email.
- There was evidence of feedback from incidents being shared in shared in supervision records.
- Staff said they were supported by their line manager following incidents and were able to access the company employee assistance programme if required.
- Minutes of weekly case management meetings showed that staff discussed identified risks for individual clients and actions were agreed to minimise these risks.
- Managers and staff of the service were aware of the duty of candour as the need to be open and honest with patients when things go wrong. Managers and staff told us that the service supported them to be candid with patients.

## Duty of candour

- Managers and staff of the service were aware of the duty of candour as the need to be open and honest with patients when things go wrong. Managers and staff told us that the service supported them to be candid with patients.

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

- We looked at six case files and found that the clients had an up to date recovery plan. However, staff did not record on the recovery plan or in case notes to show if clients were offered a copy of their recovery plan.

- The service was working towards a paperless system which meant that records were stored both electronically and in paper form. Paper records were kept securely in a locked cabinet in the office.

- There was evidence in client records that staff worked with other agencies, for example housing and probation services to implement social inclusion with clients, and support them to find work.

## Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence (NICE) guidance in prescribing. This included following drug misuse and dependence UK guidelines on clinical management of supervised consumption.
- The service provided needle exchange services to clients that met National Institute for Health and Care Excellence (NICE) guidelines on needle and syringe programmes. The programme offered information and advice on safer injecting, advice on preventing the transmission of blood borne viruses and access to treatment.
- Staff recorded prescribing support for clients in care records.
- Staff completed a clinical health assessment for each client who was engaging in treatment. The assessment included discussion around substance use, medication, family history, sexual health and blood borne virus (BBV) status.
- Staff used the treatment outcomes profile to measure change and progress in key areas of the lives of people treated within the services. Staff used the severity of alcohol dependence questionnaires to measure severity of dependence on alcohol.
- The service had a comprehensive audit programme; staff had participated in audits of patient files, health and safety, infection control and medicines management.

## Skilled staff to deliver care

- The service consisted of a service manager, a team manager, one team leader, nine keyworkers, three nurses and three project administrators.

# Substance misuse services

- Staff attended a corporate induction programme when they started employment. This was evidenced in eight staff files we reviewed.
- Staff received supervision every four to six weeks. Records of supervision were kept in staff files. Managers ensured that staff had received an annual appraisal.
- Staff said they were able to access specialist training to enable them to develop their skills for example cognitive behavioural approaches and motivational interviewing.
- Managers did not have any ongoing cases where staff were being performance managed. They said they had good support from human resources to help them with performance management issues.

## Multidisciplinary and inter-agency team work

- We saw evidence in recovery plans that staff worked in conjunction with a range of services including probation, police, housing, pharmacy, and community mental health teams (CMHT).
- Staff told us that they had good relationships with local pharmacies and a GP practice.
- Staff knew how to refer clients to local crisis mental health teams and had done so for clients experiencing mental health problems.
- The service worked well with other Addaction teams calling upon the experience of other colleagues as required.

## Good practice in applying the MCA

- The compliance rate for mandatory training in the Mental Capacity Act 2005 (MCA) was 100%; staff were able to tell us how they would apply Mental Capacity Act knowledge to their work.
- The services had a Mental Capacity Act policy which staff referred to. If they were unsure they said they would ask the operations manager or team leader for advice.
- Questions about consent to treatment had been recorded in client's records.
- Recovery workers would request a client return at a later date if they presented as lacking capacity due to intoxication. Staff would call a health professional if immediate assistance was required.

- Staff would refer clients to the local authority for a best interest assessment to be conducted if necessary.

## Equality and human rights

- The service supported people with protected characteristics which are, age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity under the Equality Act 2010. The service was accessible for people requiring disabled access. This included adapted toilets on site. Staff had completed mandatory training in safeguarding and equality and diversity.

## Management of transition arrangements, referral and discharge

- The service had good links with the young people's Addaction team who were based in the same building. The young people's Addaction team referred clients who were approaching 19 years to the adult service on a case by case basis. The services were able to hold joint one to one meetings with both adult and young people's services and provide a gradual transfer.
- Referrals to the service came from GP surgeries, criminal justice services, and health professional's probation and through self-referral.

## Are substance misuse services caring?

### Kindness, dignity, respect and support

- We observed staff speaking with clients and interacting with clients in a respectful and caring manner.
- Clients we spoke with told us that staff were interested in their wellbeing and that staff were respectful, polite and compassionate.
- Clients said that they could include their families' friends and carers in their care if they wished and staff supported this.

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

- Recovery plans and case notes did not detail if clients were offered a copy of their plan, although clients we spoke to said they felt involved in their care.

# Substance misuse services

- The service displayed advocacy information within the reception and waiting room area for clients. However, staff were unsure of how they would support clients to access independent advocacy services.
- There was a suggestion box in the reception area where clients could give feedback about the service. Suggestions were discussed at the weekly team meeting.

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

## Access and discharge

- The service had a key performance indicator (KPI) for waiting times from referral to treatment of three weeks. The service had a 100% compliance rate for meeting this target in the 12 months preceding this inspection.
- The service operated extended hours one evening a week to assist clients who worked full time or could not attend day time appointments.
- 501 clients did not attend their appointment over in the 12 months preceding this inspection. The service had a did not attend (DNA) procedure for clients who had failed to attend their appointment. Clients who did not attend their appointment were contacted by letter, email, by phone, or contact was made with another agency also engaging with the client. If clients did not attend three appointments, discharge from the service was considered.
- Referrals to the service came from self-referrals, family members or carers, probation, GPs, health professionals and criminal justice services.
- 135 substance misuse service users discharged from the service in the 12 months leading up to inspection. Thirty nine of these were successful discharges, 65 were unsuccessful discharges and 31 clients were transferred to another service.
- Clients told us their appointments were on time and rarely cancelled and staff informed them of any changes to appointments.

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

- The service had a full range of rooms and equipment to support treatment. This included one to one rooms, a group room, a needle exchange room and a disabled access toilet which was used for urine testing. The service had a fully equipped clinic room. Rooms where clients were seen were adequately sound proofed and privacy screens were in place.

## Meeting the needs of all clients

- The service was accessible for people requiring disabled access; this included an adapted toilet on site.
- A range of leaflets were available in several languages in the reception area.
- Staff were able to access interpreter services for clients for whom English was not their first language.

## Listening to and learning from concerns and complaints

- Addaction Grantham had not received any complaints over the last 12 months.
- Clients knew how to complain. Information about making a complaint was displayed in the waiting area, along with a suggestions box. Staff knew how to handle complaints appropriately.

## Are substance misuse services well-led?

### Vision and values

- Staff were passionate about their work and described the organisation's vision and values.
- Staff knew who senior managers were, spoke highly of them and told us they had visited the team.

### Good governance

- Staff had completed mandatory training in safeguarding children and young people and safeguarding adults.
- Staff had received an annual appraisal and had supervision every four to six weeks which was recorded in their staff file.
- Incidents were reported appropriately. Learning discussed and recorded at the weekly case management meeting.

# Substance misuse services

- Audits were in place, for example infection control, health and safety and patient files. Action plans had been developed following audits being undertaken.
- Managers ensured that staff had a current disclosure and barring service (DBS) check on file.
- The service used key performance indicators (KPIs) to gauge performance of the team. KPIs included waiting times of under three weeks from referral to assessment, percentage of those offered and accepted a blood borne virus vaccination for hepatitis B and percentage of clients at risk offered and accepted hepatitis C testing. All KPIs set out for service had been met in the 12 months preceding this inspection.
- The service manager felt they had sufficient authority and administrative support.

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

- Addaction Grantham had 3% permanent staff sickness overall between October 2015 and October 2016.
- Staff told us they knew the whistle-blowing process and said they felt able to raise concerns without fear of victimisation.
- None of the staff or managers we spoke with raised any concerns regarding bullying or harassment.

- Staff said they enjoyed their roles and that the team was supportive. We saw positive interactions between staff members. Staff said they all worked well together as a team and there was mutual support for each other.
- Staff said there were opportunities for further training to develop their role, for example cognitive behavioural approaches and motivational interviewing.
- Staff felt able to input into developments within the service, Grantham Addaction had developed a breakfast club for clients to have a meal and get informal support in a relaxed setting.

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

- Managers and staff were committed to providing a high quality service for their client group.
- Managers were in discussion with Young Addaction colleagues to ensure that all the clients retain the same level of service they had built up, once the services merge.
- Managers had made changes following a recent independent joint safeguarding report to make the service more effective in responding to safeguarding concerns.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure that risk assessments are updated within the 12 week timeframe set out by the service.

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

- The provider should ensure that all clients are offered a copy of their recovery plan and this is recorded in their case notes.

- The provider should review its alarm system to identify where an alarm has been activated.
- The provider should ensure that staff are aware of how to support clients to access independent advocacy 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
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>Risk assessments had not been updated within the 12 week time frame set by the service.</b>