Addaction - Leamington

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

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- The emergency pull cord in the disabled toilet did not work. This was a breach of a regulation. You can read more about it at the end of this report.
- The service had not routinely informed the Care Quality Commission (CQC) of notifications. This is a regulatory requirement for all providers registered with the CQC. This was a breach of a regulation. You can read more about it at the end of this report.
- There was a cleaning contract, however, there were no cleaning schedules showing regular cleaning. There was no formal audit to ensure areas including the clinic room were cleaned.
- Recovery plans were not specific in their description of the identified issues. Staff had not detailed how to measure the outcome of the clients' goals or who was responsible for completing specific areas.
- Staff did not record when clients were given copies of their recovery plans.
- Clinical waste bins were not labelled appropriately.
- The service did not always notify CQC of incidents as set out in the registration of the service.

Summary of findings

- The service did not audit client files to ensure staff were recording and managing clients treatment appropriately.
- Staff did not all feel a part of the wider Addaction brand.
- There was a first aid box. Some of the contents were out of date and despite having been checked in June 2016.

However, we also found the following areas of good practice:

- Clients told us that workers were non-judgmental and professional. They told us the staff were supportive and the service was good. Clients told us they enjoyed accessing groups and found them useful in their recovery.
- The service was achieving positive outcomes for clients. The service was meeting local and national treatment outcome profile targets for clients accessing the service.
- The service had built effective links with other organisations including probation services, GPs, the local hospital and client support, and mutual aid services. The service provided outreach work and hospital liaison service to provide support to the community to promote inclusion and access for clients across the county.
- Staff completed detailed and holistic assessments on entry to the service. Risk assessments were comprehensive. Staff provided harm reduction advice and psychosocial interventions to aid clients' recovery.
- Staff had access to mandatory training and additional specialist training to ensure they were suitably skilled and qualified. Staff had the opportunity to access training and support to develop and progress within their roles and the service.
- Supervision of staff took place frequently and all staff had received an appraisal in the 12 months prior to our inspection. Disclosure and barring service (DBS) checks were completed and professional registration was monitored for qualified staff.
- Staff adhered to national guidance for the prescription of medication. The service worked with local GPs to ensure physical health checks were completed prior to commencement of community detoxification programmes.
- All client and staff areas were visibly clean and tidy and the clinic room in use by the service was well equipped. Staff made recorded daily checks of fridge temperatures used for the storage of vaccinations.
- Staff morale was high. Feedback from staff we spoke with was that the team worked well together and supported each other. Local and regional managers were accessible and all staff felt able to raise concerns if necessary.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services		See overall summary.

Summary of findings

Contents

Addaction - Leamington

Services we looked at
Substance misuse services

Summary of this inspection

Background to Addaction - Leamington

- Addaction's service based in Leamington Spa provides a service under the name The Recovery Partnership.
- There was a registered manager in place at the service.
- The service provides one to one support and group programmes to those seeking support to make changes to their drug and alcohol use.
- The service provides criminal justice provision, needle and syringe programme, prescribing services and peer support. They also offer physical health checks with a nurse, community and inpatient detoxification and support to access rehabilitation.
- Leamington Spa Recovery Partnership offer service 9am – 5pm Monday to Friday and 9am – 7pm on Wednesday.They also see clients in community venues across the county. The service offers home visits based on individual need. The team covers the Leamington Spa area and county wide if needed. They also offer a hospital liaison service in Warwick Hospital.
- The service recruits Recovery Champions and Volunteers to facilitate Mutual Aid Partnership Meetings, group programmes and support one to one sessions.
- Addaction offer regulated activities in treatment of disease, disorder or injury and diagnostic and screening procedures.
- The service was last inspected 4 February 2014 and met all standards. There were no compliance actions.

Our inspection team

The team that inspected the service comprised CQC inspector Maria Lawley, two other CQC inspectors, a doctor and an expert by experience.

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

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

Summary of this inspection

- visited this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with 13 clients
- spoke with the registered manager, a non-medical prescriber nurse and a contracts manager
- spoke with 12 other staff members employed by the service provider, including project workers, a hospital liaison worker and administration staff
- spoke with three doctors
- received feedback about the service from one commissioner
- spoke with three support volunteers
- spoke with two recovery coaches
- attended and observed two hand-over meetings, a multidisciplinary meeting, and a daily meeting for clients
- collected feedback using comment cards from 16 clients
- looked at 12 care and treatment records, including medicines records, for clients
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with 13 clients and received comments cards from 16 clients. Clients told us that workers were non-judgemental and professional. They told us that they received good support from staff and the service is consistent. Some clients told us that they found the attitude of the doctors to be negative. However, the majority of clients we spoke with told us the staff were supportive and the service was good. Clients told us they enjoyed accessing groups and found them useful in their recovery.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- The emergency pull cord in the disabled toilet did not work. This was a breach of a regulation. You can read more about it at the end of this report.
- The service had not routinely informed the Care Quality Commission (CQC) of notifications. This is a regulatory requirement for all providers registered with the CQC. This was a breach of a regulation. You can read more about it at the end of this report.
- Staff had not consistently reviewed risk assessments every 12 weeks.
- The service did not audit client files to ensure staff were recording and managing clients treatment appropriately.
- There was a cleaning contract, however, there were no cleaning schedules showing regular cleaning. There was no formal audit to ensure areas including the clinic room were cleaned.
- Clinical waste bins were not labelled appropriately.
- There was a first aid box. Some of the contents were out of date and despite having been checked in June 2016.

However, we also found the following areas of good practice:

- Areas were clean and tidy, furnishings and fixtures were well maintained. Staff adhered to infection control principles. The clinic room was well equipped. Medications were stored appropriately and in date. Medical equipment tested and calibrated. The room allocated for needle exchange was well stocked and in good order.
- Staff engaged in daily team meetings to discuss clients and risk management. Team leaders monitored staff caseloads to ensure client information was up-to-date. Staff compliance with mandatory training was high.
- The service was open access which meant clients did not have to wait to access the service. There was adequate medical cover. Nurse clinics were held daily and doctors clinics twice weekly.
- Records were stored securely and appropriately. Staff completed comprehensive risk assessments and risk management plans. We saw good management and escalation of adult and child safeguarding cases.

Summary of this inspection

- Staff were aware how to report incidents and the service showed learning from incidents.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff completed comprehensive, holistic assessments of clients. Staff had completed recovery plans with most clients.
- The service followed national guidelines in prescribing for substance misuse and detoxification.
- The service had a range of staff and volunteers available to support clients.
- Staff were appropriately trained and received regular supervision.
- The service had good working links with partnership agencies. Staff showed good multi-agency working procedures.
- All staff were trained in the Mental Capacity Act and could describe how they would assess capacity.

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

- Staff had not consistently reviewed recovery plans every 12 weeks and staff had not recorded whether clients had received a copy of their plan. Recovery plans were not time-specific and did not specify clearly how clients would achieve their goals.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were respectful and supportive to clients. Staff maintained confidentiality and were professional.
- Most clients gave positive feedback on the service and told us they found staff to be non-judgemental and helpful.
- Clients knew how to give feedback on the service and how to complain.
- Some clients had recovered through help from the service and had progressed to be recovery champions and volunteers for the service.

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

- Some clients felt communication from staff could have been better.

Summary of this inspection

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The service had no waiting times as it was open access and clients could self-refer. Clients were often allocated to the worker who they had initial contact with to reduce to duplication. Discharges from the service were well planned.
- Staff had access to adequate space to see clients. Clients could access a wide range of groups to support mutual aid and recovery.
- The service had a close working relationship with a local support service who also offered support to clients including benefits and housing advice.
- There was a robust complaints procedure in place and staff responded formally to complaints.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- The service did not always notify CQC of incidents as set out in the registration of the service.
- Staff did not all feel a part of the wider Addaction brand. The senior management team were not as visible within the service.

However, we also found the following areas of good practice:

- Staff morale was high and staff we spoke with all described how they enjoyed working within the staff team. Staff felt supported by their line managers. Staff were passionate about their roles and work with clients.
- There was a robust governance structure fed into by managers.
- Staff were able to progress within the service and access training to develop in their roles.
- The service had developed a 'gold standard' package to support their work carried out with clients and drive up quality of treatment packages offered.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- One hundred per cent of staff were trained in the Mental Capacity Act.
- We reviewed 12 client records. Nine records contained a confidentiality agreement and consent to share information directive at assessment. However, none were updated in the last three months. This meant clients were not routinely having their rights to confidentially explained to them and consent to treatment sought.
- Staff assessed a client's capacity to understand information at assessment and at each contact. If a client was heavily under the influence of a substance and unable to understand and retain information they might be asked to rebook their appointment. This was part of the client's agreement to access treatment through the service.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- All areas used by clients and staff were visibly clean, tidy and in good order. Client rooms and reception areas were well lit, comfortably furnished and visibly clean. The reception and waiting area contained fixed seating which was comfortable and visibly clean.
- All staff accessible areas and offices were visibly clean, tidy and clutter free. There was no client identifiable information left on desks or around the office.
- Cleaning staff were contracted externally and attended the office daily to clean. We saw a cleaning contract, however, there were no cleaning schedules showing regular cleaning. The contracts manager told us that individual sites were responsible for ensuring cleaning had been carried out. There was no formal audit to ensure this was done at the service, however, the manager told us they carried out informal environmental checks of the building daily before service closure.
- Staff adhered to infection control through hand washing and we observed good hand hygiene on our inspection. All staff toilets and the clinic room had hand washing posters and adequate hand washing facilities. Client toilets did not have hand washing posters displayed, however, there were adequate facilities to wash hands.
- Clinical waste was collected by external contractors monthly, however, if they were required to attend more frequently the service could arrange this.
- In the ground floor disabled toilet we found poorly labelled clinical waste bins, one of which was not sealed to prevent odours. General waste bins in both downstairs toilets had damaged mechanisms which meant the lids had to be lifted by hand. The pedal mechanism did not work on the general waste bin meaning clients had to lift the lid with their clean hands in order to dispose of towels. The disabled toilet emergency pull cord was not in working order when tested. These issues were highlighted to staff on the day and they addressed the issues immediately.
- There was one clinic room and it was visibly clean, well-stocked and in good order. There were hand washing facilities and adequate amounts of soap and alcohol gel, as well as hand washing posters. The room was well ventilated.
- There was an examination couch, blood pressure monitor and weighing scales all of which were tested and calibrated. There was a first aid box. Some of the contents were out of date and despite having been checked in June 2016. There was a biohazard spill and vomit cleaning kit available. There was a fridge containing combined hepatitis A and B vaccinations, which were in date. There was a lockable fridge with an external temperature monitor to ensure staff could identify if temperatures had dropped during a power cut or fridge malfunction. Daily fridge temperature records showed temperatures were always within the safe permitted range.
- Emergency drugs, naloxone and adrenaline, were kept in a locked cupboard and were in date. There was no emergency resuscitation equipment in the building.
- There were three fire wardens on site. There were also two qualified first aiders. There was an additional trained first aider who was a volunteer for the service.
- The room allocated for the needle exchange service was well stocked and in good order. Stock was in date. Staff kept a record of clients using the service. However, clients could choose to be anonymous by use of initials. Records of people using the needle exchange were kept

in order to make a full assessment and ensure safety of the client. Clients also had access to condoms. There was adequate signage, leaflets and posters displayed giving details on alcohol and drug-related harm as well as naloxone information. On the day of our inspection the chair being used in the room was not suitable as it was fabric and not wipe clean for infection control. Staff addressed this immediately.

- All visitors and staff signed in on entry to the building. All staff had an access fob for locked doors for staff only areas of the building. Clients were escorted by a member of staff to interview rooms and all client rooms were in a part of the building only accessible by staff access fobs. This ensured that clients were not left alone and blind spots could be mitigated. Clinic and needle exchange rooms were kept locked.
- The service had a lone working policy in place. Staff were required to carry a personal alarm when seeing clients for key work sessions. Alarms were available in reception. There was no integrated alarm system within the building. Hand held alarms were not loud enough to alert staff if the worker was alone in an interview room at the farthest end of the building. We discussed this with the service manager who told us the services were aware the alarm call system was inadequate and they had ordered an integrated system to be fitted in September 2016.
- In order to mitigate against risk, staff risk assessed clients and discussed risks in daily team meetings called 'flash' meetings. If clients were deemed a risk to staff they would be seen by two members of staff or at another venue e.g. use of a room within the local probation service. If risk was unknown staff would see the client in a room next to the reception office where raised voices could be clearly heard and acted on. Reception staff would also have a log of who was in each room of the building and would walk past rooms to check all was well. Staff could see into interview rooms through a glass panel on the door. One interview room did not have a glass panel and staff told us they would not use this room to see clients who were assessed as a risk to staff.
- Building checks including health and safety audits were carried out annually for fire, lift, emergency lighting and signage and legionella. The manager also carried out monthly audits of the building and weekly fire alarm and building cleanliness checks.

Safe staffing

- The service had a staff complement of one service manager, two team leaders, two administration staff, 15 project workers; including a hospital liaison project worker. There was one project nurse, one non-medical prescribing nurse and two sessional doctors. There were also five volunteers. There was one vacancy for a project worker. Staff turnover was 14%.
- Staff compliment was determined and reviewed based on the needs of the project, there was no definitive number of staff allocated to sites.
- There were three members of staff on long term sick leave at the time of our inspection. The team told us that due to sickness levels, workload had increased and the environment had become pressured. We discussed this with staff members and management who acknowledged that workload had increased but was manageable. There was a plan in place to ease pressure through use of group work with clients and employment of a temporary sessional worker who was a volunteer familiar with the service, if needed.
- The average caseload for a full time project worker was 45 clients. There was no upper limit. However, team leaders would monitor and review workers caseloads when caseload reached 50.Caseloads varied between workers depending on the complexity of clients and the experience or commitments of the worker.
- Caseloads were reviewed by team leaders every Monday and were determined by service demand and individual staff commitments. For example, group facilitators had reduced caseloads to enable them time to offer group sessions. In the instance of long term sickness, caseloads were distributed amongst the team which impacted and increased average caseload numbers. The team leader monitored individual staff caseloads by using a caseload monitoring tool with information taken from the electronic case note recording system. This included red, amber and green rated information about

due dates of risk assessments, care plans and when the client was last seen for an appointment. Team leaders shared this information with staff to support their caseload management.

- There were no agency or bank staff employed at Addaction. Requests for agency or bank staff were submitted to the locality service manager and contract lead. Agency staff were screened through Addaction Business Hub.
- Doctor's clinics were held twice weekly on a Tuesday and a Thursday. Doctors offered substitute prescribing for addiction to opiates and assessment.
- Nurse's clinics were held daily. Nurses offered health checks, blood borne virus testing and detox assessments. The non-medical prescribing nurse attended three times weekly and offered support for prescribing on days when the doctors were not at the service. The project nurse offered health checks and blood borne virus testing three times a week.
- If the non-medical prescribing nurse or doctor was off sick at short notice, cover could be sought from another area of the service.
- The service was an open access service therefore did not have a waiting list as clients could self-refer and attend to seen by a duty worker in opening hours. The service was not a 24-hour service. Opening hours were Monday to Friday 9am until 5pm and Wednesday 9am until 7pm.The service did not offer weekend or bank holiday cover. External agencies could also refer into the service.
- All staff undertook mandatory training courses. Staff compliance was as follows: Safeguarding Children and young people 100%, Safeguarding Adults 100%, Equality and Diversity 96%, Health and safety 65%, Safeguarding Information 100%, Infection control 100%. Nurses in addition completed: Infection control 100%, Medicines management 100%, Mental Capacity Act 100% and Immunisation and Vaccination 100%. All courses were e-learning.
- Staff were trained to complete oral and urine drug testing. Training was completed on induction by observing the process and being observed before competency was signed off.
- Dry blood spot testing training was completed in 2015 with staff. Staff employed since were awaiting competency sign off therefore nurses and the wider team offered support in their place.

Assessing and managing risk to clients and staff

- We examined 12 client records. We found all of them had an up-to-date risk assessment. Eleven records had a risk management plan in place. Nine showed a comprehensive level of detail with specific actions for the service and client. This included named agencies and workers to contact as part of the plan and step by step actions to manage risk. Eleven included actions the service should take if the client disengaged unexpectedly, however, only one was personalised to the client i.e. included information specific to the client. Others detailed that the worker should follow the did not attend procedure.
- Staff were required to update client risk assessments every 12 weeks. This was not routinely happening and we saw gaps of longer than 12 weeks between reviews. The team had access to a 'grab and go' pack which included paperwork which required updating every 12 weeks. This included a risk assessment recovery care plan and consent and confidentiality forms. These were accessible to staff within reception to take into client appointments. However, we did not see evidence in files that these were being used routinely and was not imbedded practice at the time of our inspection.
- Clients' physical health was assessed by a nurse during a health check on admission and an annual health check thereafter. Any deterioration in mental or physical health was monitored through key working sessions, attendance at doctor's and nurse's clinics and on collection of their prescription.
- Staff we spoke with were knowledgeable and thorough when they explained how they holistically assessed clients' needs at the point of admission and throughout treatment. Assessments were stored in client records and on the electronic case note recording system called nebula. Assessments had included an exploration of the client's history of substance abuse, risk and any safeguarding children and adults concerns.
- Staff we spoke with were knowledgeable about safeguarding of both adults and children. They were able to describe situations where they would make a

referral and pathways for safeguarding referrals. We saw evidence in client records of appropriate identification and escalation of safeguarding cases. This included evidence of multi-agency working. Staff we spoke with were able to tell us how many safeguarding, child in need and common assessment framework cases they had open on their caseloads. Staff were able to speak confidently and knowledgably about individual case management.

- We saw systems in place for workers to regularly discuss safeguarding cases in supervision and through morning meetings and monthly team meetings or as needed with team leaders.
- The service did not audit client records or monitor numbers of open safeguarding cases. This meant they could not give us accurate numbers of open safeguarding cases and did not monitor referrals made to children's services. We were told by the manager that recording relied on staff members to input data correctly on the electronic case note recording system. If staff did not input data correctly regarding open safeguarding cases, this data would not appear on management data tracking tool. Safeguarding of individual safeguarding cases was monitored through supervision.
- The service told us they had made contact with the multi-agency safeguarding hub following its launch in April 2016 in order to set up links. Staff we spoke with told us they were aware of and had completed the referral process. However, they did not always receive feedback from the team about their referral. Staff told us they often had to carry out follow up calls to find out the outcome of referrals. The staff office had posters displaying the contact numbers of the multi-agency safeguarding hub and local safeguarding authority so staff could find the information quickly.
- There was a safeguarding lead within the team. They drove improvements in safeguarding case identification, recording and management within the team through coaching and training.
- The service had a dedicated and trained prescription administrator. Their role was to coordinate and produce batches of prescriptions for clients using a computer generated program in readiness for doctors to sign and issue to clients. They also coordinated prescription files for clients who hand collected.
- Staff stored prescriptions in a locked safe and ensured a limited number of staff had access to them. There was also monitoring of use of prescriptions. No medicines were stored on site except for emergency use, naloxone and adrenaline. All staff were trained in how to administer naloxone.
- Clients were discouraged from bringing children with them when attending the service. This was because there are no childcare facilities on site and the environment and content of discussion was not deemed appropriate for children. In cases where clients had no choice but to bring their child as they were the main carer, the service worked with them by offering outreach and home visits.

Track record on safety

- No requiring investigation had occurred within the past 12 months at the time of reporting
- An incident reporting policy and procedure was in place.
- We saw evidence to show as a result of an incident the service ensured all staff were aware of the circumstances and outcome. The appropriate policies were followed and staff were briefed on how to manage a similar situation in the future.
- All incidents were recorded on their electronic incident reporting database and they had informed the national Addaction office. However, the service had not routinely informed the Care Quality Commission (CQC) of notifications. This is a regulatory requirement for all providers registered with the CQC.

Reporting incidents and learning from when things go wrong

- Staff we spoke with were aware of how to report incidents and what incidents to report. The service had recently changed its incident reporting process and staff were no longer able to record incidents themselves. The manager recorded incidents on a system called Ulysses. Staff knew they had to report incidents to their manager to input Ulysses. We saw evidence of appropriate incident reporting.

- Incidents were reviewed monthly by the critical incident review group. This was attended by the service manager and regional manager, who reported to the Addaction national clinical and social governance group. Incidents discussed locally were then fed back nationally in this group which was attended by commissioners for the service. This showed service openness and transparency with commissioners.
- The service had quarterly learning meetings. Addaction head office provided each service with five case studies of anonymised incidents that had happened within the service in the previous quarter. The team would chose three to discuss as a team and identify learning. They then fed this back to head office to share learning with the service.
- We saw evidence of learning and outcomes following examples of a near miss and two incidents. The service had analysed the incidents and produced detailed outcomes and improvements for the service. This was then filtered down to staff through team meetings and supervision as well as changes in practice.
- Staff we spoke with told us they had received debriefs following incidents and we saw this was recorded as part of the incident reporting process.
- We identified inconsistency within the staff team when it came to how much information was fed back to staff following the death of a client. Some staff members received detailed feedback from managers about their management of the client whereas some staff did not.

Duty of candour

- The service followed principles of duty of candour.
- We saw evidence of duty of candour in response to a complaint. The complaint had been upheld and the service manager had acknowledged the service was at fault and apologised to the client in writing including how the issue had been resolved.

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

Assessment of needs and planning of care

- We examined 12 client records. All clients had a comprehensive assessment completed at the beginning of treatment. This included assessment of psychological, physical, social, offending history and safeguarding. Clients who reported alcohol use also had an alcohol audit and, if required, a severity of alcohol dependence questionnaire completed. We saw that assessments had included exploration of history of substance abuse, risk and safeguarding children and adults.
- Of the 12 records we examined, ten contained an up-to-date recovery plan completed within the previous 12 weeks. Staff were required to update client recovery plans every 12 weeks. This was not routinely happening and we saw gaps of longer than 12 weeks between reviews.
- Recovery plans were written using mapping tools using a scaling questionnaire which identified client's priorities. These would then be built upon in the form of a recovery plan. Recovery plans were not specific in their description of the identified issues. Staff had not detailed how to measure the outcome of the goal or who was responsible for completing specific areas. Recovery plans did not specify clearly how clients would achieve their goals. Recovery plans were not completed in full using all of the mapping tools available. Therefore despite being updated, staff were not routinely using follow up mapping tools to support the recovery plan process. Plans were not written in language likely to have been used by the client. Eight clients had signed their recovery plans, however, staff did not record whether they had been offered a copy. Most clients we spoke with knew what a recovery plan was but could not recall whether they had been given a copy.
- The manager identified that client records may not all be consistently detailed but identified ways they were addressing this within the service. This included use of the gold standard package which was a tailored pathway for staff to use with clients depending on the problematic drug the client used. This package detailed how workers should record client notes and treatment options. We saw that that staff had progressively begun to use the structures set out in the gold standard package within case notes we reviewed.
- Client records were stored securely on a password protected web-based case note recording system. Client records were also partially kept in paper records which

were stored in locked cabinets in a locked office. Case files were stored neatly and in alphabetical order. The managers and staff members were all responsible for maintaining this.

Best practice in treatment and care

- Clients in the service were prescribed medicines recommended by national guidance (Methadone and buprenorphine for the management of opioid dependence, National Institute for Health and Care Excellence (NICE), 2007; DH, 2007; NICE, 2011). Staff told us an electrocardiogram (ECG) would be arranged for clients taking over 100ml of methadone. The ECG monitored potential heart abnormalities due to their dose of medicine. This was in accordance with national guidance (DH, 2007; Guidance for the use of substitute prescribing in the treatment of opioid dependence in primary care, Royal College of General Practitioners, 2011).
- When clients were abstinent from alcohol staff prescribed medicines to assist with their abstinence. This was in accordance with national guidance (NICE, 2011). Clients could be offered a community alcohol detoxification if deemed safe by staff to do so. When they did, a client's family or friend would remain with them throughout the detoxification. Staff would visit the client at least twice during the first three days of the process to administer the medicines, and check for symptoms of alcohol withdrawal checked. Staff could organise an admission for an in-patient detoxification if required.
- Staff were able to provide NICE recommended psychological therapies such as cognitive behavioural therapy, brief solution focused therapy and motivational interviewing.
- Staff offered clients blood borne virus testing for hepatitis and HIV. This was in accordance with best practice (DH 2007). The service also offered clients hepatitis vaccinations.
- The service supported clients and made referrals to other organisations to help with housing, benefits and employment needs. The service worked closely with a partner support agency and advised clients about the service from the point of assessment. The support service who offered peer support, mentoring, awareness and training for clients. They also had a family support service.
- Addaction had made 78 referrals to the service between January 2016 and July 2016 for clients to access addiction support. Eighteen of these referrals were for support pre or post detox. They had made six referrals to the service for clients families to receive support, however, the support service were able to show us data on self-referrals and we noted that a great deal of families associated with clients of Addaction had self-referred. The service rented a room within the support service building which was located within walking distance from the Addaction service. Groups offered by Addaction were held primarily at this location.
- We saw consideration of clients' physical health needs and thorough recording of test results within the patient care record. The doctors always reviewed blood test results and other physical health tests, such as ECGs. The service encouraged and supported clients to make appointments with their GPs when needed. Clients were provided with an annual health check.
- The service recorded client outcomes using the treatment outcome profile (TOP). Staff measured outcomes when clients entered treatment and every three months. When clients where discharged from the service, a final outcome measurement was undertaken. We saw evidence of these being completed consistently in client records. We also saw that the service met its external target of 80% and internal target of 95% completion consistently in on a monthly basis. The service also provided information to the National Drug and Treatment Monitoring Service (NDTMS).
- Doctors followed National Institute for Health and Care Excellence (NICE) guidelines and Drug Misuse and Dependence: UK Guidelines on Clinical Management when treating and prescribing for clients. Nurses followed these guidelines when carrying out detox with patients. This included assessment, multi-agency working, prescribing, monitoring and medication reconciliation.

- Staff we spoke with told us they delivered appropriate psychosocial interventions with clients including motivational interviewing, solution focused therapy, cognitive behavioural approaches and brief interventions.

Skilled staff to deliver care

- The team included project workers, volunteers, recovery coaches and access to clinical staff; doctors and nurses.
- All staff at the service had received separate monthly management and caseload supervision. All staff at the service had received an appraisal. Nursing staff undertook clinical supervision. Both doctors at the service had undergone revalidation within the last 12 months.
- Doctors had undergone the Royal College of General Practitioners Certificate in the Management of Drug Misuse Part 1.
- All staff were subject to a first day induction and a four week induction plan to the service which covered requirements of the role and local service needs. A six month induction plan would then be developed between individual staff and their line manager to explore any needs and concerns that may arise during the probationary period. Volunteers had the same induction, training and supervision as paid staff.
- We reviewed five staff personnel files for the service. We found evidence of performance management regarding sickness absence and productivity with agreed actions and expected outcomes.

Multidisciplinary and inter-agency team work

- Multidisciplinary team meetings were held monthly at alternating services across Coventry and Warwickshire. The clinical lead chaired the meetings. The host site would bring complex or high-risk cases to discuss. Other sites would also have the opportunity to bring cases.
- Staff had a daily team meeting they referred to as a 'flash' meeting. We observed a meeting. Staff discussed risk issues arising on the day, fed back positive outcomes about clients and information about training. We saw praise given to a staff member by the team leader following a client's successful detox. We saw staff arranging to sign a birthday card for a volunteer, this showed caring. The staff appeared open and free to discuss matters with the manager.
- Staff had fortnightly team meetings, which alternated between a formal business meeting and a development meeting. The formal business meeting discussed team and service wide issues. The development meeting discussed client cases.
- Within case files we saw evidence of positive multi-agency working across a range of services including criminal justice, local authority safeguarding and the support service. We also saw regular correspondence with the clients GP and pharmacy.
- There was a hospital liaison worker within the team who carried out the role daily in Warwick Hospital. The role included assessing patients who had attended hospital and been identified by staff as possibly having a drug or alcohol problem. The hospital liaison worker provided transition and continuity of care when patients were back in the community so they could access the Addaction service. The hospital liaison worker would also provide a brief intervention to those who did not require or want a long term service. This would include giving the person information about drug or alcohol harm and how to access services if they wanted to.
- The hospital liaison worker did not attend morning flash meetings but was able to feed into them beforehand by telephone if any clients had been admitted to the hospital overnight. This helped the team with case management and risk assessment. As part of the role, they also provided training to hospital staff, including student nurses, about drug and alcohol issues. In August 2015, they attended the annual nurses conference for Warwickshire and delivered a presentation in conjunction with an ex-client giving the servicer user the opportunity to give their perspective to professionals working outside the substance misuse field.
- The hospital liaison worker attended a monthly meeting with a consultant, nurses from the gastroenteritis team, acute wards and accident and emergency to discuss

how they could improve processes within the hospital and develop the role. As the role is a specialist role there is no cover provided when the worker is off work so hospital staff were required to fax referrals to the service.

- The service had a good relationship with local mental health services. We spoke with a manager of the local mental health team and they described a positive working relationship with the service. The service were a founding partner of a dual diagnosis steering group and we have dedicated dual diagnosis leads. They had a joint training programme for dual diagnosis which included the Mental Capacity Act.

Good practice in applying the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

- One hundred per cent of staff were trained in the Mental Capacity Act.
- We reviewed 12 client records. Nine records contained a confidentiality agreement and consent to share information directive at assessment, however, none were updated in the last three months. This meant clients were not routinely having their rights to confidentially explained to them and consent to treatment sought.
- Staff assessed a client's capacity to understand information at assessment and at each contact. If a client was heavily under the influence of a substance and unable to understand and retain information they might be asked to rebook their appointment. This was part of the client's agreement to access treatment through the service.

Equality and human rights

- The service worked with the Equality Act 2010. Within their central policies, all policies were quality impact assessed.
- There were no restrictions on anyone accessing the service. All people over the age of 18 could access the service. The service had a transitions policy and joint working agreement with a children and young person's service, to support the transition of young people into adult services.
- The service had considered the Equality Act 2010 nine characteristics when delivering care and treatment, and developing policies and procedures.
- The service had lifts and disabled facilities and staff were able use alternative centres to see service users, if needed.
- The service website had translation facilities that covered a wide range of languages. It also had a 'listen with browser loud' facility. Staff could access a range of leaflets in different languages and had access to translation services.
- The service had also promoted a variety of awareness days within the service including Time to Talk, World Hepatitis Day, Alcohol Awareness, Dry January and HIV Awareness Day.

Management of transition arrangements, referral and discharge

- Staff we spoke with were able to describe how they planned for discharge with the client and that they explained to clients how they could re-access the service, if needed.
- Staff referred to partner support agency routinely for clients to access support following case closure.
- The service offered support to adults aged over 18. The service had a transitions policy and joint working agreement with the young person's service to support the transition of young people into adult services. There was a designated transition worker who worked with local youth substance misuse service in order to support 18 year olds to transfer to adult services.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed relaxed, friendly and positive interactions between staff and clients. Communication with people on telephones was positive and staff responses were knowledgeable and professional.
- We observed staff maintaining confidentiality while in the reception area by not using full names or personal information in front of other clients. Any unattended computers were logged out or switched off and there was a clear desk policy. All staff wore identification badges.
- All clients we spoke with felt supported and respected by staff. Clients told us that workers were

non-judgemental and professional. They told us that they received good support from staff and the service was consistent. Some clients told us that they found the attitude of the doctor to be negative. Five clients told us that they had experienced being kept waiting in reception for their worker with no explanation or apology. One person told us that they were not notified when appointments were cancelled and another told us they felt they were not believed when they gave a reason for their lateness to appointments. However, the majority of clients we spoke with told us the staff were supportive and the service was good.

- Clients told us they enjoyed accessing groups and found them useful in their recovery.

The involvement of clients in the care they receive

- Clients were able to explain structured interventions that had been carried out in their key working sessions and how it had benefited them. Clients were also able to describe completing a care plan although not all clients could remember receiving a copy of this.
- All clients knew how their family could access support if needed. All clients felt that they were seen quickly by services when they needed it. This included swift access to community detox.
- Clients we spoke with felt in control of their treatment and felt they had choices. All clients had been offered access to groups and mutual aid.
- Recovery champions were involved with recruitment. Recovery champions are people who have been through services themselves and want to help others through recovery. Recovery champions we spoke with described how staff had empowered them to do the role and some had transitioned to volunteers for the service.
- Clients had access to a comments box located prominently in the reception area with comments cards to give feedback on the service. A quality circle was held quarterly and clients are invited to attend and discuss a focus topic and give feedback. This was promoted in reception and through client sessions. Addaction had a client survey, however, this had been replaced in 2016 by a survey to inform commissioners on the new service design in advance of the change of commissioning contract in 2017.The results of this had not been collated at the time of our inspection.
- All clients could explain how to give feedback on the service and knew how to complain if they needed to.
- Staff referred clients to partner support agency for advocacy. Although they were not an official advocacy service, they did offer clients support.

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

Access and discharge

- The service was open access, which meant clients could self-refer and a duty worker would see them. They did not have a waiting list. Clients were seen and assessed when they presented to the service, or whenever was practical for them. Following referrals received from other services, the duty worker would triage the referral and made an appointment for the client. Clients did not have to wait for allocation of a keyworker if one was required. The service offered an allocation from assessment process whereby the worker completing the assessment would be the allocated project worker. Team leaders one hour a day booked for allocations and to check on booked assessments.
- There was no waiting time for the allocation of a project worker. The service offered an allocation from assessment process whereby the worker completing the assessment would be the allocated project worker. In instances where the assessment worker could not take the allocation due to circumstances such as high caseload, imminent leave or conflict of interest, the team leader would allocate at the earliest opportunity. Team leaders had time booked in their diary from 9am until 10am for allocations and to check booked assessments.
- At the time of inspection, the service had 373 open client records on their caseload. Twenty-four were non-opiate using clients accessing brief interventions and offered access to the non-opiate group. The remaining 227 clients were opiate users and 122 alcohol users. They were accessing structured interventions such as group work, involving psychological therapies, and were prescribed substitute medications.

- When clients telephoned the service, a duty worker was available to speak to if the usual recovery worker was not available. All staff were required to work in the duty role and as part of a rota.
- The service assessed all clients with a drug or alcohol problem. There was no exclusion criteria for the service, although the service did not treat people under the age of 18, who accessed another service.
- The service was able to make a referral for an in-patient detoxification bed when required. The panel of professionals and commissioners met every three weeks to agree and arrange this. Clients could attend an in-patient detoxification service in Manchester. Managers said access to this service was good and they had not experienced any delays in accessing a bed.
- The service had recently changed the way clients accessed their prescriptions. Previously, prescriptions were posted directly to clients' local pharmacy for collection. The service changed their policy so clients had to pick up their prescriptions from the service. Staff told us this had improved engagement with clients due to them attending the service more frequently. However, clients we spoke with identified concerns with the new system due to attending work, financial strain of travelling into the service and those living rurally being unable to easily access the service by public transport. Staff told us prescription collection was assessed on a case by case basis and adjustments made if the client could not access the service easily.
- The 'did not attend' rate was 20%. Staff followed the 'did not attend' policy to re-engage clients. Staff would telephone and write to the client to re-engage. If concerned or an identified risk, staff could carry out a home visit and would contact other services associated with the client.

The facilities promote recovery, comfort, dignity and confidentiality

- There were adequate numbers of rooms to see clients for key working sessions and group work. The service rented a room in the partner support agency building. Rooms were private and sound proof.
- Clients could access drinking water from the reception area on request.
- The service had a wide range of groups and training sessions available for clients to attend. These included: understanding substance misuse, harm reduction, alcohol awareness, non-opiate drop in group, self-build program, mutual aid partnership meeting, art group, knit and natter (a creative and informal group) and mindfulness. Most groups were offered weekly but start dated varied and clients were required to complete a minimum attendance.
- The service also offered a group for clients to prepare them for detox and rehab every six weeks. Groups were run by project workers and volunteers.
- There was also a weekly naloxone session to give opiate overdose awareness, how to give a naloxone dose and to dispense a naloxone pack. This was a compulsory group for new clients prior to receiving substitute prescribing. Clients had to undergo training even if they decided not to accept the naloxone pack.

Meeting the needs of all clients

- There was disabled access to the building and access to a disabled toilet. The lift was tested and working.
- The service worked well with partner support agency who had a building across the road that could be accessed by Addaction staff. Staff found some clients preferred to attend this building as there was less stigma attached to attending the building.
- While we did not see any leaflets in reception for clients who do not speak English, staff had access to a library of information in other languages.
- There was a range of leaflets and posters available for clients in the reception area. Information included drug awareness, blood borne virus awareness, group information, mutual aid and volunteer opportunities, how to comment or complain and how to contact the care quality commission.
- The service used Lingo Links Interpreting service for face to face interpreting. The service was available daily. Staff booked interpreters if they knew one would be required, however, told us they could attend at short notice if needed.
- The service used partner support agency for service user involvement and advocacy.

Substance misuse services

Listening to and learning from concerns and complaints

- The service received four complaints in the previous 12 months. One was upheld by the service. The service received 29 compliments.
- We saw a spread sheet of complaints that could be accessed by all managers across the Coventry and Warwickshire services to share learning.
- We saw evidence of a robust complaints procedure that had been followed by the manager including correspondence with the client. However, this was process was not routinely recorded in the client notes.
- Clients we spoke with knew how to make a complaint about the service if they were unhappy about any aspect of it.Some clients told us they had complained to the service informally and felt staff had been dealt with them appropriately.
- Staff received feedback on complaints if it related directly to them. The service would then identify whether additional support or training was required and manage this through supervision.

Are substance misuse services well-led?

Vision and values

- The Addaction values are: Compassionate, Determined and Professional. Managers told us staff had embedded this within the work they do, and was discussed within supervision and appraisal.
- Addaction had produced a Strategy 2016- 2021, which looked at the needs of the business over the next five years, and how they would achieve this. Managers said this was discussed within team meetings.
- Staff identified that they felt part of a strong and close team and enjoyed working within the team. Staff had high praise for their manager and team leader. The regional manager was visible in the service as they often used it as a base.
- Staff told us support from direct line management was good. They felt communication from the senior management team was not always as good. The senior management team communicated mostly by email. The leadership from the senior management was not always consistent and visible. Staff told us the Chief Executive Officer (CEO) last visited the service in 2014.
- Historic changes within the contract had led to many staff members being subject to Transfer of Undertakings (Protection of Employment) Regulations 1981 from other services into Addaction. This meant that while staff felt part of a team within the Leamington Spa service, they did not necessarily identify as being a part of Addaction. This was further complicated by the use of the name The Recovery Partnership.
- Staff we spoke with were passionate about their roles and showed knowledge and enthusiasm around supporting service users to achieve recovery. Within the team office area there was a display called 'Soul food' where staff could write on post it notes and stick them on to give positive feedback and affirmation to other team members. We saw many positive affirmations posted from staff.

Good governance

- Clinical leads had clinical oversight of individual services and were supported by the services' clinical governance framework, which was overseen by the medical director. The medical director was responsible for clinical governance and standards within the organisation, accountable for the qualification, competency, accreditation and registration of all clinical staff and was supported by the national governance team.
- We saw good governance around incident recording and reporting. However, Addaction had not been providing the CQC with regular notifications as required as part of their registration.
- All clinical governance and performance matters in the service were reviewed by the clinical social governance committee. They had overarching responsibility for clinical governance in Addaction services and ensuring services are safe, effective and evidence based, in line with national standards.
- The service had undergone changes to the management team earlier in the year. The management team meet weekly for management meetings and fortnightly for 'innovations' meeting where new ideas and improvements were explored.

- The service introduced a morning 'flash' meeting in order to improve communication between team leaders and the staff team. Flash meetings explored risk, safeguarding and operational issues affecting the service each day.
- All staff and volunteers had been disclosure and barring service checked. Fit and proper person checks were carried out at the service.
- Staff had individual performance targets related to completion of mandatory training, treatment outcomes profile compliance (minimum of 95% of whole caseload), and attendance to supervision and team meetings. In the team office there was a performance board which contained team targets. The manager set this up as a motivator to staff to see how their work impacted overall service targets. There was also a translation of what performance targets meant in real terms for workers. For example, how many positive closures each worker needed to complete each month to meet targets. It was also a transparent way to show staff what the service was measured on and how local team measured up against the service targets. This is updated by the team manager weekly. Service performance was also reviewed in team meeting.
- The service had no recorded serious incidents within the 12 months leading up to the inspection. All incidents were recorded on their electronic incident reporting database and they had informed the national Addaction office. However, the service had not routinely informed the Care Quality Commission (CQC) of notifications. This is a regulatory requirement for all providers registered with the CQC.
- All mandatory training was completed yearly and team leaders monitored compliance through a training matrix. Team leaders would prompt staff if training was close to expiry.Team leaders also discussed this with staff during supervision. All staff and volunteers attended a comprehensive induction programme on employment. This incorporated Addaction policies and procedures, personal safety, e learning training and face-to-face competency sign off.
- All staff received safeguarding training and this was mandatory. Project workers required a minimum of national vocational qualification level three in health and social care, and Addaction supported staff to gain this qualification. There was an expectation that staff and volunteers completed the federation of drug and alcohol practitioners course.
- The service wide policies were in date or due for review. None were out of date. They were cross-referenced to other guidance from the National Institute for Health and Care Excellence, Nursing and Midwifery Council, Health and Safety Executive, Health and Social Care Act (2012). These were monitored and overseen by the medical director.
- We spoke with staff at Addaction and commissioners and both described having an open and collaborative working relationship. The service met regularly with commissioners and was actively involved with discussions about the redesign of the service set for 2017.Commissioners met every three weeks with team leaders as part of the rehabilitation panel which made decisions about funding for inpatient beds. Commissioners told us they felt this had a positive impact on service users.

Leadership, morale and staff engagement

- Staff had the opportunity to progress within the service and develop their role. The service manager had been supported to progress from project worker to team leader and then to the service manager role. All team leaders were given the opportunity to undertake the ILM level 3 leadership and management programme for their role. Within the team, there were examples of staff accessing external training and role specific qualifications in order to progress within their roles and the service. Staff told us that managers were supportive in helping them achieve their goals.
- Staff had access to a free employee assistance programme and fed back this was an excellent support for a range of different issues.
- We reviewed five staff personnel files for the service. We found evidence of performance management regarding sickness absence and productivity with agreed actions and expected outcomes.
- There were no whistleblowing, bullying or harassment cases associated with the service.
- Staff we spoke with described morale as good.

Substance misuse services

Commitment to quality improvement and innovation

- The service had introduced a range of gold standard treatment packages to support their work. This came in three levels of low, moderate, and complex cases and would ensure managers could audit the quality of the support provided. It gave a clear pathway to workers about assessment, the number of sessions and the tools to use such as motivational interviewing. The standards cover topics such as cannabis use and opiate use.
- The service pursued strategies for awareness and prevention by publicising and organising events around such topics as Hepatitis awareness. They were pro-active in working with other agencies in areas such as dual diagnosis. The service had a community engagement co-ordinator over the whole of Coventry and Warwickshire who provided training, presentations, awareness and build relationships with probation services, magistrates and clerks to courts. They also delivered training to palliative carers of substance misusers, encouraging dignity in such areas. They also provided training and raised awareness of the effects of substance misuse amongst elderly people. They recognised the importance of outreach work in this respect, as this group may be more reluctant to visit Addaction premises.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure the emergency pull cord in the disabled bathroom is in working order.
- The provider must send notifications to CQC as set out in the registration of the service.

Action the provider SHOULD take to improve

- The provider should carry out regular audits on client records to ensure consistency, accuracy and quality of treatment being provided and recorded by staff.
- The provider should find ways to re-engage with its staff and support them to feel a part of the wider Addaction brand.
- The provider should ensure cleaning of the clinic room is audited to assure it is taking place.
- The provider should ensure all clients have recovery plans that are time-specific and contain a holistic range of goals and specify how clients will achieve them.
- The provider should ensure that clients are given copies of their recovery plans and this is recorded within client records.
- The provider should ensure first aid box contents are audited and out of date products replaced.

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 15 HSCA (RA) Regulations 2014 Premises and equipment **The emergency pull cord in the disabled toilet was not in working order.** **This is a breach of Regulation 15 (1)(e)**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The service was not notifying the Care Quality Commission of incidents that required notification.** **This is a breach of Regulation 18 (2)**